This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

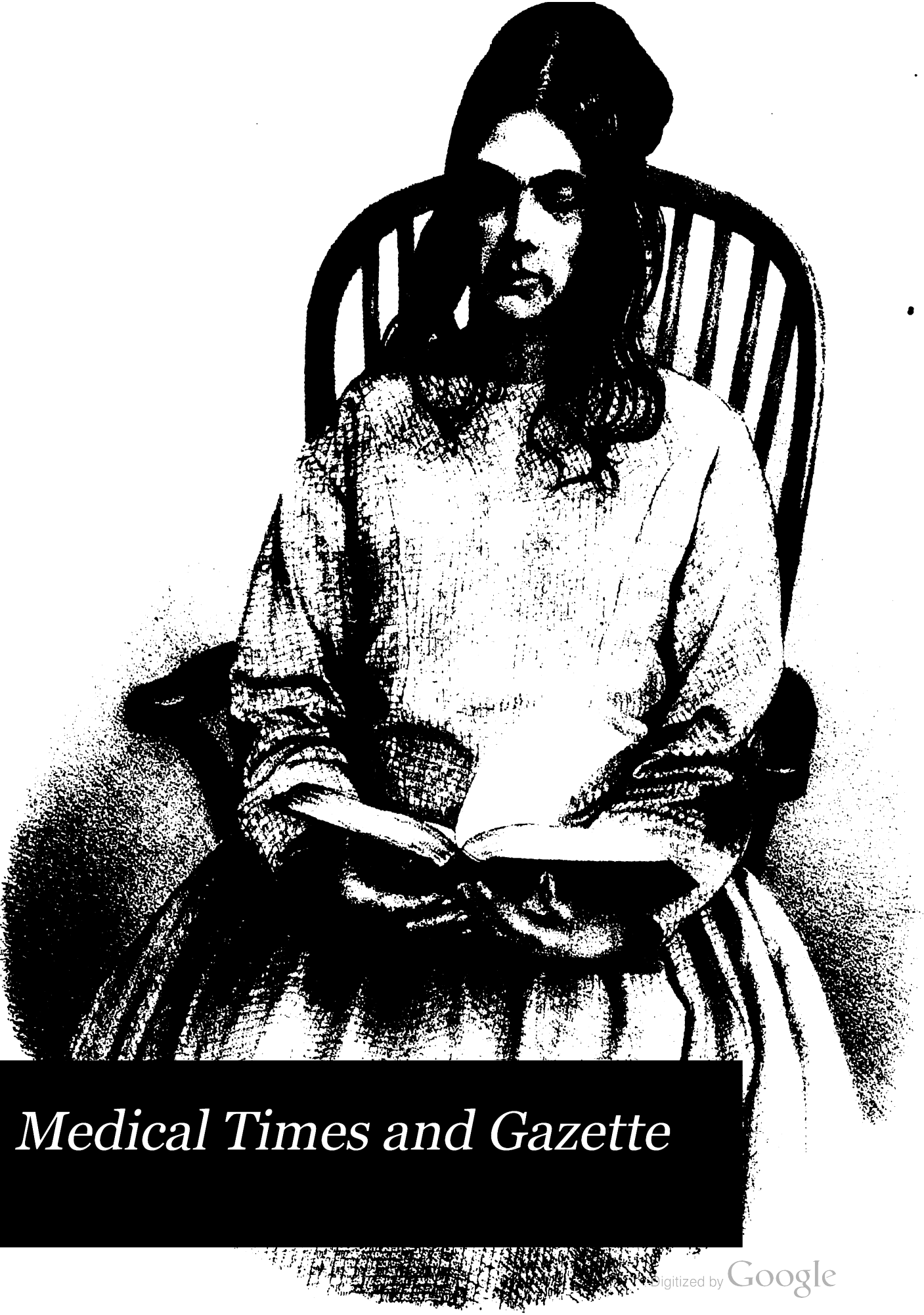
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

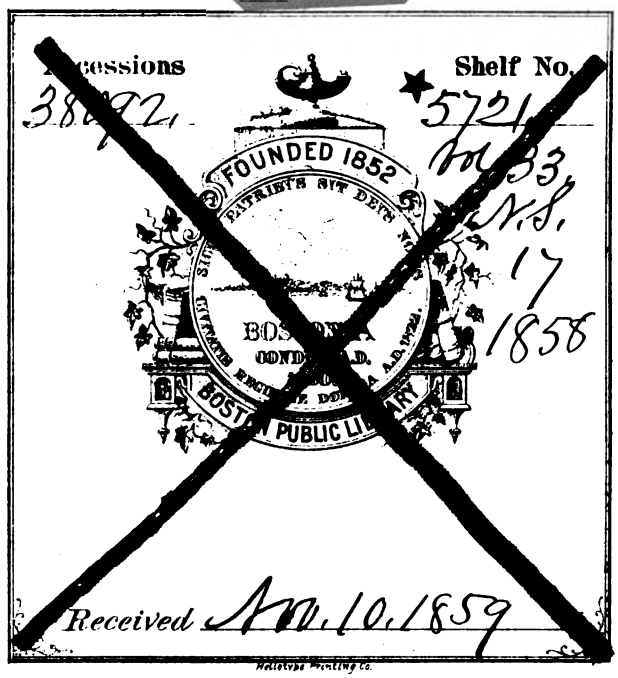


Medical Times and Gazette

Digitized by Google

PROPERTY OF THE
PUBLIC LIBRARY OF THE
CITY OF BOSTON,
DEPOSITED IN THE
BOSTON MEDICAL LIBRARY.

★5731
1



THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY-BOSTON MEDICAL LIBRARY

Digitized by Google

Digitized by Google

PROPERTY OF THE
PUBLIC LIBRARY OF THE
CITY OF BOSTON,
DEPOSITED IN THE
BOSTON MEDICAL LIBRARY

★5731
1

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY-BOSTON MEDICAL LIBRARY

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

THE

MEDICAL TIMES AND GAZETTE.

A

JOURNAL OF MEDICAL SCIENCE,

LITERATURE, CRITICISM, AND NEWS.

NEW SERIES.—VOLUME THE SEVENTEENTH.

OLD SERIES.—VOL. XXXVIII.

JULY 3 TO DECEMBER 25, 1858.

LONDON:

PUBLISHED BY JOHN CHURCHILL, 11, NEW BURLINGTON STREET;

AND SOLD BY ALL BOOKSELLERS.

MDCCCLVIII.

Digitized by Google

BN

Nov. 10 1859

LONDON :
REED AND PARDON, PRINTERS,
PATERNOSTER-ROW.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES

ON THE

CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE

Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.

Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE I.—INTRODUCTION.

Methods of investigation in physiological chemistry—Definition of an immediate principle of the animal kingdom, and general means to be adopted for the extraction of these substances—Rules for obtaining them crystalized, and determining their chemical properties and physiological relations.

GENTLEMEN,—You are undoubtedly aware that the knowledge of the morbid conditions of the body depends mainly on a previous study of its structure and functions in health; and consequently, new discoveries and observations in anatomy and physiology must be attended sooner or later with a proportional development of pathology. This observation suffices to show the importance for the advancement of medicine, that researches should be undertaken in connexion with anatomy and physiology; and it is with the view of thus adding to our Medical knowledge that I have been engaged with the investigations which I propose, in these Lectures, to bring to your notice.

The principal means we possess for decomposing the body into its various constituents are the knife, forceps, and other mechanical processes adopted for dissections. The anatomist may trace a nerve, a vessel, a fibre, into its finest divisions, and examine their mutual relations; he may cut out a particle of a tissue, and subject it to the scrutinizing power of the microscope. By these methods are obtained a certain number of elementary structures, which the knife, the forceps, and the microscope fail to sub-divide; and consequently, the constituents in question have been called "anatomical elements."

It might be considered at first sight that those beautiful and simple structures known as anatomical elements, are not susceptible of being decomposed. Such is not, however, the case; for although it may be impossible to induce any further division of anatomical elements by means of dissections or microscopical observations, it is easy, by adopting other mechanical contrivances, to ascertain that an anatomical element yields a number of substances possessed of important physiological functions, and whose existence in the body is essential to the maintenance of life. These animal constituents are to be found mostly in solution in the watery fluid which permeates every anatomical element of the organism; and if the human body contains, according to Burdach, 66 pr. °/₀ or the two-thirds of its weight of water (a low estimate), highly impregnated with organic and inorganic substances, they must form a large proportion of the economy.

The substances in question are known under the appropriate term of "Immediate Principles,"—defined by Messrs. Robin and Verdeil as "the final product obtained from the anatomical analysis of an anatomical element, which product is not susceptible of undergoing further decomposition without losing its chemical nature." A few additional observations will suffice to explain the above definition; and I beg you will kindly attend to these preliminary observations, as on them depends the whole of that science which, though in fact belonging exclusively to anatomy and physiology, has been called Physiological Chemistry. By the words "a final product which is not susceptible of undergoing decomposition without losing its chemical nature," is meant a substance no longer susceptible of anatomical or mechanical decomposition: any subsequent splitting or alteration which may be induced in its composition can therefore be no other than chemical, when it loses its form of an immediate principle. Thus, for example, if by the evaporation of urine we obtain urea and chloride of sodium crystalized, these substances will be immediate principles of urine, because neither chloride of sodiumn or urea can be submitted to any process of decomposition which would not alter their chemical condition; while a dry, aqueous or alcoholic extract would not be an *immediate principle*, but many, if this extract be capable of yielding several pure substances without chemical decomposition. The product of such an analysis is therefore obtained directly or immediately from the fluid or tissue under examination without having recourse to chemical decomposition.

The general means to be adopted for the extraction of these immediate principles require—

1. That the use of chemical re-agents (inducing chemical decomposition) be avoided as much as possible.

2. That the product of the investigation be obtained in the pure state.

The first of these conditions is of great moment; for the use of chemical re-agents in the analysis of animal fluids will, in all probability, decompose some of the immediate principles they contained in solution, and consequently the result of the analysis, though interesting in a strictly chemical point of view, will lose much of its physiological importance. In order to avoid chemical reactions, extracts are to be prepared with water, alcohol, or ether; and the immediate principles separated from these extracts by such means as may induce their crystalization, or by distillation.

(1) I shall allude shortly to the methods adopted for the preparation of extracts from animal tissues. When a solid part of the body is to be examined—such as the tissue of a muscle—let it be cut up into a carefully minced mass; and if the quantity of substance be very considerable, as it happened to me on one occasion when working on the whole muscular tissue of a horse, this first operation must be carried on as rapidly as possible, to avoid any spontaneous decomposition of the immediate principles from taking place. The prepared mass is mixed with water, slightly warmed, and triturated with the hands into a semi-fluid paste. After the lapse of a few hours the fluid must be separated from the undissolved tissue by filtration through a cloth, and pressing the pulpy residue in a strong iron press; a hard part of the body, such as bone, will have to be pounded in a mortar previous to its being treated with water. Alcoholic extracts are prepared by boiling the minced tissue in alcohol, and throwing the boiling fluid upon a cloth. By this method it is occasionally difficult to obtain a clear filtrate; and I consider it preferable to make use of a common coffee-strainer where the boiling extract is filtered from the solid residue, with the assistance of atmospheric pressure. By this process the alcoholic solution may be prepared perfectly clear; and if on cooling a deposit should occur, it is sure not to be admixed with those parts of the tissue which might have found their way through the meshes of the cloth. It so happens that boiling alcohol employed in sufficient quantity, will dissolve all the immediate principles soluble in ether; and on account of its being much cheaper, I strongly recommend to you the use of boiling alcohol, for extracting those substances which are afterwards purified by crystalization in ether.

The extract having been prepared as directed above, or an animal fluid being under examination, the investigation ought to be carried on without the use of re-agents; unfortunately, the attention of inquirers into Physiological Chemistry has been so little turned to this most important part of the subject, that in many cases it will be found necessary to introduce chemical processes in researches of this description.

The second condition is still more important than the first. You are undoubtedly aware how useless it is to prepare extracts in water, alcohol and ether, and ascertain their weight when dry as used formerly to be done. Extracts are mixtures of immediate principles, from which these substances are to be separated and obtained in the pure state. The rule for isolating immediate principles from each other, is to induce them to assume the solid form by such means as will act only on one immediate principle at a time; and I shall have an opportunity in the course of this lecture of giving you a rapid sketch of the methods employed to effect this purpose.

An immediate principle cannot be considered unmixed with others, unless it has a definite chemical composition. But most frequently chemical analysis will not be required to determine the degree of purity of an immediate principle; for in the case of solids or liquids their physical and general chemical characters will be sufficient indications of their being pure. Thus, an immediate principle may be con-

Digitized by Google

sidered pure if crystalized, or found to fuse or boil at a fixed temperature.

This rule is not, however, without exceptions, as there exists a class of pure animal substances which do not crystalize, or fuse when heated. The principal of these substances are albumen, fibrin, casein, and animal colouring matters; and it is interesting to notice that their chemical composition has not yet been placed beyond doubt. Still, we must consider those substances as immediate principles, as their physical and chemical characters are sufficiently well defined to enable us to detect their presence wherever they occur in the body; and, moreover, these substances are not capable of further division without losing their chemical properties.

The gaseous immediate principles are but few, and must necessarily be submitted to chemical analysis, in order to ascertain their nature.

Most of the immediate principles of the animal body possessing the property of crystalization, I shall proceed to give you a short account of the methods employed for inducing them to assume this form. When in the pure condition, a substance can easily be obtained crystalized from its solution. But the operations required for the purpose will occasionally be of a complex nature, in cases where an immediate principle is mixed with others in the form of an extract.

A substance is deposited in the crystalized form, when it passes very gradually from the fluid to the solid condition; if the process be rapid, no crystalization, but an amorphous precipitate occurs. Gradual concentration on a water-bath may in many cases effect the crystalization and separation of immediate principles. Thus, for instance, in the case of the muscular tissue, kreatine may be obtained by the concentration of an aqueous extract of this tissue (previously neutralised with baryta water). In other cases the addition of ether to a fluid alcoholic extract will bring on the crystalization of such substances in the extract as may be sparingly soluble or insoluble in ether, a method adopted for the extraction of glycocholate of soda from bile, and also obtaining urea from urine.

The addition of alcohol to an aqueous extract may cause the crystalization of some of the immediate principles in the solution which are insoluble, or sparingly soluble, in alcohol, as takes place, for example, when alcohol is mixed with a solution of certain inorganic salts in water. It often happens that immediate principles cannot be made to crystalize directly in an extract. We must then endeavour to divide the extract into separate groups of substances or amorphous deposits, from which the immediate principles may be obtained afterwards in the crystalized state, or in a chemically pure condition.

If it were possible to separate from each other, by means of water, alcohol and ether, every immediate principle of the body, researches in Physiological Chemistry would be attended with no material difficulty. But practically it will be found that certain of these principles are very troublesome to prepare, being nearly equally soluble in water, alcohol, and ether. A striking instance of the difficulty which this circumstance has introduced in the advancement of Physiological Chemistry, is the fact that urea being soluble in water, alcohol, and ether, has baffled every attempt to discover the other organic immediate principles of urine, to such an extent that we are as yet but very imperfectly acquainted with the composition of that secretion. Another difficulty inseparable from investigations in this department of medicine, arises from the simultaneous crystalizations of immediate principles, resembling each other in their physical character, though altogether being different bodies. In these cases it is necessary to have recourse to mechanical means, as, for instance, the addition of milk of lime to a fluid alcoholic extract. The lime combines with certain substances, as fats, and precipitates mechanically others, as cholesterine, excretine, or allied substances. Other mechanical means may be conveniently employed for the separation of certain immediate principles from aqueous solutions; thus, it is remarkable that the addition of sulphate of lime to blood free from albumen, should induce the precipitation of fatty acids adhering to the lime salt, and which may afterwards be separated by means of ether or boiling alcohol.

In those instances where chemical re-agents have been employed, an hypothesis as to the composition of the immediate principles obtained can usually be inferred from the properties of the original solution; thus, for example, hippuric acid precipitated by hydrochloric acid from a neutral or alkaline solution, must have existed in the solution under the form of a salt.

As soon as an immediate principle has been extracted in the pure state, its properties are to be investigated, and especially those which are likely to be calculated to enable the observer to determine afterwards its presence, without having recourse to chemical analysis. Supposing the substance to be organic, its reaction, crystalline form, solubility, and temperature of fusion are the first characters to be established. The other chemical properties, and the composition of an immediate principle are now to be submitted to due consideration—first, for the purpose of determining whether it be a new substance or immediate principle, or one already known; and secondly, with the view of assisting in the explanation of its formation and decomposition within the body. It is, consequently, of importance that, previous to directing your attention to Physiological Chemistry, you should possess a certain degree of chemical knowledge; but chemistry is now justly considered as a branch of medicine of no little moment, and we have, therefore, arrived at that period when Physiological Chemistry, or the study of the immediate principles of the animal body, must be, and will be a necessary complement of medical studies.

The next stage of the investigation is to establish the physiological relations of an immediate principle; this I consider as the most important part of the work. It includes,—1. The formation of the immediate principle. 2. Its functions; and 3. Its exit from, or decomposition in, the economy. As an illustration of the methods to be adopted for this part of the investigation, nothing can be more striking than the researches of M. Cl. Bernard respecting the physiological relations of sugar in the body. We must begin by determining whether the immediate principle originates in the food, chyle, blood, tissues, or secretions, and these inquiries will entail operations on animals, where a certain amount of anatomical knowledge and operating skill is required. For example, having found the origin of an immediate principle in a gland, its presence is to be traced in the circulation, and then, if possible, in one of the excrementitious secretions. The physiological action of an immediate principle in the body is often detected at that stage of the investigation, otherwise we must have recourse to a process similar to that employed by M. Cl. Bernard for the detection of the functions of the immediate principles of the pancreatic juice; that is, by observing their physiological properties when out of the body.

These preliminary observations show the importance of Physiological Chemistry being considered as a branch of Medicine and not of pure Chemistry.

TESTIMONIAL TO A MEDICAL OFFICER.—The petty officers, seamen, and marines of H.M.S. Monarch, recently paid off, have presented Mr. Richard Eustace, Assistant-Surgeon of that ship, with a handsome gold watch and appendages, as a slight testimonial of the high esteem and great respect felt towards him for his ever-ready and watchful attention to them in all cases of sickness.

MIDDLE CLASS EXAMINATIONS.—These Examinations were opened simultaneously at Oxford, London, Bath, Bedford, Birmingham, Cheltenham, Exeter, Leeds, Liverpool, Manchester, and Southampton. The candidates are divided into a Senior and Junior Class. On the former the University intends conferring the "Title of Associate of Arts," provided their acquirements attain a certain standard. 1223 names have been entered—423 for the title of A.A. and 800 for the Junior Certificate. London has the honour of standing first in numerical strength, having sent up 114 candidates; next ranks Oxford, her representatives numbering 56. It is, however, a curious fact that not one of these is a native or inhabitant of the city of Oxford itself. The other districts vary from 38 to 12—the numbers from Bath and Bedford being the lowest—those of the former 14, and of the latter 12. Cheltenham and Liverpool—each represented by 38 candidates—stand before Manchester and Birmingham, the numbers of these being 36 and 26 respectively. Manchester and Birmingham, considering their importance as commercial cities, do not occupy the position in these lists that some persons expected and desired.

Digitized by Google

ORIGINAL COMMUNICATIONS.

TWO CASES OF TRACHEOTOMY.

By JOHN ADAMS, F.R.C.S.
Surgeon to the London Hospital.

About three years ago I was sent for by Mr. King, Surgeon, of the Hackney-road, to see a gentleman in Shoreditch, who was said to be labouring under such an amount of dyspnœa from some obscure affection of the larynx as to demand the immediate performance of the operation of tracheotomy. On my visit, I ascertained that he had for a considerable time been suffering from occasional hoarseness and other symptoms indicative of chronic laryngitis. But these symptoms afforded no clue to the real origin of the disease, nor were they such as to afford any positive indication of the precise seat of the affection. Suffice it to say that they led to the inference, that some part of the larynx was the seat of chronic inflammation.

On my arrival at the patient's house I found that the suffocative paroxysm had wholly passed off, and that his breathing was quite tranquil and natural, and his voice but little altered from what I was told was the natural condition. I therefore left the house, with the understanding that I would remain at home, so as to be within call if I should be required.

In ten minutes afterwards I was sent for again, and found that the paroxysm had recurred, and was exceedingly severe. I therefore at once opened the trachea with the usual tracheal trocar, and the breathing, after a little cough from the presence of the tube, became free and tranquil. The double tube was left in; the usual precautions were taken as to cleansing it, and no untoward symptom having supervened, in a few days I ceased to attend. I heard from his medical attendant, that he was going on well, and I saw no more of my patient until about a fortnight afterwards, when he called on me to bring back *my instrument*, which, he said, was now useless, as he was quite well. He brought me also an ossified arytenoid cartilage, which he said has passed into his mouth a few days after the operation.

The paroxysmal nature of his symptoms were now sufficiently explained, as the cartilage had become gradually loosened from its connexion with the laryngeal mucous membrane, and had flapped to and fro over the rima glottidis, threatening suffocation: its subsequent detachment and escape had relieved the patient from all future risk. I found on inquiry, that there was good reason for believing that the *original cause of his* disease was syphilis. There is one point of interest about the case involving the practical question, How far an examination by the mouth would have assisted in the diagnosis? for there can be no doubt that the partially loosened cartilage could have been easily removed, if felt by the finger; but I do not think that much can in the generality of cases be expected from this mode of examination, and the urgent necessity for the operation scarcely justifies any delay in its performance; nevertheless, in cases like the present, or where there is any suspicion of diseased cartilages, or where a foreign body is suspected, the exploration may be had recourse to with manifest propriety.

I was called, November 17, 1857, by Dr. Arthur, of Ratcliffe, to see a young woman, aged 26, who had consulted him in August for pain in the throat, which had troubled her several months, and was gradually getting worse. There was, when he first saw her, some induration and thickening, as well as tenderness about the larynx and sub-maxillary region. The tenderness extended down the trachea. Her breathing was difficult; she had a severe harsh cough, lost her voice, and had become much emaciated. No medicines had any influence on her disease. The dyspnœa increased, and her breathing became stridulous; and, as all her symptoms had increased in intensity, I was requested to see her, and to perform tracheotomy.

The operation was performed in the usual way, and the double tracheal tube was allowed to remain; she was much relieved by the operation, and had no return of difficulty in breathing afterwards. There were, otherwise, no marked signs of amelioration; indeed, her disease appeared to make progress, and her difficulty of swallowing rather increased, and after a short time it was found that when she attempted to swallow, a portion of the food passed through the canula. She was now nourished by enemata. The cough increased, and her expectoration became very abundant, and highly offensive: hectic set in with its usual concomitants, and she died nine weeks after the operation.

On *post-mortem* examination, a small bone about the size of a large pea, irregular in shape, was found lodged in the anterior wall of the œsophagus; a sharp projection had worked through into the larynx a little above, and on the left side of, the cricoid cartilage. The opening presented an ulcerated appearance. The trachea and œsophagus were most extensively diseased, the latter almost disorganized; and just where the bone had lodged it was much constricted. The mucous membrane of the trachea was thickened and ulcerated. There were tubercles and vomica in the apex of the right lung.

If we had suspected the existence of a foreign body in this case, it would obviously have been our duty to attempt its removal before proceeding to the operation; but as no clue was given of the nature of the affection, the case was considered one of disease of the larynx, and tracheotomy was performed as affording the only prospect of advantage. With respect to cases of the passage of foreign bodies down the trachea, and of which some very interesting examples are mentioned by Mr. Spence in the *Edinburgh Medical Journal* for February, 1858, in two of which the foreign body was detected in the left bronchus, I confess I am surprised that this circumstance is not of more frequent occurrence; as the natural direction of that tube is infinitely more vertical than the right, a condition certainly favourable to the passage of any round body into it, as a plum or cherry-stone: and I apprehend that, in many of these cases, where there is a free movement of the foreign body up and down the trachea, it is the size of the body which determines the election of one or other of the bronchi.

Another interesting circumstance connected with this subject is this—that foreign bodies which readily enter through the rima, seldom escape by the same opening—of course this is not an invariable rule—but the fact is, nevertheless, as I have stated, and admits of the following explanation, namely, that in inspiration, and when the foreign body is drawn into the larynx, the rima is dilated; but, on the contrary, during expiration, and especially during the convulsive efforts to expel it, the rima is contracted to its utmost possible limits. The performance of the operation becomes, therefore, doubly important, for it not only provides an additional and larger aperture for the escape of the foreign body, but it renders quiescent the irritable glottis, and allows some bodies to roll through it, as in the case of coins, etc., the escape of which, before the additional opening made by the Surgeon, was invariably resisted.

In operating in cases of foreign bodies, it seems to me that something more is required than the simple opening of the trachea; for it often happens that the foreign body does not escape at the time of the operation, and it becomes requisite to maintain the patency of the tracheal opening. It is quite obvious that the tracheal tube is not well adapted to such a purpose, and under such circumstances. Now it has suggested itself to me to advise—for I have had no opportunity of putting the practice into operation—after the opening has been made into the trachea, the employment and insertion of a strong metallic wire speculum, like those invented by M. Luer, of Paris, and which are so frequently used in operations on the eye. They could easily be so modified and constructed as not in any way to interfere with the exit of foreign bodies, the escape of which they are intended to assist; and even in cases of croup they could in no way interfere with the removal of pieces of false membrane which are constantly flapping against the orifice of the tube, and thus prevent the free ingress and egress of the air. Another advantage to be gained by the speculum is, that it is not likely to become a cause of the extension of the inflammation along the tracheal mucous membrane, as must be the case, more or less, with the tubes which remain in contact with this delicate structure. The only disadvantage which can possibly attach to their employment in preference to the tube is, that the passage of blood into the trachea cannot be prevented by them; and hence it would be the more necessary to see that all hæmorrhage was arrested before the opening was made into the trachea.

Digitized by Google

ON CASES SIMULATING STRICTURE OF THE URETHRA.

By HENRY SMITH, F.R.C.S.

Surgeon to the Westminster General Dispensary.

In a recent number of a Medical Review, the remark was made, that the subject of stricture of the urethra had already engaged more than its share of attention, in the shape of treatises, papers in the periodicals, and controversies in Medical Societies. If this be so, and if no further investigations are to be prosecuted regarding this important affection, it is to be assumed that our knowledge of it, both pathologically and therapeutically, has been brought to perfection. Those, however, who have opportunities of seeing much of this disease will admit that its treatment, although improved, is still surrounded with very great difficulties, and that, as yet, no speedy or effectual cure has been discovered for an organic contraction of the urethral canal. The circumstance of much having been written on stricture, is rather a measure of the importance of the subject than anything else; and surely the Surgeon is not to desert this field of inquiry because many others have gone over it before, and many startling and promising methods of cure which have had, or are having their day, have been brought forward.

It is not my purpose in this paper to consider the subject of organic stricture of the urethra; my opinions on this matter have been already given to the Profession in my Treatise on "Stricture," published some few months ago. I propose to make some observations regarding those conditions of morbid action which, existing either in the urethra, bladder, or neighbouring parts, produce symptoms so strongly resembling those resulting from organic stricture, that this affection is supposed to be present, while, in reality, there is no structural change in the canal whatever; or the change is so very slight that the symptoms produced cannot possibly depend upon it. If this mistake were confined alone to those who suffer, it would not be of so much consequence, but, unfortunately, it happens that practitioners, and especially those whose opportunities of seeing stricture are limited, fall into the error of treating such conditions as though they were the results of real narrowing of the canal; and this, the more readily, because the suffering in many cases is greater than where a bad stricture really exists.

I am not referring here to the ordinary instances of spasm of the urethra, where, in an otherwise healthy person, there comes on a sudden retention of urine, but I allude to those cases where the suffering is persistent, well-marked, and not produced by any very evident cause. A patient, either in early, adult life, or in the middle period, presents himself with the following symptoms:—There is great irritability of the bladder, causing him to rise three or four times in the night; the urine is passed with difficulty, and in a small, twisted, or bifurcated stream; there is a dull, heavy pain, which is described as being seated between the rectum and bladder. There is also considerable pain above the pubes, and in some instances such severe and well-marked pain at the end of the penis after the act of micturition, that the Surgeon even may seriously think of the possibility of a calculus being in the bladder. If the urine be examined it will be found generally very acid, and when allowed to settle will become turbid, the deposit being composed of mucus, and more or less of pus. When these symptoms exist, the mind of the patient becomes much distressed;—he fancies either that he has stricture, or a stone in the bladder; he becomes fretful, loses his sleep and appetite, and the tongue becomes deeply loaded. I am now describing a case where the symptoms are presented in a very aggravated degree; and here it is necessary to go about the examination of such a patient in a very careful manner. Probably he states that an examination has been made, that the introduction of an instrument has been attended with great suffering, and that he is labouring under stricture. The most careful Surgeon may be well put off his guard; however, when such symptoms as I have mentioned are presented a suspicion exists that they are more severe than, and somewhat of a different character from, those resulting from real stricture, and an error in diagnosis is avoided.

It is necessary in such a case to examine the urethra very carefully with a No. 10 or 12 solid steel sound, passed very lightly and slowly along the canal; to the surprise of the patient, who has, perhaps, been told he has had stricture, the instrument goes readily into the bladder; but as it passes along the prostatic portion of the canal the most exquisite pain is produced;—the patient begs for the withdrawal of the sound, but his entreaties must not be yielded to,—the sound should be allowed to remain in the bladder. The next step is to make a careful examination of the parts within reach of the finger introduced into the rectum; the condition of the prostate gland is thus ascertained. In all probability there is no enlargement whatever, and not any pain, even when the symptoms are most severe, but sometimes there may be considerable pain on pressure.

The diagnosis in such a case, after the idea of permanent stricture is thrown aside, and after satisfying oneself that there is no albumen or sugar in the urine, will be rendered much easier by a careful attention to the history of the patient. It will be found that the symptoms have gradually come on after the termination of an attack of gonorrhœa some weeks or months before, or that they have quickly followed upon an excessive indulgence in wine or women, that they are always aggravated by such indulgence, and that their severity is always commensurate with the turbidity of urine produced by such excess.

The seat of the malady is in that portion of the urethra bounded by the bulb in front, and the posterior limit of the prostate gland, and it consists either of inflammation, or greatly exalted sensibility of the mucous membrane, or even in some cases of a subacute inflammation of the substance of the prostate gland itself, a condition not sufficiently appreciated, I suspect, by Surgeons, although an admirable memoir on this very subject has lately been published in the *Dublin Quarterly Review* by Dr. Ledwich.

As I have before stated, the condition just described is that presented to us generally in the most aggravated form; but there is another class of cases, where the symptoms are much less severe, yet sufficiently harassing and marked as to lead both the patient and his Surgeon to believe in the existence of stricture. There is occasionally irritability of the bladder, uneasiness at the rectum, pain above the pubes during micturition, and turbid urine; sometimes the patient will complain of a discharge somewhat similar to gum. This morbid excitability of the urethra is frequently met with, and may be readily mistaken for stricture, especially if the Surgeon, on making an examination, employs a small catheter, as is too commonly the case. The excited urethra resents the introduction of the catheter; its point either becomes arrested by the sudden contraction of the canal, or is stopped in the sinus of the bulb or at the triangular ligament. A stricture is supposed to exist; instruments are passed for the purpose of overcoming the suspected obstruction, and sometimes considerable mischief is produced. Thus the only case which I have met with where a catheter was forced into the rectum, was in a patient whose urethra was perfectly free from any permanent contraction. Patients who labour under these symptoms are, for the most part, apprehensive of there being stricture, and it is sometimes difficult to remove this suspicion from their minds. Not only a careless practitioner, but even a good Surgeon, may be led into a gross error, unless the examination is made with a proper instrument. A remarkable instance occurred to me during the last summer. A military man was sent to me by one of the very first provincial Surgeons, as having stricture, for which he had been treating him by passing instruments; but the treatment had only been pursued a few days before I saw him, and the Surgeon informed me that he had only been able to begin by passing a No. 1 catheter. The symptoms were similar to those just described,—the chief, however, being uneasiness about the prostate, which, on examination, was not found to be enlarged. I was enabled at once to pass a large catheter. Now, it was impossible that if there had been permanent stricture the advance could have been made in a few days from a No. 1 to No. 10. Doubtless the Surgeon who saw this case first was misled by the symptoms, and by the employment of a small catheter instead of a full-sized one. It is easy to understand how an error of this kind occurs, and is perpetuated for a long time, if the Surgeon examines with a small catheter, and especially if the patient himself be convinced that he has stricture, for the mind is continually directed to the seat of the supposed disease, and doubtless functional disorder is so much aggravated, as, in cases of hysteria in women, by this mental influence, that it would be hardly incorrect to assert

Digitized by Google

that such a thing may exist as a nervous stricture, although there may be no appreciable narrowing of the canal, except what is merely temporary and accidental.

The treatment of such cases as I have been considering should be conducted with great care, and upon very simple and rational principles. In the majority of cases it will be absolutely necessary to examine the urethra, and sometimes the bladder; because, as I have shown, the symptoms of stricture, and even of calculus, are not uncommonly present; in many cases the patient will fancy he has stricture, and in some cases he will have been told that it really exists. As a rule, it may be stated that no instrument smaller than a No. 7 or No. 8 should be employed, and I prefer exploring the canal in such cases with one two or three sizes larger. When the non-existence of stricture is ascertained, the catheter or sound may be laid aside entirely in the less severe cases; but if there be exquisite sensitiveness about the prostatic portion of the canal, accompanied with a temporary and slight obstruction to the point of the instrument, an important item in the treatment will consist in introducing it into the bladder, and allowing it to remain for some five or ten minutes twice a-week. It is remarkable how the morbid sensibility of the urethra is diminished by such a proceeding. The mind of the patient is, of course, tranquillised by the knowledge that a full-sized catheter has reached his bladder.

The next, and even more important point, is to look to the condition of the stomach and bowels; for in the more severe forms of this disorder the tongue will be found greatly loaded, and the appetite bad. Wine and spirits must be forbidden for the time, plain food recommended, and a dose of compound rhubarb pill and calomel should be given every other night. If the urine be, as it is generally, very acid and clouded, the acetate of potash and tincture of henbane should be given frequently, the vehicle in some cases being the decoction of Pareira; when pain about the base of the bladder is a prominent symptom, a few leeches, and the moderate use of the warm hip-bath, will speedily dissipate it.

It is needless to detail any number of cases for the purpose of illustrating these remarks, but I will, before concluding, narrate briefly the history and particulars of one case recently under my care, which exhibits the symptoms in their most severe form.

A gentleman, aged 51, who had resided for some time in hot climates, consulted me December 29th. He was suffering severely both in mind and body, in consequence of symptoms which led him to believe that he had stricture; and latterly they had become so much aggravated that he considered them due to stone in the bladder as well. A year and a-half since he had severe gonorrhœa, for which, amongst other treatment, he used injections. In course of time the discharge ceased; but then he began to suffer from irritability of the bladder and other symptoms, which induced him to resort to catheterism, and about three months since, whilst in an out-of-the-way part of the world, he passed for himself a catheter of very questionable construction, and the result was most violent irritation and bleeding, lasting for several days.

He now suffers from excessive irritability of the bladder and urethra; the stream of water is bifurcated, twisted, and very small; and there is great pain just at the termination of the act of micturition. He has a furred and loaded tongue, appetite is indifferent, urine is acid, leaves a considerable cloudy deposit of mucus and pus, does not contain any albumen or sugar. The patient has a considerable knowledge of Medical matters, and he fancies he has stone in addition to stricture, for which instruments have been passed several times.

On examination with a No. 9 silver catheter, I passed it down to the bulb, where it was arrested for a moment, but then it went on into the bladder, giving the patient exquisite pain as it glided over the prostatic canal. There is not any enlargement of, or pain in the prostate, by the finger introduced into the rectum.

I ordered this patient to take acetate of potass and tincture of hyoscyamus three times daily, a calomel and rhubarb pill each night; to abjure wine and beer, and to drink soda-water with his dinner. He stated his conviction that the introduction of the catheter would be followed by the same severe symptoms as had occurred before.

31st.—Some irritation followed; but it has subsided, and therefore I very carefully sounded the bladder for stone, but could not detect any We both supposed that this operation would be followed by severe symptoms, but it was otherwise; and on the next visit I introduced a large catheter, and allowed it to remain in the bladder for about ten minutes. This was repeated at each visit for several times. In a few days the tongue became clean, and the urine clear, and marked benefit arose from the treatment. As he was going abroad, I advised him to pass a No. 11 solid sound for himself once or twice a week, and keep it in the bladder for about ten minutes, and to be very careful about his diet, as irregularities in that way invariably brought on a return of his distressing symptoms.

Caroline-street, Bedford-square.

A CASE OF GANGRENOUS INFLAMMATION IN THE NECK.

DEATH ON THE TENTH DAY, THE RESULTS OF SWALLOWING A PORTION OF A FISH-BONE.

ALSO, A FEW REMARKS UPON THE REJECTION OF THE USE OF THE LANCET IN INFLAMMATORY COMPLAINTS.

By WILLIAM PRETTY, M.R.C.S.E.

A girl, aged 8 years, while eating a supper of plaice, thought, from a sudden accession of pain in her throat, and some difficulty in swallowing, that she had swallowed a bone. The following morning a Chemist was consulted, and some castor oil was taken. The parents of the girl were content with this kind of advice and treatment until the eighth day, when they thought it then necessary to consult a Surgeon. It was reported to this gentleman, in addition to the above, that this girl had been previously ill for two or three weeks with a sore-throat, and a rash upon the skin, and that she had gone out and taken cold two days before swallowing the bone. They thought that the sore-throat might be a probable cause of the difficulty in swallowing, having some doubt of the actual swallowing of the bone. I was informed by the Surgeon called in, that her symptoms on the eighth day were stiffness of the neck, with swelling, inflamed tonsils and fauces, much difficulty in swallowing, and considerable depression, with a low form of fever. The urine was albuminous. It was conjectured that she might lately have had scarlet fever. She sank on the tenth day, two days after having been seen by a Medical gentleman.

I was present at the post-mortem, made thirty-eight hours after death.—The integuments covering the left side of the neck were blue-black, indicating rapid decomposition beneath. This coloration was seen nowhere else. Dissecting off the integuments from the front and side of the neck, and exposing the left sterno-cleido-mastoideus, we found that part of this muscle was in a state of gangrene. Continuing the dissection by the side of the larynx and trachea, where there was unusual fulness, an accidental small opening was made, and afterwards enlarged, from which issued a considerable quantity of thin offensive pus, and a small clot of blood less than a pea in size. A thin pointed bone presented; it was attached at the other end to something, from which it was easily removed with a pair of forceps, to show to the father, who would be present at the examination. The abscess extended nearly the whole length of the neck, by the sides of the trachea larynx and œsophagus. The walls were ill-defined and very thin; the greater part of the contents was thin and fœtid, but at the bottom, upon the bodies of the cervical vertebræ, it was semi-solid, flaky, and of a greenish colour; in quantity, about an ounce and a half, perhaps rather more. The large papillæ on the back of the tongue and the surface of the tonsils showed a gangrenous coloration; the fauces and pharynx only slightly so, and the submaxillary gland, though considerably enlarged, was otherwise in a natural state. The ventricles of the heart contained coagulated blood; the right was full, and half the clot consisted of yellowish-white fibrine. The stomach contained a little thin fluid; the swallowing, though difficult, did not prevent the taking of fluids, till within a few hours of death. In removing the larynx trachea and pharynx the œsophagus being small, we in some measure lost sight of it, except at the upper and lower portions, when we saw that it was perfectly healthy and in a natural state.

I have no reason to think, from the symptoms during life or the appearances after death, that there was any communi-

Digitized by Google

cation between the œsophagus and the collection of fetid pus. Had such an opening existed, the pus could not have accumulated so largely, neither would it have forced its way by the sides of the vertebræ. The bone, I apprehend, first stuck in the gullet, and gradually, by the swallowing of food, etc., it passed through one side into the adjacent cellular membrane; a bad form of inflammation ensued, with the formation of matter. This fetid secretion was absorbed, the glands became affected, the blood poisoned, and the patient sank with a low form of fever. The form of the portion of bone extracted was very like a tooth of a fine pocket-comb: it was spear-pointed at one end, rather ragged at the other, slightly elastic, and so thin and sharp that its progress through the coats of the œsophagus would not be very difficult. Its length was just seven-eighths of an inch. It was a portion (the rough end pointing out that it had been either broken or cut) of a bone of a fin of the plaice. I send with this communication the actual bone which caused the death of this poor girl. I have stated that the bone, though surrounded by the pus, had an attachment to some part by one end, and in our anxiety to show it to the father a very interesting part of the post-mortem was lost. It is, however, certain that it had perforated the œsophagus, and was the cause of the fatal inflammation and suppuration which ensued. It is not very improbable but that the passing of a probang at the beginning of her symptoms might have saved her life, and had application been made to a Surgeon at first instead of to a chemist, this would probably have been done.

The fatal effects of this accident seem somewhat surprising when we think of the extraordinary manner in which pins or needles do make their way from within to without, and no evil results. Does this depend upon whether the pin or needle reaches the stomach or is stopped, as was this bone, in its passage there? I can recollect being asked as a friend, by the mistress of a servant-girl who had been sent home for rest and nursing, in consequence of feeling such severe pain in her side from movements of the arm that she could not do her work, to see this girl. I heard what she had to say, but did not particularly examine the patient. I could, therefore, give no more satisfactory reason for her sufferings than did the Surgeon under whose care she was. I some time afterwards heard that a pin had been removed from this girl's side, and that all her pain ceased with its removal. And further, that this girl, in taking down clothes which had been pinned to a line, put the pins into her mouth, made a gulp, and swallowed one or more, and a dozen were removed from the fauces and pharynx.

As this will most probably be the last of my small communications to a Medical Journal, I desire to make one or two remarks upon the great change that is taking place in the method of treating inflammatory complaints, by rejecting almost *in toto* the use of the lancet or any other means of abstracting blood. I am willing to acknowledge that I have seen blood taken away from patients both unnecessarily and injuriously; yet I do also affirm that I have adopted bloodletting myself, and have seen it adopted by others in very many instances with the most decided benefit; and that even up to the present day, notwithstanding all that has been said against the practice and about the change in the type of diseases. As to the question whether inflammatory complaints are diseases of weakness or of strength, I shall leave others to settle. I am writing from experience, which I think cannot wholly have deceived me. When I find severe pain relieved, fever diminished, and a favourable change taking place soon after the loss of blood, a change felt by the patient as well as seen by the Medical man, and a steady improvement follow, I cannot be persuaded to think that such practice is really in opposition to sound pathological and therapeutical principles. I do not exclude the use of other means. I do not repeatedly bleed, and I have always a due regard to the previous strength and health of the patient. In some congestive forms of disease of the brain, the loss of blood will do good service; but should it fail, if used in moderation, it will do no harm,—for I have yet to learn that the abstraction of eight, ten, or twelve ounces of blood from an adult possessed of a fair amount of constitutional power before attacked with the inflammatory complaint or the congestive affection, can be the injurious practice it is represented by some distinguished members of our Profession.

I do not reject bleeding even in children. In cases of ryngisimus stridulus, threatening convulsions, and generally when the latter occur (a period of great danger) I continue to apply leeches. I have done this more than once in the same family with every satisfactory result, and lately an infant, about five months old, of this family was attacked with inflammation of the lungs, and finding that it did not yield to usual remedies tried for two or three days, I had two leeches applied, and the bleeding, contrary to my directions, was allowed to go on for three hours or more. The child was well bled, yet it well recovered. I did on the following day order a blistering plaster to be applied for three hours, and a continuance of the same medicines. No improvement could be more satisfactory. An infant in another family, under circumstances much less favourable for the employment of these remedies, as being younger and weaned when little more than two months old, was attacked at the close of last year with inflammation of the lungs. It had been treated for several days by mustard poultices, salines, ipecacuanha, mercurials, and sedatives without any benefit.

I was requested to see this child. The difficulty of breathing was great, and the fever considerable. The mother, an Irish lady, in expressing her feelings and thoughts relative to her child's state, used the following words:—"I fear, if some relief be not soon obtained, my child will be smothered." This word "smothered" sounded rather strange to my ears; it at first surprised me, but I soon saw the fulness of its meaning. The child was not smothered, for the loss of some blood by a leech brought to the mother certain assurance that the child was relieved some hours before the Surgeon did confirm it. A small blistering plaster was ordered next day, and much the same kind of medicines prescribed. The recovery was equally satisfactory with the former case, notwithstanding as in that case the bleeding had been allowed to go on beyond the time specified. I may add, that in both cases the hæmorrhage was arrested by cotton-wool wetted with tinct. ferri sesquichlorid. under sticking-plaster. Other cases I could adduce, to show that the moderate abstraction of blood in inflammatory complaints is as beneficial now as it was thirty years ago. At the commencement of my professional life I had very often to bleed, to cup, or to apply leeches, under the direction of an eminent Physician in great practice at a fashionable watering-place. I thought then, as I firmly believe now, that the practice of frequently losing blood, though it might be only in small quantities, was an injurious practice; in larger quantities I did decidedly see its bad consequences. To do, however, justice to the memory of this Physician, and to show how firmly he believed that cupping, with purgation, were the proper remedies for every uneasy feeling within the head—a little vascular excitement there, as it was considered—he, as well as his lady, were very frequently under the cupper's hands.

This subject of blood-letting in inflammatory complaints must be left to the unbiassed attention and close observation of Medical men. As yet they are not agreed. But should the great body of our Profession come to the conclusion that the abstraction of blood is seldom or never necessary, I shall have lived to see a great revolution in the practice of physic.

Perhaps, in connexion with the foregoing remarks, I ought not to pass by in silence the non-stimulant and the stimulant plan of treatment of some complaints as adopted by their respective advocates. That men of talent and high standing in our Profession should hold opposite opinions, and adopt a different plan of treatment, in cases of continued fever, for instance, is prejudicial to the interests of our Profession, and very much to the advantage of its illegitimate members.

There is Mr. Higginbottom, with others, on one side, and there is Dr. Todd and his cases of cure by stimulants, which have astonished the Medical Profession and his friends, on the other. Happily there are others, who, like Dr. R. Barnes, take a middle course. He has, in his communication upon the treatment of placenta prævia, made some observations upon not trusting more than we do to the resources of nature in the management of cases of fever, as well as of placental presentations. How, also, preconceived opinions become a hinderance to the truth. A Medical man never having seen a case of fever brought to a satisfactory termination without the administration of stimulants, can scarcely believe it to be a fact; another, who holds the notion that stimulants are always required, is not very nice about the quantity. I have never seen a case of fever treated entirely without stimulants. I do not usually myself give them in the early stage, and never in large quantities. My

Digitized by Google

cases have not seemed to require more than a moderate use of them, and with this moderate use I find fever cases as manageable now as they were thirty years ago. It has so happened, that I have had opportunities of seeing some few cases where I feel quite convinced that an undue importance was attached to a liberal allowance of stimulants. I will just mention one or two:—

A youth about fourteen years of age, in a moderate state of debility, and suffering with rheumatic pain and some fever, was suddenly deprived of his daily quantity of from four to five glasses of wine. This change was not prejudicial, and he went on improving without the wine. Had it been continued, the wine would doubtless have been considered a very important part of the treatment pursued for his cure.

A lady, rather beyond middle age, who had been the subject of fever for two weeks or more, and was being liberally supplied with wine and brandy, and opium at bed-time, I saw when the fever was upon the decline, and personally witnessed the effects of giving for a few days, each alternate day, only one-half of the quantity of stimulants and opium; the latter, I think, was entirely omitted on these occasions. The tongue was less dry, the intellect less confused, and, to my mind, the patient was in every respect better when she took only the half-allowance. She recovered under a gradual diminution of the half-allowance of stimulants. I could relate other almost similar cases were it necessary. We must take care not to deceive ourselves in these observations, for I have occasionally, in a certain exhausted and depressed condition of the vital powers, found it difficult clearly to ascertain the difference of the effects of four or six glasses of wine taken in eighteen or twenty hours. When I have read and heard of a couple of bottles of wine being administered in one day, I have felt much disposed to think that if four had been given the effect would have been much the same. There is a state of extreme prostration in which stimulants seem to have no more effect in fevers than they have in the collapse-stage of cholera. Were it otherwise, the poison of alcohol would be as injurious as the poison of fever. I will only add that I do feel much surprised that it should be thought by any one that it is unnecessary to give a stimulant in exhausting and truly alarming hæmorrhages from the uterus after parturition. I have been informed of a gentleman in large midwifery practice, who, like Mr. Higginbottom, abstains from giving stimulants in such cases; and he is, I am given to understand, a successful practitioner. I always, with failing powers, give some brandy; at the same time, I apply pressure, and I have never lost a patient from uterine hæmorrhage after delivery, nor from the profuse hæmorrhage which often accompanies abortion.

P.S.—I have just received the accompanying communication from my friend, J. Powell, Esq., M.B.:—

James Toome, aged 55, warder at Coldbath Fields prison, in good health, having some decayed teeth, had for some time moulded gutta-percha over the gum.

On March 1, 1856, the piece became detached, and was swallowed, and became impacted in the œsophagus, opposite the upper part of the sternum. He went to the Free Hospital; a probang was passed, and it was thought it was pushed into the stomach. He suffered much pain at the part before named, and great agony in swallowing even liquid.

March 3.—I saw him, and considered the piece was still in the œsophagus; there were no inflammatory symptoms, and Mr. Erichsen was sent for; he tried to remove it with forceps, but could not reach it; he passed a probang, but could not get it into the stomach.

March 5.—Had gone on the same. Mr. Erichsen saw him again, and introduced a probang, which, after some pressure, passed suddenly into the stomach, and it was presumed the gutta-percha had gone with it; the man, however, remained the same, swallowing no better, and the pain referred to the same spot, and at times to the pyloric end of stomach, and this chiefly after meals. No fever, and he kept wasting, but resumed his duties at the prison. At times he had so severe spasm in the chest that he was obliged to lay hold of anything for support for a few seconds. He took at intervals emetics, and also probangs passed without any result; some of these were passed by Mr. Fergusson; the last time was on August 12. On that night he was on night duty, and came home in the morning following, August 13, much as usual; but in the middle of the day, he suddenly vomited, and voided a large quantity of blood, and sank in about four hours.

Post-mortem, twenty-one hours after death.—Countenance and body exanguious and emaciated. The windpipe appeared to project more than usual below the thyroid cartilage. Lungs and heart healthy, except slight old adhesion of left pleura. Removed trachea and œsophagus together from above the thyroid cartilage to the lower part of the trachea. The posterior and right external surfaces of œsophagus were discoloured, having a greenish hue, and a small spot of ulceration. On cutting it open, a piece of gutta-percha was found lying impacted on the anterior portion of œsophagus, the convex surface of the gutta percha next to the œsophagus. On removing the piece the surface of the œsophagus was ulcerated, and in part gangrenous; the rest of œsophagus and trachea was healthy. The gutta-percha seemed to have undergone no change; it was about two inches long, and an inch and a-quarter wide.

Mr. Uffell, aged 57, suffering from toothache, applied a piece of pellitory of Spain, about half-an-inch long: the pain lessened, and he dropped asleep; was suddenly awoke, and in inspiring drew the piece into the larynx; thence it descended into the trachea, but did not become fixed, and he could say by the feeling whereabouts it was, and as the air passed it you would hear a kind of whistling sound by the stethoscope. He had emetics and expectorants without any advantage, and suffered no inconvenience except now and then slight dyspnœa and bitter expectoration. At the end of a fortnight, while coughing, he expelled the cortical portion, which was a perfect sheath, and some days after the woody portion, the fibres being so macerated as to be easily separated from each other. He at no time had any inflammatory symptoms.

OPHTHALMIA OF NEW-BORN CHILDREN
TREATED BY
CHLORIDE OF ZINC AND GLYCERINE.

By ANGUS MACMILLAN, M.D., ETC.

Case 1.—A child seven days old. On examination eyelids very much swollen and glued together; on opening thick white fluid escaped from both eyes. Inside of the eyelids of the right eye very vascular and considerably swollen, so much so as to render the examination of the cornea very difficult, at lower margin of which a small white spot as if pus were effused between the lamellæ of the cornea was observed. General haziness of surface of cornea also present.

The left eye presents cornea clear, conjunctiva vascular, purulent discharge thick and very copious.

The chance of recovery of right eye was held out to the parent as extremely doubtful. The following drops to be applied three times a-day by the aid of a camel hair-brush:—Five grains of chloride of zinc to be well triturated in a glass mortar, with half an ounce of glycerine. During the day frequent ablutions of the eyes and application of pure glycerine.

On the following day the mother states that the child had rested better during the night; the discharge of matter was much less, the swollen condition of the eyelids had decreased considerably, and the right cornea was easily exposed to view; onyx still present, as also haziness of cornea.

Next day much improved; child opens her eyes and looks about; still some purulent discharge; onyx of right cornea considerably less; surface of cornea much clearer; inner surface of eyelids less vascular; continue the application and sulp. quinine ½ manequenocteque.

Seen two days after; eyes all but well; onyx in right cornea completely gone; little or no discharge; general appearance and health of child much improved. Discontinue the application of the chloride of zinc, but apply occasionally during the day a little glycerine by the aid of a brush.

Many cases attended with a similar result might be brought forward, but the above will be sufficient to direct attention to the employment of chloride of zinc.

It cannot be denied that the strong solution of nitrate of silver is generally quite sufficient to cure this disease when had recourse to, even in the more advanced stages; but its employment is attended with two or three disadvantages.

Digitized by Google

In public and private practice it is too frequently found that this disease is neglected or treated with some useless remedy, as a little of the mother's milk, simple cerate, etc.; and that the little patient is brought to the Medical attendant after the lapse of two or three weeks, at which period, to use the words of that eminent surgeon, Dr. Mackenzie,—"I open the lids of the infant with the fearful presentiment that vision is lost, and but too often I find one or both of the corneæ gone, and the iris and humours protruding. In this case it is our painful duty to say there is no hope of sight."

Let us suppose that the case is not quite so bad, that the symptoms and conditions of the parts are similar to the case narrated, that an onyx is formed on the eve of bursting, a little delay and loss of vision is inevitable; you order the nitrate of silver to be applied to the eyes every six hours; you urge upon the parent the necessity of washing the purulent discharge from the eyes, and request her to bring the child on the following day. She does so. On examining the eyes you find little or no improvement, in the majority of cases decidedly worse: you are surprised. On cross-questioning the parent or nurse, you will find that the drops have not been applied; that the child cried so much, appeared in such agony; that a few drops were spilt on the child's cap, or other portion of its dress; that the characteristic stain of the nitrate was observed; that some busy neighbour, not unfrequently the one who treated the child's eyes before it was brought to the Medical attendant, and glad to supplant him in the confidence of the parent, says, it is "Caustic," the "Doctor is going to burn the eyes out," etc., etc. The poor mother, ignorant of the true state of matters, and moved by maternal affection, hesitates, and ultimately resolves not to repeat them, the consequences of which may be easily conceived, the little time for a chance of cure has past, the sight, perchance, of both eyes is gone, and the one application has sufficed to establish the Medical attendant's reputation for "burning eyes out."

Go to any dispensary, ask the parent of that child with staphyloma how the child lost its sight, the answer in nine cases out of ten will be the following: "A blast of cold shortly after birth, and the doctor burnt the eyes out with caustic."

Now, in the chloride of zinc with glycerine, we have a remedy as effective as the arg. nit., and not attended with such disadvantages. It would appear that the use of glycerine alone has a beneficial effect as a lubricant, and at the same time diluting the purulent discharge, and consequently diminishing its irritating effects on the adjacent parts. Not a few cases observed at the first day or so have been cured by the use of glycerine alone. I hope at a future period to be able to give some results of its use in the treatment of gleet, for which I have no doubt it will be of service, seeing that the disease and the parts implicated are very much alike in both cases.

Hull.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

CASE OF RECOVERY FROM ACUTE AND SEVERE TRAUMATIC TETANUS.

(Under the care of Mr. COCK and Dr. WILKS.)

Richard D., aged 18, a carman, admitted into Guy's Hospital on May 31, 1858, with tetanus in a very severe form. He stated that three weeks before he trod on a plank from which a nail projected, and the latter penetrated his right foot. The wound did not bleed, but gave him so much pain that he was obliged to desist from work for a week; he then resumed his employment for another week, when he began to feel a tightness about his mouth and neck. These symptoms continued during the next three days, during which he still drove his cart; but then becoming worse he was obliged to desist. He remained at home another three days, when, the symptoms increasing, he was sent to the Hospital. On admission, there was well-marked severe tetanus, inability to open the mouth, rigidity of all the muscles, including the legs; a wound was seen on the sole of the foot, penetrating between the metatarsal bones to the dorsum; it was scabbed over, but not healed; pulse quick and feeble, and profuse perspiration; bowels not open for three days before admission. He was ordered a pint of wine daily and cannabis indica. The latter remedy had previously been used in several cases without success, but it was again suggested on account of some instances of cure having been related in the "Indian Annals." The drug was procured at Morson's, and he took a drachm of the tincture every two hours; it was never observed to produce any sensible effect on the patient, nor did he experience any exhilarating sensations after taking it. After admission he gradually became worse, and during the following six days he was as ill as he possibly could be, so that it was thought most unlikely that he could recover; his legs as well as his body were perfectly rigid, so that it would have been possible to have held him out straight by the leg. He was in a permanent state of opisthotonos, and often had severe paroxysms, in many of which it was thought he would die. During this time, his medicine, wine, and plenty of nourishing fluid were poured between his teeth. At the expiration of a week the paroxysm ceased, and the lad expressed himself comfortable in consequence; he was still rigid from head to foot, excepting the arms. Thus he continued until June 11th, when, although quite rigid, the severe paroxysms had ceased, and he was considered, consequently, progressing favourably. He had taken 110 doses of the medicine, and it was now omitted. The wine was reduced to half the quantity, and porter substituted; he also had a purge, his bowels not having been open since admission. He after this began to improve, though so slowly that scarcely any difference could be perceived from day to day. At the end of another week, however, he could open his mouth sufficiently to eat some meat, his appetite becoming voracious. The improvement continued, so that at the date of the present report (25th), he is able to leave his bed, the muscles of his legs being quite supple, the abdominal muscles are still rather tight, as well as those of the neck, and he still wears the tetanic grin. It may be stated that neither Mr. Cock nor Dr. Wilks are inclined to attach any remedial value to the medicine used, seeing that it had been so frequently employed on previous occasions without any success. It must be remembered also that the case was of a week's duration on admission, that no sensible effects were produced by the administration of the medicine, and that no change for the worse resulted from its disuse. They think the large amount of beef-tea and wine which the patient took was much more efficacious.

HOSPITAL NOTES.

ABSCISION OF STAPHYLOMA AND CLOSURE OF THE WOUND BY SUTURES.

There has been, of late, considerable discussion amongst Ophthalmic Surgeons as to the relative advantages of removing the globe, and of slicing off its front in cases of staphyloma, etc., in which it is wished to introduce an artificial eye. On the one hand, there is no doubt that abscision leaves a better stump, and secures better motion to the artificial front; whilst, on the other, it is a much more formidable procedure than excision of the entire globe. If the globe be removed, the conjunctiva falls together, the air is excluded, and very speedy union results. We have often known the artificial eye introduced within the week. If abscision have been performed, there is, in the first place, risk of most troublesome bleeding from the now unsupported choroidal vessels, and in the second, there is the almost certainty of a tedious suppuration. Often before the sclerotic collapses and the part heals, the inflammation has been severe, and the discharge very profuse, and the patient has had to undergo great and protracted suffering. And this may be stated to be the rule. It is quite exceptional for a patient to be able to resume his occupation in less than a month after such an operation, and a still longer delay is usually needed before an artificial eye can be worn. Mr. Critchett has recently attempted in two instances to diminish these inconveniences, by carefully closing the divided conjunctiva by sutures. Thus, the first step in the operation consists in dissecting back the conjunctiva and cellular tissue, as if for excision of the globe. The anterior part of the eye is then cut off, and sutures having been deeply passed, the

Digitized by Google

whole is closed. The first case occurred about a month ago, but unfortunately we are unable to state the result, as the patient did not attend again. The second was operated on ten days ago, and did most successfully. The greater part of the vitreous was evacuated at the operation. The line of union was horizontal. Five sutures were employed, and the union was close and accurate. Not a single troublesome symptom followed, and a week afterwards, when the lad was again brought before the class in the operating theatre, the part was as well healed as it might have been expected to have been, had the globe been excised. Not the slightest swelling of the lids had occurred, and in another week or two an artificial eye will probably be put in.

EMPYEMA OPENING IN THE LOIN.—PULSATING TUMOUR.—DIFFICULT DIAGNOSIS.

A lad, of about 11, recently died in Guy's Hospital under Dr. Rees' care, whose case had presented some remarkable and very unusual features. On his first application at the out-patients' room there was noticed a tumour in the left loin, which evidently contained fluid, and had also a very perceptible pulsation. The suspicion that it was aneurismal was at first excited, but further examination convinced Dr. Wilks and others, who saw the case, that it was rather an abscess which received an impulse from the aorta. It was thought to be of spinal origin. After the boy's admission, however, it was discovered that his chest on that side was quite dull on percussion, and that he had formerly been under treatment for pleurisy. He remained under care as an in-patient for some weeks, and the abscess in the loin gave way, and discharged profusely; at length, death, from hectic exhaustion, ensued. At the autopsy, it proved, as had been supposed, that the abscess was connected with the empyema. The pus had passed through the diaphragm close to the vertebral column, and had then burrowed downwards to the loin. Its close proximity to the aorta had accounted for the forcible pulsation which it had possessed.

We do not recollect to have ever before known an empyema pass downwards. By far the most frequent place selected for spontaneous evacuation is in front, between the fourth and fifth, or fifth and sixth ribs. Occasionally, as is well known, they ulcerate into the lung or bronchial tubes. We have more than once seen a fistula low down in the back which led directly into the pleural sac, but in none of these was there reason to think that the diaphragm had been perforated.

OMENTAL UMBILICAL HERNIA LAID OPEN.—RECOVERY.

The case which we mentioned last week, in which an umbilical hernia (omental) had been laid open with suicidal intent, has afforded an interesting illustration of how small an amount of disturbance may sometimes follow such accidents. The amount of omentum exposed was too great to permit of the skin being closed over it, whilst its adhesions to the sac prevented any attempt at reduction. The neck of the sac was plugged so that the finger could not be introduced. No gut had been exposed. Under these circumstances the House-Surgeon simply laid wet lint over the exposed omentum. The case has done exceedingly well, and without any sloughing *en masse*; the omentum has shrivelled away so as to admit of the healing of the wound. It will, in all probability, be a case of radical cure.

CONGENITAL DEFICIENCY OF PART OF ONE OF THE ABDOMINAL MUSCLES.

An otherwise healthy infant, now attending Dr. Ramskill's out-patients' room at the Metropolitan Free Hospital presents the curious phenomenon of want of symmetry in the two sides of the abdomen. When quite at rest the umbilicus is on a plane a little to the right of the median line, and the left side is wider and larger every way than the other. During crying or laughing the navel resumes its median position, and the upper two-thirds of the left side start out into a prominent bulging. The swelling, which is at times quite as large as an adult fist, is tympanitic, and quite painless, evidently consisting of the intestines and stomach. No enlargement of the spleen can be detected, and, as already said, the child seems to be in perfect health. On palpation, the part of the left side where the bulging occurs is felt to be decidedly softer, and less resistent than the opposite. Dr. Ramskill remarked that he had formerly seen, at Guy's Hospital, a case in which the condition was almost precisely similar, and that Mr. Hilton had diagnosed a congenital deficiency of a large portion of one or both of the deeper muscles of the abdominal parietes. He was inclined to think that this was the condition present also in the one now under notice. The opinion was confirmed, he thought, by the circumstance that a sort of line might be felt passing obliquely downwards from the upper part of the iliac crest to the median line, which about bounded the lower edge of the protrusion. To suppose the upper three-fourths of the transversalis muscle wholly wanting, would just account for the state of things. Above, the protrusion is bounded only by the edge of the ribs, which it overlaps during forced inspiration to a marked degree.

RECOVERIES FROM ACUTE TETANUS.

We publish this week some particulars of the case of recovery from tetanus which has recently occurred under Dr. Wilks's care in Guy's Hospital, and to which we referred a few weeks ago. It will be observed that, although one of the vaunted remedies had been employed, yet those who watched the case do not incline to give it the credit of the result. This caution is wise, and it would have been well had it been more often exercised by recorders of the results of trials of potent drugs. Recoveries from tetanus are very rare—a man sees but one or two in a life-time, and he is naturally very likely to be led to believe that the powerful narcotic which in all probability had been pushed, in that instance, really exercised most important influence on the result. It is the business of the journalist to endeavour to enlarge the limits of individual experience, and we have just now an interesting example of our remarks at hand. Cases (single ones) of recovery from tetanus are at present under care in three of our London hospitals. In that in Guy's Indian hemp was the remedy. Mr. Simon, in his case in St. Thomas's, pushed nicotine to the full extent; whilst in the one treated in the London ether inhalation, stimulants and opium were, we believe, the successful drugs. To these we might add a fourth, which about a year ago recovered under the care of Mr. Smith in the Leeds Infirmary, after having swallowed pints of laudanum, and a fifth which occurred rather longer ago, in the Sheffield Infirmary, when chloroform inhalation was at any rate the *ante hoc* of the happy result. All these were, of course, instances of traumatic tetanus, and approached pretty closely to its acute form. Cures of chronic and of the so-called idiopathic tetanus are not so rare. It is evident that it would be a mistake to attribute to any one of the remedies employed in the above cases special potency against tetanic disease.

Whilst on this subject, we cannot but advert with regret, as we have also done several times heretofore, to the small amount of attention which is paid to securing the absolute quiet of tetanic patients in our hospital wards. Surely a dark room, free from noise and from visitors, and without draughts, is a measure which, whatever the drug to be used, ought never to be neglected. But too often we are compelled to say the plan pursued is the reverse of all this.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from page 656.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

Digitized by Google

OPERATIONS FOR URETHRAL STRICTURE.

Case 6.—The Queen's, Birmingham: Mr. West.—A man, aged 61, for seven years the subject of stricture, was admitted suffering from retention of urine, which had existed for four days. No instrument could be introduced, and the man's condition being very bad, Mr. West cut down in the perinæum on the end of a grooved staff, which had been passed up to the stricture. The stricture itself was then divided, and a gush of urine followed. For a month afterwards the urine flowed wholly by the wound. A catheter was occasionally introduced, and when he left the Hospital two months after the operation the urethra easily admitted a No. 3, and the perineal wound had healed. *Case* 7.—The Liverpool Royal: Mr. Bickersteth.—A healthy man, aged 44, applied for the relief of a stricture, which had resulted from a blow on the perinæum some time previously. Perineal section was performed on a grooved staff, and a catheter afterwards retained in the bladder. Peritonitis followed, and death ensued on the third day. No autopsy. *Case* 8.—The Liverpool Northern: Dr. Nottingham.—A man, aged 40, was admitted with an obstinate stricture which had existed ten years, and had resisted persevering attempts at dilatation. Perineal section on a grooved staff was performed, and a catheter subsequently retained. No bad symptoms followed. He left "perfectly cured" a month after the operation. *Case* 9.—The Liverpool Northern: Dr. Nottingham.—A man, aged 35; perineal section for the cure of an obstinate stricture was performed in the usual way, and he recovered well, being able to pass a full stream of water. *Case* 10.—Addenbrooke's: Mr. Humphry.—A man, aged 62, for forty years the subject of stricture. Perineal section on a grooved staff. Recovery. *Case* 11.—Addenbrooke's: Mr. Humphry.—A healthy man, aged 35, for fourteen years the subject of stricture. The stream of water had been very small for some months, and retention had existed for fifty hours at the time of admission. Perineal section was performed on a grooved staff. No bad symptoms followed, and he was quite well in five weeks. *Case* 12.—Addenbrooke's: Mr. Humphry.—A healthy man, aged 41, for seven years the subject of stricture. Perineal section on a grooved staff; no ill symptoms. Well in a month. *Case* 13.—The Liverpool Royal: Mr. Long.—A cachectic sailor, aged 38, for many years the subject of stricture. Perineal section was performed, but he sank a month afterwards "worn out by his previous sufferings."

PUNCTURE OF THE BLADDER.

This operation appears to have been performed in but two instances. In the first of these it was practised in a man of middle age, on account of retention of urine, which could not be relieved by the catheter. The trocar was first passed by the rectum, but no urine being obtained an incision into the prostatic urethra from the perinæum was practised the same day. On the following day the bladder was at length relieved by puncture above the pubes. The man died of urinary infiltration and sloughing, the day subsequent to this last operation, and at the autopsy a large cancerous growth from the prostate was discovered. This tumour had been entered by the trocar in the rectal operation. In the second case, puncture by the rectum was practised on account of retention of urine in a man aged 40, of worn-out health. Numerous false passages existed, as was proved at the autopsy. His death was referable to the previous disease, and not in any way to the operation.

EXCISION OF THE TESTIS.

Case 5.—The Leeds: Mr. Hey.—A healthy-looking man, aged 45. Excision of the testicle on account of encephaloid cancer. He did well until within two days of his death, which resulted from acute peritonitis, three weeks after the operation. *Case* 6.—The Sheffield: Mr. Jackson.—A man, aged 25, whose right testis had been enlarging for six months, in consequence of an injury from a blow on the pommel of his saddle. It was of large size, and evidently the seat of malignant disease. Excision. Recovery.

THE LEOPOLD-CAROLINIAN ACADEMY OF NATURALISTS.—Dr. Kieser, of Jena, has been elected President of this celebrated Academy, in the place of the late Nees von Esenbeck.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. JAMES LUCAS, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, JULY 3.

NEW REGULATIONS OF THE ROYAL COLLEGE OF SURGEONS.

We announced in March last the intention which existed on the part of the Royal College of Surgeons to make some important changes in the present system of education and examination of candidates for the membership of the College, and more recently (June 5), we definitively laid before our readers the chief features of the alterations which have since been carried into effect. We then also alluded to a corresponding series of changes to be made in the regulations of the Court of Examiners of the Society of Apothecaries; and we may add that the scheme now adopted was agreed upon after several joint meetings of Delegates from the latter body and the Council of the College. It must be understood that the alterations will not in any way affect the Fellows of the College of Surgeons; but they will tend most materially to improve the status of the General Practitioner, if they are fully and fairly carried out by pupils and teachers in the sense intended by their promoters.

In introducing their altered arrangements to public notice, the Council of the College of Surgeons have issued some prefatory remarks relative to the somewhat sweeping measures which they propose, and they have offered some very pertinent observations on several points of great interest in Medical education.

In the first place, it is intended that the examination of candidates for the diploma of the College shall be divided into two parts, and be conducted on two separate days; the first part being devoted to Anatomy and Physiology, and the second to Pathology, Surgery, and Surgical Anatomy: the latter examination being conducted partly orally, and partly by means of written papers. Students will be admitted to the first of these examinations at any time after the close of their second season of anatomical study; and the Council earnestly recommend that those who are able should avail themselves of the earliest opportunity of presenting themselves for it, instead of deferring it to the time when their Surgical education is completed. The student, if he consult his own interests and the economy of his own time, will certainly embrace this offer made by the Council; for it is much easier to get up the material for half an examination than for a whole one; and besides, as he has just been engaged in the practical duties of the dissecting-room, he will be better able to prove his thorough acquaintance with the structure of the human body, than at a period when he has quitted the dissecting-room for the study of actual disease in the wards of the Hospital. It is also suggested that this plan will obviate the necessity of what is called *cramming*, a practice which is very properly denounced by the Council; but, in fact, under the new system, the examiners will easily detect real knowledge from the pretence

Digitized by Google

to it, by the course which they propose of testing the knowledge of the candidate on the recently dissected subject, and on prepared parts of the human body. If any candidate is able to dissect and demonstrate the parts placed before him, he *is* clearly an anatomist, and no other evidence is necessary that he has prosecuted his anatomical studies with diligence and success.

The next topic alluded to by the College is the proposed diminution of the number of Lectures required to be attended by the pupil. Not only is the number of courses very much abbreviated, but the Council recommend that the number of Lectures in each course should be abbreviated likewise. In this recommendation we cordially concur; and we hope that the Lecturers, while omitting a great quantity of merely controversial or abstruse matter, will earnestly impress upon the minds of the students those leading principles of their respective sciences which may serve throughout life as the great landmarks of the practitioner's career. It is really of very little consequence, comparatively speaking, whether the student be or be not made acquainted with the discussions upon *the size* of the nerves of the uterus, or upon the functions of the spleen; but it is of infinite importance that he should know how to tie the femoral or brachial artery, and that he should consequently be fully and intimately acquainted with the relative anatomy of those vessels. Lecturers may, therefore, properly leave to private study and to peculiar tastes the investigations of the niceties of anatomical and physiological science; but there can be no excuse whatever for sending up for examination a youth who is unacquainted with the structures covering a hernia, or with the position and relations of the great vessels.

The Council of the College direct particular attention to what they consider the injurious system pursued in many of the Schools of Medicine, of offering prizes for proficiency in *particular* departments, to be competed for by students. This system, it is urged, tends to divert the minds of the students from things of greater moment; and it is affirmed that the talent for getting up a limited subject for examination, affords no proof of those higher qualities of observation and thought which are necessary to the success of Medical and Surgical practice. On this point we are, in some degree, at issue with the Council. We do not assert that the present mode of allotting prizes and other distinctions to industrious students is by any means free from objection, yet we have no doubt whatever that the encouragement of a spirit of competition is the very best method of drawing forth the abilities of youth, and of training the mind to systematic thought. It is true that the exclusive devotion of a student to any one subject to the neglect of the rest is to be deprecated; but this erroneous tendency might be rectified by offering prizes, not merely to those who have shown great attainments in one department, but to those who have displayed proficiency in many. By the emulation thus excited, the student is led to methodise and condense what he has learned, and when the period of competitive examination has arrived, he is able to describe, in brief and succinct language, the result of his previous labours; and this habit of lucid thought and systematic arrangement must be of infinite service to him in after life. We do not by any means urge that a Medical man should not be a "practical man," in every sense of the word; but we argue that, besides handling the scalpel, he should also be able to use the pen, and to express himself in appropriate language; and we really know of no better training for enabling him to arrange his ideas, than the frequent habit of writing and speaking when engaged in competitive examinations with his fellow-students. The successful competitors in such contests feel the natural gratification of having received a reward for their labours, while even the unsuccessful ones will derive great advantage from being made acquainted with their own deficiencies, and from being stimulated to new exertions. In all our public Schools and Universities, the system of giving prizes and distinctions has been found to work well; those who have been most eminent at school or College have generally been successful men; and of those who have attained eminence in their maturity without having gained honours in their collegiate career, it has been often confessed that they have been excited by the want of success in their youth to more vigorous and sustained exertions in subsequent years.

The last point touched upon by the Council is the subject of Preliminary Examination in general literature and science, as a necessary step to be taken by the students before entering upon their Medical career. We are exceedingly sorry that the Council do not yet see the necessity of requiring from those who seek the membership of the College any test of their previous acquirements. Our lay readers will scarcely believe that a student who aspires to a diploma in Surgery from the Royal College of Surgeons of England, which is to stamp him in the eyes of the public as a gentleman and a scholar, may pass the ordeal without a knowledge of the very rudiments of the Latin Grammar, or even of the construction of his own language, to make no mention of mathematics, or any other branch of exact science. Surely it is now time for the College of Surgeons to take some steps in this matter. Year after year has the importance of general knowledge been admitted in the case of all those who aspire, not only to the learned Professions, but to the ordinary routine of official life in all departments of the civil and military service; and with regard to the Medical Profession, it is a fact that there is not one of the examining Boards, *except the College of Surgeons of England*, which does not demand some evidence (slight as it is, in too many instances) of preliminary education. As only four years of study are required by the Regulations of the College, it is clear that a young man cannot, or, at least, need not, commence his Medical studies until he has passed his seventeenth year; and can we suppose that a boy who has passed his youth in ignorance and idleness can be a competent or successful practitioner of Medicine? Yet the Council of the College, by omitting any inquiry into preliminary education of any kind, actually offers a premium upon ignorance, and virtually announces to the world that persons who would be rejected as incompetent to become clerks in the Custom House, are quite competent to pursue the study of Medicine!

This subject is by no means exhausted; for all that relates to the education of our Medical students has necessarily so important a bearing upon the welfare of the Profession, that we make no apology for urging upon all Medical authorities the necessity of making education, both preliminary and professional, as complete as possible. We have no wish to strain the minds or the resources of our students to an unnecessary extent; but the fact is that the present system of education and examination is below the mark, and the elevation of the standard can be attended with no other than beneficial results.

In conclusion we may observe that these new regulations must lead to some modification in the scale of fees paid by students. Some alteration has long been needed. The expenses of teaching have been increasing year by year for the last twenty or thirty years, while the income has diminished in almost all the schools. This fact may be explained partly by the origin and increase of provincial schools; partly, though it is thought only to a small extent, by the low fees of the Scotch and Irish schools; but the chief cause is the increase in the number of courses of lectures without a corresponding increase in the general fee, and the consequent division of surplus income among many, instead of among a few lecturers. The present is a good opportunity for a general movement, not only among the London schools, but in the provincial schools, and in those of Ireland and Scotland; in

Digitized by Google

favour of an increase of some ten, fifteen, or twenty per cent. upon the present scale of fees for attendance upon lectures and hospital practice. Such an increase would hardly be felt by the student or his friends, as the chief expense incurred is that for board and lodging during the period of study. An additional ten or fifteen pounds upon the sum paid to the teachers would not be of much importance to the student, while the aggregate addition would considerably augment the income of the lecturers, and the chairs in our schools would not then be abandoned by gentlemen so soon as they acquire a position in the Profession which renders other modes of occupying their time more profitable.

THE WEEK.

The discussion in Committee of the House of Commons on Mr. Cowper's Medical Reform Bill has been postponed again. It was fixed for Thursday, but deferred by arrangement with Mr. Walpole until Tuesday next. A process of squeezing has been going on, and point after point has been yielded, until the Bill, as it now stands, is a mere Bill for the abolition of local jurisdictions, and the establishment of an alphabetical register of Medical practitioners. It pleases nobody, and is less likely to pass than ever. Our old resource, the ROYAL COMMISSION, is still the only practicable solution of the difficulty. This Medical Reform, and the interminable and purposeless talk about the state of the Thames, are the only Medico-Parliamentary matters of the week to which we need refer.

The election of members of Council of the College of Surgeons passed off as was expected, in the re-election of Messrs. Quain and Wormald, and the election of Mr. Shaw. The attendance was greater than usual, as some opposition was anticipated, but the Fellows showed by their votes more unanimity than usual. The numbers were for Mr. Quain, 88 Yes, and 3 No; for Mr. Wormald, 77 Yes, and 7 No; and for Mr. Shaw, 74 Yes, and 11 No.

The following extract from the last weekly return of the Registrar-General we print without note or comment:—

"Man was made to live a definite time, and to experience an average rate of mortality. But the natural lifetime has not been revealed to us, and the circumstances of no city are such as to give us an opportunity of determining the average mortality of a people living under the most favourable circumstances. We cannot, like the ancient writers, refer to a model republic: we cannot point to a single town in England on the slopes of some of her hills, looking southward over fertile fields or distant seas; bathed in a pure atmosphere; supplied with 'a river of water of life, clear as crystal;' with no impurities resting in its houses or streets for a single day; occupied by a people fed on fruits, grain, meat from healthy places, and leading an active, good, intellectual life. No such city has ever even been projected, and is certainly not shadowed out by the watering-places of our own, and still less of other countries.

"Hence, the only standard to which we can resort is derived from the least unhealthy districts of England. The mean lifetime of the people in those districts is 49 years; and the mean annual rate of mortality would be 20 in 1,000, were it not that the increasing population gives them an undue proportion of young and middle-aged people, by which the proportional number of deaths is reduced to 17 in 1,000.

"To apply the standard to London. The population consists now of about 2,721,000 persons; they are of all ages; but upon comparing them with the comparatively Healthy Districts the *proportion* of young children under five years of age is the same; before the age of 15 is attained the London children are greatly reduced in number by untimely deaths; at 15 to 25 immigrants restore the lost numbers, and from the same source the men and women of the ages from 25 to 45 grow into a great excess; at the ages 45 to 55 the proportions are the same; after the age of 55 the excessive mortality in London speedily reduces the numbers: the old people, who naturally experience everywhere a high rate of mortality, are not in due proportion in the population of London. By applying the ascertained rates of mortality in the sixty-three comparatively Healthy Districts it is found that the annual deaths—if the chances of life were the same in London—would be 41,668 on the above population, or at the rate of 15·32 in 1,000 annually.

"The weekly deaths in London on the above population in such a state of health as is actually experienced in those districts would be 799 on an average.

"The actual rate of mortality in London during the last ten years exceeded 24 (it was exactly 24·46) in 1,000, which implies 1,275 weekly deaths, or 476 above the healthy average.

"In the last week 1092 persons died in London, or 293 persons in excess of the healthy average. That 293 persons died unnatural deaths during the week is the finding of this great inquest.

"What were the causes of these unnatural deaths? The people of London live as well as the people of the sixty-three districts; and they now suffer nothing from cold. Many drink spirits to excess. Too many sleep in the same rooms; and, as in our barracks, this destroys large numbers. Crowding in ball-rooms, in theatres, in churches and chapels to hear popular preachers, where no adequate ventilation is carried on, propagates zymotic diseases. Impure water is the cause of several deaths; but the companies have of late years supplied water infinitely superior in quality to the water which they drew previously from the parts of the Thames, now admitted by everybody, even their retained chemists, to be offensive. The impurity of the air was unquestionably the cause of a large number of the 293 deaths. This impurity is most noxious in the houses where the people sleep. The cesspools are still numerous; half a million waterclosets and sinks discharge large quantities of impure air into the 358,326 inhabited houses. This incommodity is lessened in London by the system of drains, which, however, are badly constructed, and emit their volatile impurities under the faces of the people. The drains again pour their contents into the Thames; from which, in its course through London in ordinary times, more than four million gallons of water are evaporated daily, carrying with the vapour, and diffusing all over the town, impurities which are breathed by the whole population."

We continue to receive a great number of letters on the subject of Coroners' Inquests, and on the abuses which seem to prevail in the manner of conducting those inquiries. In a communication now before us, the writer relates a case in which the holding of an Inquest appears to have been, to say the least, unnecessary; for the deceased person was upwards of a month under treatment at a Dispensary previously to her death, and, what is more, the body *had been opened*, by the request of her sister, and the morbid appearances had been fully ascertained. Nevertheless, we are informed that the body *was opened again*, and an Inquest held, the result being a verdict of death from Natural Causes, the disease having been inflammation of the lungs. Our Correspondent makes some rather severe remarks upon the unnecessary frequency with which Inquests are held, to the great distress of surviving relatives, and without any commensurate advantage to science or to public morals; and he also alludes to a point on which we ourselves have commented in a recent leading article, namely, the unfitness of some of the parties to whom the *post-mortem* investigations are entrusted, to execute the duties which are, perhaps, thrust upon them without their desire. We are told, for instance, that in the case now referred to, it was necessary to analyse the contents of the stomach, and that the gentleman who made the *post-mortem* examination, not being practically versed in the details of chemical analysis, was obliged to delegate the

Digitized by Google

duty to some one else, and to incorporate the chemical evidence with his own. Without vouching for the perfect accuracy of the statements made to us in our Correspondent's letter, and in those of many other writers, we feel convinced that there is much need of revision in the practical details of the Coroner's Court; for by the system as now conducted, the Coroner is inadequately and unfairly paid for the duties which he performs, while their performance renders him often subject to invidious remarks on the part of the relatives of those on whom unnecessary Inquests have been held, as well as on the part of the Magistrates whose duty it is to allow or disallow the Coroner's fees. Surely the antiquated custom of allowing only a paltry remuneration to the Coroner for each Inquest ought to be discontinued, and a fair annual sum should be allowed to that functionary, proportionate to the dignity of his office and the duties he may have to perform. The custom, too, of leaving the duty of summoning an Inquest in great measure to the parish beadle, who himself receives a fee for each case, ought at once to be abolished; and no Inquest should be held unless there is fair ground for supposing that the death occurred under suspicious circumstances, the nature of which should be represented to the Coroner by some responsible authority previously to an inquiry. As to the results to the Profession and to Medical Science, it must, in all justice and fairness, be admitted that a remuneration is now allowed to the Medical witness, who formerly received nothing at all; but the benefits would be still further enhanced, if the pursuit of Medical Jurisprudence were more directly encouraged by the employment of those Medical men who have paid some special attention to that branch of science. One of our Correspondents suggests that the duty of opening and inspecting the bodies of those who have died under suspicious circumstances should be entrusted to the Demonstrators of Anatomy at the different Medical Schools: but with this suggestion we can hardly agree, because the gentlemen who fill that office are usually very young men who are not necessarily acquainted with toxicology, or even perhaps with the manifold details of morbid anatomy. The duty should be confided to gentlemen of mature age, who have given some proof that they have minutely studied the healthy and morbid appearances presented by the human body, that they are well acquainted with the theory and practice of testing for poisons, and that they are conversant with the opinions of the best authors on Forensic Medicine.

In the last weekly return of the Board of Health, the following remarks are made on the state of the Thames:—

"The effect of this extreme heat on the Thames has been such as to make an outbreak of epidemic disease very probable, for the smell, even at a considerable distance, has been almost unbearable. In connexion with this may be noticed the amount of ozone registered at Whitehall, which was larger than at Hackney. This shows pretty conclusively that the smell from the Thames does not arise from sulphuretted hydrogen or sulphide of ammonium."

Already several branches of the British Medical Association have expressed unanimous opinions against consultation or co-operation with Homœopaths. At the meeting of the Midland Branch on the 17th ultimo, the President, Dr. Morris, of Spalding characterised this "modern swindle" as "the greatest fraud ever practised upon the credulity of mankind;" and it was resolved that "encouragement to Homœopathists becomes impossible with the man of education and high principles; and he who *assents to consultation and co-operation with them* sinks below the respect of his professional brethren, and the membership of this branch of the British Medical Association." It was also resolved, "That this meeting desires to record its high appreciation of the honourable and dignified course taken by Dr. Paley, of Peterborough, and Mr. Philbrick, of Stamford, in refusing to consult or co-operate with a Homœopathic practitioner."

The following are the salaries of the officers of the Board of Health, according to a return lately made to the House of Commons:—

	£	s.	d.
The President	1,459	7	4
Private Secretary to President (to 24th September, 1857)	104	15	7
Medical Officer of the Board	1,500	0	0
Secretary	1,000	0	0
Assistant Secretary	600	0	0
Chief Superintending Inspector	1,000	0	0
Two Inspectors (£800 each)	1,600	0	0
Surveyor and Draughtsman	250	0	0
Four Clerks	845	11	11
Office-keeper	100	0	0
Three Messengers (one since December last transferred to the Council Office, Education Department)	220	0	0
Housekeeper	20	0	0
	£8,680	14	10

It would be very hard to show that any of these officers have earned their salaries by any useful services to the public, except the medical officers. Had an intelligent medical man been President of the Board of Health the Thames would have been purified and London drained long ago. Ornamental Presidents and comic Secretaries have only obstructed sanitary measures.

REVIEWS.

The Unity of Medicine: its Corruptions and Divisions, as, by Law established in England and Wales; with their Causes, Effects, and Remedy. By A Fellow of the Royal College of Surgeons. Pp. 154. London: 1858.

Many persons who profess to write upon Medical politics in the present day are deficient either in temper, judgment, or information. Some are misled by their blind attachment to a particular Medical institution, and their hatred of others; some advocate the claims of one section of the Medical community, and depreciate all the rest; and some, and this is not a small class, rush into the arena of controversy without having made themselves acquainted with the necessary data for the discussion of the questions at issue. We have no such fault to find with the anonymous writer of the little work now before us; for his remarks are written in a truly catholic spirit, and it must be admitted that even when he is severe, he is just. He has also taken the trouble to examine the whole bearings of the subject which he treats, and from the earliest records of Medicine down to the present day, he traces the causes which have promoted or retarded the advance of our Profession.

Speaking generally, we should say that the aim of the author appears to be to show that Medicine is *one* science, including Surgery and Midwifery, but excluding the mechanical preparation of drugs; that it has been so considered by the most illustrious Medical authors both of ancient and modern days; and that the divisions which have crept into it have been the result of narrow-minded views on the part of those to whom its interests have from time to time been confided.

Starting from the mythic period of the Trojan war, we are told how Machaon and Podalirius accompanied the Greek army in the double capacity of Physicians and Surgeons, or rather in the character of Physicians practising surgery; and how they were held in honour on account of their services is recorded in the glowing verses of the Iliad by the immortal bard. Descending to the historical period, we find in the pure and noble sentiments expressed by Hippocrates, the model of what a Physician ought to be; but this great

Digitized by Google

authority treats of surgery only as a part of the Medical art. Celsus, again, who may be considered to have given an epitome of the Medical science and practice of his times, regards surgery as a branch of physic. In a much later period, when the Roman Catholic religion prevailed in Europe, and when all the existing learning of the day was confined to monasteries and cloisters, the monks and priests usurped the functions of the Physician, and not liking to perform manual operations, these ecclesiastics consigned the patients who required the knife to the care of the barbers, and henceforth arose the distinction between medicine and surgery. At the revival of learning, in the time of Henry VIII.; that monarch gave the well-known charter to the Royal College of Physicians of London; but it is not generally known that the charter included Surgeons as well as Physicians, and that one of its chief objects was *to suppress quackery*, and another was, *to make of one body all who exercised the faculty of medicine*. It is too true, as the author of the work before us observes, that the College has done neither the one nor the other; it has made no attempt to suppress quackery; and instead of making of one body all who practised medicine, it has pursued throughout an exclusive policy, and has sought rather to establish a professional aristocracy, than to draw within its circle the great mass of Medical practitioners. Hence the number of fellows and members of the College has always been too small to supply the wants of the public, and accordingly, a great multitude of practitioners without the pale of the College have sprung up from time to time—some with adequate acquirements, some with insufficient ones, and some with none at all, to remedy the ailments of the population. At the commencement of the present century the number of ignorant pretenders to Medical science was so great that many practitioners, as is still remembered, associated themselves together to remove the monstrous evils which prevailed in the practice of Medicine, and their labours resulted in the preparation of a bill for the better regulation of the Profession. Here again a glorious opportunity occurred for the College of Physicians to embrace within its pale the great mass of the Profession: but it actually refused to take any part in the proposed measure, and eventually the powers of the Act of 1815 were confided to the London Society of Apothecaries. Since then the Apothecary has become the rival, instead of the servant of the Physician; and hence the unity of the Profession has been broken up, mutual jealousies have been engendered, and quackery has been rampant!

The remedies proposed by the author are the union of the different branches of the Profession into one body, the separation of Pharmacy from the practice of Medicine, including Surgery and Midwifery; and the education and compulsory examination of Pharmaceutists. All these points are worked out with great care and perspicuity, and we direct attention to the whole work as one abounding in accurate knowledge, lofty purpose, and soundness of judgment.

Four Letters to Sir James Clark, Bart. M.D. F.R.S., on Administrative Reform, in relation to the Medical Schools and the Examining Boards. By Alexander Harvey, A.M. M.D., formerly one of the Examiners for Medical Degrees in the University of Aberdeen. Pp. 80. London, 1858.

These letters contain some very excellent practical remarks upon the present system of educating Medical Students, and of examining candidates for degrees and licences to practise. Dr. Harvey condemns the system of overloading the student with lectures, to the necessary limitation of his time for Hospital practice and individual research; and the present plan of requiring the candidate for examination to answer, in one brief trial, a great number of questions extending over a great number of subjects, is very justly condemned. Dr. Harvey will find, however, that the remedial measures which he proposes are in a measure anticipated by the recent changes made in some of our Examining Boards.

Considering the amazing improvements in Medical and Surgical science and practice in late years, and the corresponding advance of all the sciences which are connected more or less with Medical education, it is indeed hard even upon the industrious and conscientious student to expect him to master so much learning in the course of four or five years, and it is equally hard to require him to evince his knowledge of these various branches of learning in one short colloquial examination. Dr. Harvey proposes that examinations should be held every year, in order to test the student's progressive improvement; and to define in some measure the objects of his study and to condense as far as possible the vast mass of materials placed before him, it is recommended that proper text-books should be adopted by the Examining Boards, from which books the students should be examined. There are many observations well worthy of attention in these Letters, and Dr. Harvey is evidently well acquainted with his subject.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

REPORT ON THE BRÉANT PRIZE CONCOURS.

The Committee of the Academy of Sciences of Paris (consisting of MM. Andral, Velpeau, Cloquet, Claude Bernard, and Jobert, with M. Serres as reporter) has just delivered in an elaborate report upon the essays forwarded to compete for the Bréant prize.

In instituting a prize of 100,000 francs to be decreed to the discoverer of a sovereign remedy for the cholera, M. Bréant, the reporter observes, had in view appealing to the efforts of physicians and philosophers concerning the most terrible epidemic that ravages the human race. Although unacquainted with Medical science, his dominant idea evidently was to induce additional investigation into the causes of epidemics in general, and of cholera in particular. He believed that in the present state of science much remained to be discovered in the composition of the air, and the fluids it contains, as well as concerning the animalculæ which, according to him, are dispersed in infinite numbers throughout the atmosphere, and may prove to be the cause, or one of the causes of this cruel disease.

The Section of Medicine and Surgery has believed it necessary to define the terms of the question with some precision, in the present state of Medical science. In medicine, in fact, as in the other natural sciences, we only know facts, which we assemble together, in order to judge of their relations, and to submit them to classification. By this procedure we rise to a still more general class of facts, which we term principles. But these principles are themselves but the formulæ of the facts, they are not causes. It is from having long misunderstood this mental process and the limits of its extent, that our science has become plunged into the labyrinth of the study of the immediate causes of disease, striking out new routes, which seemed to promise an issue, but which always finished by bringing us back to the point whence we started.

The Section of Medicine and Surgery has already pointed out to the Academy that the tendency of the Bréant prize was to lead medicine back to the search for the occult causes of disease—a search that had already impressed a direction so systematically mischievous upon science, until the flame of observation and experience came to enlighten its progress and to circumscribe the space within which it must operate. Nevertheless, keeping rigorously within the limits accessible to observation, physicians have not lost sight of the investigations of Van Helmont and Stahl upon this subject; and in imitation of the latter, and of our own illustrious Lavoisier, they have pursued with great interest physical and chemical investigations on the composition of the air, in order to make application of any discoveries to the recognition and cure of epidemic diseases. While rejecting the ideas of Needham on spontaneous generation, they still pursue studies having for their object the acquisition of a knowledge of the animalculæ and all other organic matters contained in the atmosphere, which can exert any influence on the living economy. It is in this spirit the Section has endeavoured to fulfil the duty imposed upon it by the Academy, fully recognising that the discoveries sought for with such excellent intentions by the testator, are of an extreme difficulty, and consequently will have to wait for a remote realization. It is, indeed, with this suspicion, that M. Bréant has also con-

Digitized by Google

ceived the idea of instituting an accessory prize of 5000 francs, being the annual interest of the capital of the larger one, to be decreed as a recompence to the authors of works which have increased our knowledge of the cholera, or of other epidemic diseases. Comprehending both the high mission which has been confided to it, and the wishes of the testator, the Section has demanded that the specific for the cholera, the discovery of which is the object of the concours, shall cure this disease as certainly as cinchona does ague. It also believes that the desire of the testator would be accomplished, if during the search for causes, a prophylaxis for the cholera were discovered, as complete as that of vaccination for variola.

From November 20, 1856, the date of the last report, to May 1, 1858, the Academy has received 163 memoirs or communications. Among this large number many contain only suppositions more or less improbable, sometimes accompanied by insignificant observations, and sometimes demanding almost impossible experiments, which the Section is itself expected to institute. Other works of a more commendable character embrace the history of cholera, expand on its etiology, the fixity of its symptoms, and the constancy of the morbid changes it leaves behind it. But they add nothing to what is already known, and contain no result capable of elucidating the therapeutical management of epidemical diseases. A third class of papers relates to the statistics of cholera; but these documents, interesting probably in the localities to which they refer, bear no relation to the questions at issue. Two memoirs alone show that their authors have properly comprehended the nature of the questions put. One by a Russian Physician at Smolensk, proposing to treat cholera by variolous inoculation, and the other by Dr. Ayre on the treatment of cholera by calomel. Both memoirs failed in convincing the committee of the reality of their pretensions.

To keep the future candidates within the limits of the conditions under which the prize will be awarded, the Section repeats that in order to carry off the 100,000 franc prize, it will be necessary to discover a remedy which in the immense majority of cases will cure the Asiatic Cholera; or to indicate, in an incontrovertible manner, the causes of the cholera, so that by the suppression of these, the disease may be arrested; or, finally, to discover a prophylaxis as certain and as evident as is vaccination in variola.

In order to obtain the annual prize of 5000 francs, it will be necessary to demonstrate by exact processes the existence of matters in the atmosphere capable of playing a part in the production or propagation of epidemic diseases.

In case of these conditions not being fulfilled with regard to this latter prize, it will be awarded to him who discovers a means of radically curing "dartres," or who can throw new light on their etiology.

ON THE RECENT CASE OF DEATH FROM CHLOROFORM.

By M. FOUCART.

Dr. Foucart furnishes the following particulars of the recent instance of death from chloroform, which took place at the Gros-Caillou Military Hospital. The patient was a grenadier of medium height, 45 years of age, of an apparently good constitution, though having a worn appearance. Having a swelling of the right testis, which was believed to be cancerous, M. Ceccaldi proceeded, on the morning of the 21st of May, to operate upon him, in the presence of several of the Medical officers of the hospital. The soldier evinced but little emotion, and having been placed on the table, the inhalation of chloroform was commenced. This was conducted by the aide-major De Poter with great care and circumspection, the only apparatus employed consisting in a compress formed into the shape of a cone, and containing a little charpie, upon which the chloroform was poured. At first, all seemed to be going on well. There was no agitation or disordered muscular action, or indeed anything that indicated aught amiss, and the respiration was perfectly calm. At the end of two minutes some trials were made of the amount of insensibility, and the anæsthesia being found insufficient, the inhalations were continued, the apparatus being held as before to the nostrils of the patient. Suddenly, and without any circumstance having indicated what was about to follow, the patient sat upright, with haggard eyes and pupils frightfully dilated. His arms were stretched out, and the muscles powerfully contracted, while his countenance expressed the agony of a man who was suffocating, and sought the air. He then fell back on the table, heaved a last sigh and was motionless, being, in fact, quite dead. From two and a-half to three minutes had at most elapsed since the commencement of the inhalation, and M. Ceccaldi had only just applied the bistoury to the skin in order to commence the operation. Various means were put into force for the restoration of the patient, such as revulsives, tickling the glottis, præcordial frictions, the application of incandescent coals to the thorax, and artificial respiration, first by pressure of the thorax, and then by mouth to mouth. All was in vain.

At the autopsy the brain was found healthy, and not engorged. Both lungs were highly loaded, and their tissue, and especially that of the right lung, was the seat of numerous miliary tubercles. At the summit of the right lung a vast cavity was also found. The condition of the heart is not mentioned. The right testis was found converted into a tuberculous mass.

Remarking upon this case, M. Foucart observes, that it possesses several points of interest. First, it proves by an additional example the exactness of the law laid down by Louis, of the frequency of the presence of tubercles in the lungs, when another important organ is the seat of a tubercular affection:—a law, however, which yet exhibits exceptions, and especially so with regard to tubercle of the testis. Next, the case establishes a positive contraindication of the employment of chloroform in patients suffering from pulmonary tubercles, or in those in whom there is good ground for suspecting their presence. The incomplete manner in which hæmatosis is accomplished in a lung so changed, easily explains the production of asphyxia by the influence of a cause which ordinarily would be insufficient for so rapid a production of it. Lastly, it is of importance to observe, that up to the moment of the accident, which occurred instantaneously, there was not the slightest disturbance of the respiration, this having been always perfectly tranquil. The patient continued to breathe to the last, and his death was not preceded by the slightest syncope. We have no account of the state of his pulse during the inhalation.—*Gaz. des Hôpitaux*, No. 69.

EXCERPTA MINORA.

Iodine as a Febrifuge.—M. Barbaste tried the effect of this substance in 3 cases of old intermittent and paludal cachexy, for which quinine had been given in vain. He was quite surprised at the promptitude of the results he obtained from administering 30 drops of tincture of iodine in a bitter infusion in the twenty-four hours, divided into three doses. M. Seguin had, indeed, as far back as 1846, recognised the utility of iodine in obstinate chronic ague, which resisted quinine: while Dr. Manfredonia of Naples, in 1855, found that very obstinate cases yielded rapidly to the iodide of quinine, in doses of from 1 to 2 drachms per diem. Thus far the iodine has been found only applicable to old, inveterate cases.—*Revue Méd.* May, p. 540.

Glycerine in Dysentery.—M. Daudé recommends glycerine as highly useful, given either in a mixture or a clyster. As an injection ʒi. mixed with ʒv. of linseed or bran decoction, may be thrown up twice a-day.—*Ibid.* p. 560.

Fatal Tetanus following the application of Caustic.—Dr. Bourgeois relates the case of a peasant, 18 years of age, whose arm it was proposed to amputate on account of what was supposed to be a fibro-plastic tumour. The patient, alarmed, left the Hospital, and a practitioner applied caustic over the whole surface of the tumour. After this, he returned home, and a few days afterwards, before the eschars had separated, the patient was seized with tetanus, which carried him off within thirty-six hours, ten days after the application of the caustic. —*Union Méd.* No. 16.

Emplastrum Vigo in Syphilitic Ulcers.—M. Potier-Duplessy relates some cases to show the remarkable benefit which sometimes attends the strapping up with emplastrum vigo syphilitic cutaneous ulcers which have resisted various means of treatment.—*Mem. de Méd. Milit.* t. xx. p. 386.

Advantage of Prolonged Strapping of Ulcers.—M. Bryon states, that both in military and civil practice among the poor he has found great advantage in strapping up ulcers and many ordinary wounds, and allowing the strapping to remain on undisturbed for a week or more, in place of frequently removing it, as is usually the case, at least in France.—*Ibid.* p. 399.

Digitized by Google

Question of the Cure of Cataract without Operation.—M. Testelin has compiled an elaborate paper investigating the reputed cases of cure of cataract without surgical operation; and he quite agrees in the conclusion come to by a very large majority of ophthalmologists who met at the Brussels congress, viz. that there is not on record any case sufficiently authenticated proving that Medical treatment can arrest or cause the retrocession of a spontaneous opacity of the crystalline lens.—*Annales d'Oculistique*, t. xxxix. p. 121.

Digital Compression on Aneurism.—M. Michaux has related to the Belgian Academy of Medicine two cases of popliteal aneurism treated by digital compression. In one this was alternated with mechanical compression during five days, and in the other digital compression continued during twenty-four hours sufficed.—*Bull. de l'Acad. de Méd de Belg.* 1858, p. 219.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, June 28.

M. Gubler, in a paper read before the Société Médicale des Hôpitaux, has attempted to establish a direct antagonistic action between the sulphate of quinine and opium. He states, that while opium causes cerebral congestion, quinine possesses a diametrically opposite influence. In support of his theory, the ingenious author relates a case in which 30 grains of quinine and 5 grains of extract of opium simultaneously administered failed to produce either the characteristic intoxication of quinine or the somnolency to be expected from opium.

M. Géry at the Société de Médecine du departement de la Seine, related a case which will tend to produce a step in the right direction in this quarter of the world. Firstly, it will unsettle the present unlimited confidence in midwives, or "sage femmes," as very many ignorant women are here called. Secondly, as regards the little infantry, the present case may lead to their in some measure doing away with the French absurd manner of packing up their future soldiers. M. Géry being called to see a newly-born infant, found life already extinct, and was surprised by seeing a quantity of blood upon its swaddling-clothes. Upon examination he found that the death of the child had been caused by hæmorrhage from the umbilical vessels. The infant had appeared to be in perfect health at its birth five hours previously. The mother and child had been attended by a "sage femme." Mr. Géry found the ligature, consisting of three small pieces of thread separate one from the other, quite loose upon the cord; further, this ligature was passed in a sufficiently singular manner; it was placed a second time around the cord lower down, in such a way that the cord formed a loop, the two ends of which were but imperfectly compressed. In short, "la sage femme" is accused of homicide by imprudence, a distinction they make in this country. M. Géry continues thus:—"This unhappy result ought to teach us a lesson; ought to engage us to watch attentively the infants after their *emmaillottement*" (a word incapable of translation; a word signifying a practice transmitted to us from mummyland). M. Géry continues:—"Pour ma part, j'ai failli y être pris; il m'est arrivé de voir pâlir des enfants peu de temps après leurs naissance et de constater des hémorrhagies par le cordon;" and, therefore, he concludes it to be prudent to follow the precepts of his honoured master Caparon in the application of a double ligature.

La Clinique.—There is now, in this Hospital, under the care of M. Nelaton, a very interesting case. M.—a woman of unsound constitution, whom we well remember to have seen last summer in the same service, when M. Richard, who then supplied the place of M. Nelaton during his annual absence, in treating her for a plurality of abscesses depending upon a diseased condition of the bones, removed at two different periods, the two halves, thus removing the entire clavicle. An axillary abscess, and an abscess in the region of the elbow, in direct communication with the joint, were injected with iodine with the best success. At present, we find the place of the extirpated clavicle occupied by a bony reproduction. She is now an inmate of the Hospital on account of an abscess of the shoulder. Upon probing the wound a portion of necrosed bone was distinctly felt; but the question arose as to whether the necrosed bone belonged to the coracoid, or acromion processes, or to the head of the humerus. This doubt was distinctly resolved by M. Nelaton's happily resorting to auscultation. He at first applied his ear over the head of the humerus, and it seemed that the bone, touched lightly by an assistant, was in immediate contact with his membrana tympani. Not, however, feeling entirely convinced, owing to the close proximity of the acromion and coracoid process, he placed a stethoscope upon the lower end of the humerus, and the proof became convincing; the bone necrosed, being lightly touched, the shock was so perfectly transmitted that the dead bone seemed to be immediately beneath the listener's ear. From the perfect freedom in the movement of the articulation the learned Professor expressed it as his opinion that the glenoid cavity was still intact.

M. Velpeau, in one of his clinical lectures last week, on the occasion of removing some nasal polypi, mentioned their rarity in old people, notwithstanding their rapid return after operation, and their comparative slight influence upon the general health, in no case causing death. He, at the same time, brought forward, as a parallel, the history of the fibrous tumours of the uterus, their gradual increase up to the age of 45 or 50, and their subsequent diminution, until at the age of 60 or 70 they no longer existed.

He holds the opinion, as did Sir H. Halford and others, that there exists a critical period in the male, corresponding to that so evident in the female.

In exhibiting a cancerous tumour of the breast, he alluded to the ancient opinion that scirrhus was the encephaloid cancer in the crude condition, and stated that although the scirrhus always retained its characteristic hardness, and remained scirrhus throughout, still there existed two forms of encephaloid disease—that is, the indurated or crude tumour, and the softened or ripened affection. He stated that, at the express desire of the patient, he had spared the nipple, and that he had noticed, on cutting across the twelve or fifteen canals, the oozing out of a milky-like fluid, which had been described by M. Adolphe Richard as one of the symptoms of a benign affection. The patient being 49 years of age, this oozing was in no way due to or connected with the menstrual function, which had ceased long since. It proved that M. Richard had been deceived (a), and that this oozing could no longer be looked upon as a proof of benignity.

In the service of M. Trousseau we have observed a very interesting case of peritonitis following typhoid fever without perforation. The case, interesting in other respects, was briefly as follows:—A young man, of a strong and robust constitution, 23 years of age, following a laborious trade, and continuing his work up to his admission into the ward St. Agnes, under the care of M. Trousseau, when he complained of pain in the region of the cœcum, and general malaise. He had been constipated for the preceding three or four days, and on the day of his admittance he was attacked with fæculoid vomiting, and in the evening he passed three or four liquid motions—he having been attacked, as it were, suddenly in the midst of apparent health. M. Blondeau, the chef de clinique, diagnosed a case of internal strangulation. When seen by M. Trousseau the diagnosis was peritonitis with perforation, the abdominal symptoms being further developed; and M. Trousseau expressed his opinion that it might be the sequel of a case of typhoid fever, similar to the form described by Stohl, in which the patient experiences but a general malaise, insufficient to incapacite him from following his usual employment. The patient died; and at the autopsy on the Tuesday morning, the third day after his admission, all the evidences of acute peritonitis were discovered. The intestines were carefully removed and filled with water, but no perforation existed. The cœcal appendice was especially examined. Upon opening the intestines the ileum was the seat of extensive typhoid ulcerations; some of them were in process of reparation, but one patch in particular had destroyed the mucous, sub-mucous, and muscular tissues, having for its base the peritoneum. This was probably the point of origin of the fatal inflammation.

This case affords another contradiction to the assertion of

(a) We have inquired since of M. Velpeau whether he was in the habit of sparing the nipple in his operations upon the breast, and he assured us that he frequently and successfully resorted to this practice. This question was suggested by the recollection of many unsuccessful trials on our side explained by the operators as resulting from the fact that the nipple received its supply from the deep vessels.

Digitized by Google

MM. Louis, Chomel and Grisolle, etc., that the peritonitis following typhoid fever always originates in perforation, and also explains the reported cases of cure of peritonitis, supposed to be the result of a perforation.

GENERAL CORRESPONDENCE.

ON EXCISION OF THE ELBOW-JOINT.

LETTER FROM MR. ERICHSEN.

[To the Editor of the Medical Times and Gazette.]

SIR,—The most difficult man to please in all matters connected with the joints is certainly a thorough-going Orthopædist. If a general Surgeon venture to excise a carious elbow or knee, he is accused of having "a furor" for excision of joints. If the case is merely an ordinary stiff-joint, and he restores its utility by extension or flexion, forcible or gradual, with or without division of tendons, he may be sure that he will in some way have done wrong. He has either extended too forcibly or too gently, too soon or too late after the tendons have been divided, if they should have been divided at all. And even if the case be one utterly unfit for operation of any kind, the patient being in the last stage of hectic and debility, the Surgeon who declines to interfere cannot hope to escape the denunciations of the Orthopædist;—he is still accused of having "the furor," though his decency has been disappointed by the untimely death of his patient. How, then, is a Surgeon to act, so as to please the thorough-going Orthopædist?

I ask this question in consequence of some remarks made by Mr. Brodhurst in the last number of your journal, by which it would appear that he is dissatisfied with my practice, calls in question my diagnostic skill, and accuses me of being affected with "the furor which at present prevails," and all this on the faith of a short notice of two cases of disease of the elbow-joint that were under my care, and which was published in the *Lancet* a few months since. With that notice I had nothing whatever to do, and am in no way responsible for it. The sketch of the cases given in it, though in the main accurate enough, is so brief and imperfect that a more cautious critic than Mr. Brodhurst would have sought for further information, before founding a charge of the kind that he has upon such data. And, as to the opinions contained in that notice they are not mine, but those of my excellent friend Dr. Gibb, the reporter to the journal, and for them I am no more answerable than I am for Mr. Bright's views on the Government of India, or Mr. Brodhurst's theory about unfolding a crooked spine. After criticising the opinions in the notice in question, he proceeds to remark, "but it may be urged that these cases are incorrectly reported. Of this I know nothing!" Why, surely, Sir, if Mr. Brodhurst's sole object were to elicit the truth, he should have made himself acquainted with the accuracy of these reports, if he had any doubt about it, before he criticised them so sharply. And this, a line to me, or a question when he happened to be my near neighbour at the Society of Arts' dinner the other day, might have settled. But then I fear that the smart bit of writing about "the furor that at present prevails" would have required toning down, and the value of Orthopædic over general Surgery could not have been so forcibly pointed out.

Now, Sir, in the cases that have elicited Mr. Brodhurst's remarks, excision of the joint was not performed. How the non-performance of an operation can be adduced as an evidence of a frenzied desire to practise it, is a line of argument that I confess my inability to follow, and appears to me to partake much of the character of a *non sequitur*.

The facts of the cases are briefly these, and I will leave your readers to judge for themselves whether they indicate my being affected with the disease "which appears to prevail."

The first case was that of a lad, who was sent to me by an excellent practitioner last February, with old-standing disease of the elbow-joint, which appeared to that gentleman to require operation. On admission I found the right elbow completely disorganized, the bones being rough and carious, and the joint suppurating. The lad was in an extreme state of emaciation and debility, so much so that I suspected he had phthisis, although there was no cough or shortness of breath. I requested that his chest might be examined. This was done by the Physician's Assistant, and it was pronounced to be sound. Looking upon want of food, coupled with the profuse discharge from the elbow, as the main cause of the debility, the patient was put on cod-liver-oil and iron, with an abundance of good food; and I stated to the class that so soon as his health was sufficiently restored, the joint must be excised, or the limb amputated, but that I should prefer excision, for obvious reasons. The lad improved in health for some days, so much so as to afford a hope that in another week his condition would be such as to admit of the removal of a source of great suffering, of profuse discharge, and consequent exhaustion to the system. He soon lost ground again, however, and eventually died of exhaustion, nothing having been done to the joint. On examination after death latent phthisis was found, which, together with the profuse discharge from the disorganised joint, had worn him out.

The second case, which occurred at the same time, or nearly so, was that of a lad sent up from the country, with very rigid anchylosis of the left arm, in a perfectly straight position, so as to render the limb altogether useless. It had been in this state about three or four years. The lad was very nervous, and would allow no proper examination to be made of the arm, which appeared to be perfectly stiff and immovable, not the slightest movement being perceptible in the elbow when I examined it, as well as I could, in the ward. On consultation with my colleague, Mr. H. Thompson, it was agreed that on the next visiting day we should put the lad under chloroform, and examine the arm thoroughly, and act according to circumstances. If we found that the anchylosis was fibrous, to employ flexion; if osseous, to divide the uniting bony medium. On anæsthesis being induced, the joint was found to be flexible; and forcible flexion was accordingly employed, with a beneficial result.

Now, Sir, I would ask any impartial reader, how do these cases indicate "a furor" for excisions? Or how do they justify the comments which Mr. Brodhurst has thought fit to make upon them?

In the first case we have a boy with extensively diseased elbow, dying of secondary pulmonary affection. The only cause for regret here was that the joint had not been excised at an early period of disease, as then doubtless his life would have been spared, and a useful limb secured to him. The case is further interesting, as illustrating the fact which strangely, indeed, some of the Orthopædic opponents of resection seem to call in question, viz., that an extensively diseased and suppurating joint may, if left unremoved, whether by excision or amputation, occasion death by hectic, or by intercurrent tuberculous disease.

The second case was a very simple one of stiff-joint. The only circumstance about the case that occasioned any doubt as to whether the anchylosis was fibrous or osseous, was the inability to make a fair examination, except under chloroform, owing to the restlessness of the lad. As I never like to give chloroform more frequently than necessary, I did with him what I am now much in the habit of doing in cases of any doubt, viz., putting the patient under chloroform once for all, and then acting according to circumstances. The wisdom of this procedure was illustrated by the case under consideration. As the anchylosis was fibrous we bent the limb; had it been osseous it would have been as easy to have bent a crowbar as it, and I should certainly have sawn across the bony union, for I am not aware that "Orthopædic" surgery has as yet discovered a method of flexing a joint affected with osseous anchylosis.

Such are the cases on which Mr. Brodhurst founds the charge of my being affected with "the furor that at present prevails" for the excision of joints. That so sweeping and so calumnious a statement should have been made on such insufficient evidence is not a little remarkable. That there is any other ground for it I most unhesitatingly deny. My practice in this, as in other respects, has been no-hole-and-corner work. It has been open to all who choose to witness it, and has been carried on in the presence of a large class of intelligent students, and of many practitioners who have honoured me by their attendance. To them I can appeal with confidence as to the character of the cases in which excision has been performed.

That I am a stanch advocate, both in practice and in teaching, of the value of "Conservative Surgery," I readily admit. But I have never taught or practised any other doctrine than that, except in cases of faulty osseous anchylosis, excision

Digitized by Google

of joints should only be employed as an alternative for amputation. I have certainly never employed it in any case in which Medical treatment, or so-called "Orthopædic" means, could save or restore a joint. And most certainly I do not use it as a substitute for tenotomy, or forcible extension of stiff-joints. Indeed, I believe I am correct in saying that by very few, if any, Hospital Surgeon in London has a greater number of cases of anchylosis been publicly treated of late years without excision, but by extension, than by me.

I am, &c. JOHN ERICHSEN.

48, Welbeck-street, June 25, 1858.

DIPSOMANIA.

LETTER FROM JAMES I. TRAYER, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—The propriety of procuring some legislative enactment for the restraint of dipsomaniacs is a subject just now occupying a good deal of attention. If the following case appears to you calculated in any degree to elucidate the question, perhaps you will give it a place in your Journal.

On the 21st day of March, 1858, I was hastily summoned to see Thomas D., who had just cut his throat, in a paroxysm of the horrors of delirium tremens. When I first caught sight of him, lying in a collapsed heap in the yard at the rear of his house, he was just recovering out of the syncope caused by loss of blood—and would that I were able with stereoscopic fidelity to reproduce that scene! The calm, serene air, breathing the holy influences of the Sabbath—the glorious orb of day, fresh started on his daily career across a cloudless heaven of purest azure, outspoke a Father's tender providence. Alas! what means the blanched horror that every pallid cheek displays in that crowd that hastily throngs round yonder robed priest, as he kneels on the gory clay, waiting for some sign of life to shrive the dying sinner? 'Tis that blasphemy of blasphemies, a poor guilty-conscienced man, that has sought with suicidal hand to consign his wretched spirit to a sure damnation! Would that every gin-shop were compelled to adopt as their sign-board some such picture! But he revives. I approach, and find five distinct gashes across his throat. One of these commences under the left angle of the lower jaw, and sweeps across to the corresponding point at the other side. This is superficial at both extremes of its course, but in the centre bends downwards, and sinks in, till it actually gashes through the thyroid cartilage, and marking the desperate determination of the man. At the left side, this wound has the jagged appearance of having been commenced at least three separate times. Below this is a wound that has cut fully three-fourths across the windpipe, between the thyroid and cricoid cartilages, keeping so close to the former of these as to cause me a deal of embarrassment, as will appear. Below this are three distinct wounds, one of which I considered had wounded the trachea, but only slightly, and having quite enough to do to dress these wounds, I spared my poor patient any probing I could avoid. The second of these wounds was the most important. Here the tissues connecting the thyroid and cricoid were so completely cut across, that at every inspiration the cricoid was dragged far down into the neck, the ragged sides of the wound fell in, the blood leaping from the wounded thyroid gland, etc., poured into the trachea, and inspiration was each time brought to a premature end by a suffocative cough, necessary to remove these intruders; and, in fact, it was sufficiently evident that life could not long last unless this state of things were remedied. In order to produce any articulate sound, the patient was obliged to cover this gash with his hand. As soon as I had him placed in a convenient room, I proceeded to dress his wounds. And, in the first place, I passed two strong silk ligatures round the cricoid cartilage from within: this I did with a common needle, hastily curved to a convenient form in a candle, and tempered again; but when I came to try and pass these same ligatures through the thyroid cartilage, in order to draw the two cartilages and maintain them in apposition, I encountered a most unexpected difficulty. The extreme hardness of the cartilage was such that I could not make any way with my needle; and even a stout Weiss tenaculum, with which I attempted to bore holes for the needle, gave way under the resistance offered by this same ossified cartilage. I was therefore obliged to content myself with passing the ligatures through the dense cellular tissue that lies on the surface of the thyroid, and by including a good pinch of this I at last succeeded in drawing the lip of this wound in the wind-pipe together. The effect of this in relieving the breathing and stopping the coughing was immediate. I now had time to look about me, and wonder at the escape all the large blood-vessels had had. There was but one artery, that gave a distinct stream of blood, wounded, and even that had ceased to bleed before I had secured the laryngeal wound. It is hard to conceive how, having cut so desperately and repeatedly, he had avoided wounding the vessels, especially as some of the wounds were very deep in the centre; suffice it to say they did escape. I now placed him with the head bent towards the chest, and putting in a few simple sutures to draw the lips of the skin-wounds together, I covered all with water-dressing, and putting him under the watch of two sturdy keepers, I left. It was very remarkable how composed and collected he was all this time, and how amenable to orders. He would now have consented to any measures I had advised, and so he appeared at each of several visits I paid that day until at half-past six, p.m., when I found the delirium was returning. I with difficulty persuaded him to take a pill opiate. This produced a few hours' quiet,—the last the wretched man or his wretched friends were to enjoy for eight full days. I shall not attempt to portray the horrors of those eight days; suffice it to say that, with all the horrors of a severe case of delirium tremens, we had to meet the added horror of an ever-recurring dread, lest some of his fearful struggles should snap the slender thread by which, literally as well as figuratively, he held on to life. Notwithstanding all adverse circumstances, the wounds began to heal in large part; they united by first intention, and when the violent motions of his head tore out my superficial sutures and rendered this impossible, healthy granulations sprang up, and by the time he was restored to his right mind, which occurred completely about the 4th of this month (April), almost all was healed, except where the deep ligatures came through. Air hardly ever escaped now from the wounds, and I might, perhaps, have removed these ligatures, but I judged it safer to retain them for a while longer. One came away of itself some days after, and on the 27th instant I removed the last. There was now a mere pin-hole remaining to be healed. The man has for several days been occupied in his trade, a carpenter, and with the exception of a little drag, as he calls it, when he swallows, very little remains to remind him of his late awful position. We may look on him as cured, both of the delirium tremens and his suicidal wounds, and consider some of the circumstances of his case, that seem to mark it as one of those in which, both for his own sake and for the security of his neighbours, and the general moral tone of the atmosphere of his vicinity, it would be well that some power of restraint resided in the magistrates. This man is a first-rate tradesman, with full occupation in his business, car-building, and but for this most wretched propensity, would long since have been a rich man;—still this cursed thirst for excitement has held its sway over him, and this, though in the person of his brother, who resides, and works in concert with him as carriage painter, he has had a fearful warning of the tendency of this fatal habit. Some months ago this brother had a very severe attack of delirium tremens, during the course of which he made several attempts on his own life, and the lives of his attendants. It is scarcely credible (but having been myself witness of the fact I can vouch for it) a few days after the termination of the brother's illness this wretched man took to drinking, as the popular expression is, to such a degree that I saw him carried home by two men in that state of inebriation aptly called dead drunkenness, every limb hanging free and dead, as if the vital spark had just fled: on this occasion I gave him in charge to a constable whom I had just passed in the street. Thomas D.'s habit is not to drink habitually, or, as is the daily habit of many, to use a definite amount of spirituous liquor, but at uncertain intervals he takes a "drinking fit," and for days together is perpetually at it—for days together, though still able to employ himself at his trade, still far from sober. It would appear that some eight or ten days before this attempt on his life he had been so indulging, and then having suddenly ceased drinking, he had remained for several days in that state of moral and physical collapse that succeeds to such debasing orgies, and

Digitized by Google

passed sleepless nights and unemployed days, each day finding him more and more unhinged, till at last the "horrors" laid hold on him, and on the 17th of March he become furious, and required perpetual watching and manual restraint. During the night of the 20th, he had taken the advantage of a momentary absence of his attendants to throw himself out of his bed-room window, and, but for the providential fact of a spiked iron gate, that was usually shut-to under this window, being opened quite back, he must have been miserably empaled on its rusty spikes. He appears now fully impressed with the heinousness of his past conduct, and promises not merely to abandon such evil and debasing practices himself, but to try and induce others to accept the warning his case affords as personally addressed to them. 'Tis not for man to say that such resolutions are either insincere, or unworthy of dependence; still it cannot be doubted that in such cases the like seemingly heaven-sent and firm resolves melt away under the fiery heat of temptation, and where such important interests are at stake, it were surely well that there resided somewhere a power of restraining this or other such individuals till the Dipsomaniacal fit had passed off.

It is easy to evoke in opposition to this proposal that eminently British spirit that guards with jealous eye our boasted individual liberty. It is easy to name the many difficulties that surround any proposal that would curtail our personal freedom of action. But surely, if the individual has, and doubtless he has, rights unalienable, he has social duties imperative. If he takes and enjoys the benefits conferred by society on each of its component members, he is bound either to render his quota to the common interest, or to pay the penalty of his neglectful or wilful short-comings. And then as to the difficulties of the scheme; this surely is an unworthy line of argument with which to meet any project of social improvement in a state constituted as ours is. For what do we maintain at such vast expense our cunningly devised legislative system? How has our present highly organised system of social existence attained its acknowledged eminence amongst the civilised nations in Europe? Have not the ceaseless demands of the British people on their rulers to work out of the rich mines of our Constitution the vast supplies required to meet the varying and ever-increasing exigencies of the times, caused that the machinery of our Government should keep pace with the wants of our day? And shall we recoil before a mere difficulty of detail in providing for the safety of the individual himself, the peace, and quiet security of the public, and the increased immunity from moral contagion likely to accrue to our rising generations by bestowing on our magistrates a wholesome power of restraint over the dipsomaniacal?

I am, &c.,

James J. Trayer, M.B. T.C.D.

Bagenalstown, Co. Carlow.

ASSUMPTION OF MEDICAL TITLES.

Letter from Mr. Buckoll.

[To the Editor of the Medical Times and Gazette.]

Sir,—In compliance with the accompanying resolution passed at a meeting of the Nottingham Medico-Chirurgical Society, I beg to forward you the enclosed statements and correspondence.

I am, &c.

E. Charles Buckoll, *Hon. Sec.*
Nottingham Medico-Chirurgical Society.

Dispensary, Nottingham, June 23, 1858.

Resolved,—"That the secretary of this society be requested to prepare a statement of the facts with reference to Mr. Sheridan Wardley's assumption of Medical titles, and transmit it to the editors of the Medical Journals and Medical Directory."

Mr. Sheridan Wardley is described in the Medical Directories as L.R.C.S. Edin., 1848; M.B. Toronto, Canada, 1850; Cor. Member of Toronto Medical Society; author of "Wardley on Infant Management;" "A Voice from a young Surgeon;" "the Adventures of a Medical Student;" in the Directory for 1856 he is styled Hon. Surg. Nottingham Disp. The following are answers to inquiries made of the Secretary of the Edinburgh College of Surgeons, and the Registrar of the University of Toronto.

17, Duke-street, Edinburgh,
March 12th, 1858.

E. C. Buckoll, Esq., *Hon. Sec.*,
Medical Society, Nottingham.

Sir,—I do not find Mr. Sheridan Wardley's name in the list of Licentiates of the College, and I beg to enclose a letter addressed to him, to which probably you will be so good as apply for an answer and forward it to me.

I am, &c.

John Scott, *Secretary*,
Royal College of Surgeons, Edinburgh.

17, Duke-street, Edinburgh,
March 12th, 1858.

Richard Sheridan Wardley, Esq., Nottingham.

Sir,—I observe that your name appears in the "London and Provincial Medical Directory" of this and previous years as a licentiate of this College of 1848; and as I am not aware that you ever obtained the diploma of the College, I must beg you to inform me when you did so, and whether it was by your authority that your name appears with that addition in the Directory. I request your early reply, and

I remain, &c.

John Scott,
Secretary Royal College of Surgeons, Edinburgh.

University of Toronto,
April 5th, 1858.

Sir,—I have had the honour to receive your communication of the 16th ultimo, and have made a careful search among the records of this University for the name of Richard Sheridan Wardley, and without success;—you will receive herewith a certificate of that fact.

I have the honour, &c.

J. H. Morris, Registrar.

E. C. Buckoll, Esq.,
Hon. Sec. Nottingham Med. Chir. Society.
Nottingham, England.

I, James Henry Morris, M.A., Registrar of the University of Toronto, do hereby certify that I have carefully examined the register of this University, and that I cannot find the name of Richard Sheridan Wardley appearing therein.

In witness whereof I do hereby set my hand, and seal of this University, on this fifth day of April, A.D. 1858.

J. H. Morris, M.A., Registrar.

University of Toronto, Province of Canada. (L.S.)

PARALYSIS FROM LIGHTNING.

Letter from Mr. Frederick Lutton.

[To the Editor of the Medical Times and Gazette.]

Sir,—Little appears now-a-days concerning the treatment of subjects injured by the electric fluid, as these cases are rarely met with—therefore I beg to bring before your notice the following case:—

I was summoned during the terrific thunderstorm of June 17 to John West, reported to have been struck by lightning in the act of passing from one house to the other. On arriving, I found the patient lying on a couch, with complete paralysis of the lower extremities, and the left arm partially so, with a pulse of 74, soft and compressible. On examining the throat and abdomen, I found in the former œdema of the glottis to some little extent, producing a moderate dyspnœa; the latter was swollen considerably, and elastic, pressure producing pain. The symptoms in general seemed much to resemble those of concussion of the brain, there being a violent shock to the brain and nervous system. The whole system seemed to be suddenly exhausted of its entire stock of nervous power. The extremities were very cold, but the face and neck poured out a most profuse perspiration. The pupil was partially dilated, and not wholly insensible to light.

The electric fluid seems to have traversed the left portion of the body without a single mark of its destruction, not even a scorch or abrasion of the skin.

My first object was to induce strong reaction as speedily as

Digitized by Google

possible. I therefore ordered the body to be immediately stripped of all clothing, and the coldest water procurable to be poured all over its surface for ten minutes, then to be assiduously rubbed with cloths. This readily produced the required effect. Stimulants every half hour were ordered, and sinapisms to the soles of the feet, with constant fomentations to the bowels, and six grains of calomel directly, and repeated in two hours.

In the morning I found him better, the warmth of the body having duly returned. On the second day he complained of stiffness, and an acute pain in the left thoracic region, the other symptoms gradually subsiding under the use of the following formula:—℞. Sodæ. bicarb. ʒii., magn. sulph. ʒiv. tinct. opii. ʒi., mist. camph. ʒviii.,—ʒi. to be taken every three hours. On the third day, however, collapse, and great prostration came on, together with a tympanitic abdomen. Powerful stimulants and spt. terebinth. in the form of liniment, subdued these symptoms, and under a good and nutritious diet, together with mild tonics, the patient gradually improved, and is now, on the ninth day, sitting up, and in a perfectly convalescent state. I am, &c.

Great Bridge, Tipton, June 25. FREDERICK LUTTON.

REPORTS OF SOCIETIES.

ROYAL INSTITUTION.

DR. LANKESTER's fourth lecture was devoted to the consideration of sugar as an article of diet. There were four forms of sugar interesting to the physiologist—cane sugar, grape sugar, milk sugar, and liver sugar. They might be called, for the sake of distinction, *sucrose*, *glucose*, *lactose*, and *hepatose*. The first two were vegetable, the last two, animal products. All these forms of sugar were either fermentable, or easily converted into a fermentable condition. Sucrose was converted into glucose before it fermented. They had the following formula:—

	C	H	O
Sucrose	12	10	10
Lactose	12	11	11
Glucose	12	12	12
Hepatose	12	12	12

Sucrose was obtained for dietetical purposes from the sugar-cane, which was the chief source of the sugar eaten in England, from maize and the sugar-maple in the United States, from the beet-root on the Continent of Europe, and from palms in Ceylon and the East Indies. It was present in the sap of most trees at the period of budding; in the grapes it presented itself at the period of flowering, whilst in the carrot, turnip, and many other plants, it existed abundantly in the root. Sucrose, when recently formed, or in its crystalline condition, was not readily decomposed. By the addition of nitrogenous substances, or, by long keeping, it became converted into glucose.

Glucose was present in the fruits of plants. It was most readily obtained from the grape, hence it was called grape-sugar. By the loss of four atoms of carbonic acid it became converted into two atoms of alcohol. This process was called fermentation, and was characteristic of this compound. Its carbon was readily oxidised when heated in contact with the oxides of the metals, hence the well-known copper and silver tests for this substance.

Hepatose existed in the liver and blood of animals. It was formed in the liver, and it was calculated that the human liver contained 350 grains. The liver had the power of forming sugar afresh after its removal from the body. It was not formed directly from the blood in the liver, but from a substance resembling dextrine, which was found in the liver, and which could be separated by adding glacial acetic acid to a decoction of liver. This substance might be called glycogene. It had been denied that hepatose existed in the living animal, and it was maintained that it was a post-mortem product, arising from the action of the nitrogenised matters of the liver and blood acting on the glycogene. Such a view transferred the interest attached to hepatose, to glycogene. According to this view, the sugar found in the blood and the excretions in certain states of the system were altogether the result of a morbid condition, and not a natural product existing in morbid quantities. The formation and existence of these carbo-hydrates in the animal system was of the highest interest in relation to the changes undergone by the food in maintaining the processes of life.

Lactose is the sugar of milk. It is convertible by weak acids into glucose, and then readily ferments, forming alcohol. Goat's milk is used for this purpose in Switzerland. The various forms of sugar appeared eventually to subserve the purposes of respiration when taken as articles of diet. In the stomach, during unhealthy conditions of the digestive process, they may be converted into lactic and butyric acids. Lactic acid is easily produced from lactose, whilst butyric acid can be artificially formed by fermenting sugar with caseine at a temperature of 100°. In such states of the system food containing much sugar should be avoided. Both amylaceous and saccharine foods were capable in the system of conversion into fat. Although most articles of food contain a certain quantity of fat, they did not contain a sufficient quantity to account for the large proportion of oil found deposited in the adipose tissue of animals. It had been shown, in the case of the fatty liver of the goose, which was made into Strasburg pies, that the fat resulted from the conversion of starch; and, in the case of the bee, it had been proved that it had the power of forming wax from sugar.

Dr. Lankester's fifth lecture was on oils and fats as articles of diet. The oleaginous group of substances differed from the amylaceous and saccharine in the fact, that they contained a less quantity of oxygen. In starch and sugar, oxygen existed with hydrogen in the proportion in which they formed water, so that it was probable the carbon alone was free to combine with oxygen in the system, and by the formation of carbonic acid, to develope animal heat. But in the oils the hydrogen was free to combine with oxygen; and by the formation of water to assist in producing animal heat. In this fact was seen the reason of the oils and fats acting more powerfully as heat-givers than the two preceding groups. In estimating, therefore, the value of articles of diet as heat-givers, it was not sufficient to estimate the quantity of carbon alone, but in the case of oil in foods the hydrogen should also be calculated. That oils and fats acted more powerfully as heat-givers than starch and sugar, was shown by the large quantities of these substances consumed by the inhabitants of the colder regions of the world, and by their larger consumption by persons who travelled from warmer to colder climates, as in the case of the Arctic expeditions.

The chemistry of oils showed that they were very complicated bodies, consisting of acids combined with the oxide of a compound radical lipyle. In the process of soap-making this base was set free in combination with water, forming glycerine, while the acid united with some base, as soda or potash, to form a soap. For dietetical purposes we might regard all oils and fats as composed of carbon, hydrogen, and oxygen, arranged according to the formula, C11, H10, O. As articles of diet they were derived from both the vegetable and animal kingdoms. From animals in their adipose tissue. Oil existed in the tissues of all plants to a greater or less extent. It was found in the largest quantities in the seeds of plants. In the olive it was obtained from fruit, and in the madia sativa from all parts of the plant. In the life processes of the plant it seems formed from starch by the addition of water, and the loss of oxygen thus:—

	C	H	O
7 equivalents of starch	84	70	70
8 equivalents of water		8	8
	84	78	78

are equal to

1 equivalent of margaric acid	34	34	3
1 ,, of elaic acid	44	40	4
2 ,, of oxide of lipyle	6	4	2
oxygen			69
	84	78	78

The following table gives the quantity of oil or fat in 100 parts of various kinds of food:—

Digitized by Google

Rye	0·95	Oats	5·7
Barley	0·3	Tea	4·0
Wheat	1·2	Milk	7·0
Rice	0·7	Butchers' Meat	14·3
Lentils	2·0	Fish	7·0
Beans	2·0	Cheese	25·30
Peas	2·0	Bacon	62·5
Maize	7·7	Butter	100·0

The action of oil on the system was threefold. 1. It assists in maintaining animal heat. Whether it performs this function directly, or by the decompositions of which it is so obviously susceptible, is doubtful. 2. It is essential to the formation of adipose tissue. This tissue is necessary to the health of the body, and its decrease accompanies serious derangement of the system. 3. Its presence appears to be necessary to the development of the albuminous tissues. It is found early in the animal ovum, and is present during the development of the nervous and muscular tissues. In this way an explanation may be afforded of the beneficial action of oils in certain forms of disease attended with emaciation.

A small quantity of oil in the food appears to be necessary to the healthy digestion of solid matters, while a large quantity frequently interferes with that process. When taken in larger quantities than needed by the system, or when formed from amylaceous and saccharine foods, it accumulates in the tissues, producing corpulence. This condition may be prevented by the diminution of starch, sugar, butter, and fat, in the food, by a more free oxidation of the blood, and the abstinence of alcoholic beverages, which seem to act injuriously by arresting the process of oxidation.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 18.

DR. WATSON, President, in the Chair.

Dr. WILKS exhibited specimens of

SYPHILITIC FIBROID DEPOSIT IN THE LIVER.

The history of the case was unfortunately imperfect, the man being a sailor and dying almost immediately after his admission into Guy's Hospital from chronic disease of the larynx, the only extreme signs of syphilis being scars on the penis and in the groin. The larynx and trachea were found to be most extensively ulcerated, and the submucous tissue much indurated by new fibrous deposit, as seen in specific ulcers. The liver contained large, round masses of fibroid deposit, yellowish-white, and of leathery consistence, and the lung contained similar deposits. These were very remarkable, and were altogether unlike the deposits of pneumonia or scrofula, but consisted of smooth yellow tough deposits, exactly resembling those in the liver. This condition of lung was especially interesting; because, although pulmonary disease or phthisis is recognised as occurring in syphilitic subjects, the lungs are generally too disorganised to enable us to discover in them any peculiar characteristics; but in the present instance, the early stage of the disease displayed a deposit resembling that found in other parts of syphilitic subjects, and thus manifestly proving that the pulmonary affection in syphilis is one *sui generis*, and the liver was found to contain throughout its substance a large number of fibrous deposits. No history of syphilis had been inquired for, but the organic changes throughout the body were clearly due to some general or constitutional derangement having a doubtful origin; but that this was syphilitic was more probable than any other, especially if the extremely low character of the patient were taken into consideration. In the third case—that of a woman who died of a chronic laryngeal affection—no history of syphilis had been obtained; but the independent opinion of two Surgeons who saw the larynx was unhesitatingly given in favour of syphilis. The disease consisted of a fibrous thickening, amounting to a hard mass, of the glottis, so as to completely close it. On the surface of the liver there were two deep cicatrices, and on cutting through these, hard, tough, fibroid nodules were found beneath. Dr. Wilks, in conclusion, stated that the probabilities were all in favour of this condition of the liver being due to syphilis, and associating these cases with several others he had seen, he had little doubt that these changes in the liver were due to the cause named, although further investigation was required in order to substantiate it by absolute proof.

Dr. PEACOCK exhibited specimens of

PLASTIC SPUTUM.

The specimens exhibited were expectorated by a man 27 years of age, an out-patient under Dr. Peacock's care at St. Thomas's Hospital at the present time. He has been ill for two years. He was first attacked by epistaxis, and this has repeatedly recurred. About six months ago he took cold and had a cough, with slight expectoration, and three months ago he began to expectorate the fibrinous casts. He states that he feels them in his throat, makes a slight cough, and then expels them with force, either by the mouth or nostrils. When expectorated they are sometimes accompanied by a slight escape of mucus, but more frequently they pass alone. He has never had hæmoptysis, and, with one exception, the membranes have been white, and free from any tinge of blood. When first expectorated they are rolled up into masses about the size of a bean, but subsequently they unfold and display the usual branched form, the larger branches being distinctly hollow. The patient is a lighterman living in Bermondsey. He has a sallow, malarious aspect, and there are evidences of consolidation at the apex of the left lung. The urine is not albuminous. He continues to have occasional epistaxis.

Dr. PEACOCK also showed a

DISEASED HEART.

The specimen was removed from a man, aged 57, admitted into St. Thomas's Hospital, under Dr. Peacock's care, in October, 1867. He had suffered from several attacks of rheumatic fever, and had been labouring under cardiac symptoms for about a year. While in the Hospital he presented the usual symptoms of obstructive disease of the aortic orifice, and a loud systolic murmur was audible most distinctly at the base of the heart, and at the upper part of the sternum. No diastolic sound or murmur was detected. The urine was albuminous, and the lower extremities were œdematous. Purpurous eruptions appeared repeatedly on the lower extremities; and remained out for a day or two; they then disappeared, and recurred again after about the same time. He died on the 23rd of December. On post-mortem examination the heart was found of large size, weighing 19½ ozs. There was great hypertrophy and dilatation, especially of the left ventricle. The aortic valves were extensively diseased; small aneurisms were situated at the origin of the aorta, and a white elastic nodulated membrane, extended nearly round the aortic orifice, beneath the attachments of the valves. It formed a firm ring, which was defective only on the mitral side; and the aperture by which the ventricle communicated with the aorta was so contracted as only to admit of the passage of the forefinger.

Dr. GIBB exhibited several preparations taken from a case of

NEURALGIA AND PARAPLEGIA, SUPPOSED TO BE DUE TO THE LONG-CONTINUED USE OF ARSENIC,

Of which a trace was found in the liver and bones. The patient, a lady, aged 52, had suffered for years from a cutaneous affection, for which she had almost constantly taken this mineral. Seven months ago she had a violent attack of neuralgia of the shoulder, which subsequently extended to both groins, the thorax, and back. This was relieved for a time, but continued with the most agonising severity. The abdomen became enormously tympanitic, muscular paraplegia slowly ensued, and a fatal result occurred. The post-mortem appearances showed general enlargement of the thoracic and abdominal glands, many of which had assumed the non-malignant form of melanosis. The termination of the ileum was bound down by a fibrous band. A trace of arsenic was found in the liver and bodies of the lumbar vertebræ, but nowhere else. The irritation produced by the use of arsenic for so many years, with but variable benefit, was believed the main cause of this distressing form of neuralgia.

Dr. GIBB also showed some

TEARS CONTAINING SUGAR FROM A CASE OF DIABETES.

These were shed by a young married lady, aged 28, the

Digitized by Google

mother of one child, who has had diabetes for two years since the child was weaned. They contained a large amount of sugar, as contrasted with that in an equal bulk of her urine, which was of the specific gravity of 1043. An evaporated drop of the tears on a piece of glass gave a much thicker and more opaque crust than was yielded by a drop of the urine.

Mr. BRYANT brought forward specimens from

THREE CASES OF DISEASE OF THE HIP-JOINT.

Two of these were taken from a man, aged 49, who died in Guy's Hospital under the care of Dr. Wilks. One specimen was of not more than ten weeks' duration, the other of many years. The recent specimen is but partial, and is confined to a spot upon the head of the femur, near to the insertion of the ligamentum teres, and the corresponding part of the acetabulum. The disease is granular degeneration of the cartilage, the general and microscopical characters affording a good illustration of the process of disease, as I have described in the *Lancet* for October 31, 1857. In one spot the degeneration was complete, as shown by the excavation exposing the bone; in other parts the disease has not progressed so far, and has commenced upon the bony surface, as seen by the cartilage being loosened from the bone, and easily peeling off. The cartilage-cells in the diseased portions are enlarged to different degrees, and filled with granules, but the disease is confined to the spots indicated, the cartilage in other parts being quite healthy. In the corresponding portion of the acetabulum where the cartilage was involved, the disease had commenced upon the outer surface, and had not involved the deeper parts, or exposed the bone. The bone itself seemed denser than usual, and, in the fresh state, plainly demonstrated an excess of vascular action where the cartilage was diseased, leading me fairly to infer that the degeneration of the cartilage was secondary in the order of events, the affection of the bone being the primary disease. The second specimen was taken from the same subject, and was of about twenty years' duration. The limb had been an useful one, and since its early disease had never caused any pain. There was no history or external signs of abscess of the joint. The joint is perfectly fixed and anchylosed by ligamentous union, much new bone has been thrown out upon the lower lip of the acetabulum, and the neck of the femur has been almost all absorbed. The head of the branches formed a curious hook-like process, and the cartilage has entirely disappeared. The disease here must surely have commenced in the bone itself; a chronic inflammatory change of a low type (rightly, perhaps, called strumous), was probably the earliest condition, followed, as a consequence, by absorption of the cartilage, and of the neck of the bone. The disease could not have commenced in the synovial membrane or cartilage, as other symptoms, such as abscess, etc., would have ensued; and in this instance also, like the previous, the bone seems to have been its original seat. Specimen No. 3 was taken from a boy, aged 6, who died in Guy's Hospital, under the care of Mr. Cock, from tubercular meningitis. The duration of the disease of the hip could not be well made out, but about two years was the probable period. It will be seen that the disease here depends upon the bone, a portion of dead bone being visible in the under side of the neck. The cartilage had disappeared altogether, and the synovial membrane was thickened from old inflammation. Abscesses had existed for some months; and until the source of all the mischief—the sequestrum—had come away or been removed, a recovery could not have taken place. As far as the local disease goes, it is certainly favourable to that severe operation—excision of the hip. The acetabulum was deprived of its cartilaginous covering, but otherwise did not appear diseased, the disease, apparently, being confined to the point as represented by the specimen.

NEW GERMAN APPOINTMENTS.—Professor Förster, of Gottingen, has received the "call" to Würzburg, as Professor of Pathological Anatomy. Professor Scanzoni has been offered the Midwifery Chair at Berlin, in place of the late Professor Busch, and in case of his probable refusal, either Professor Litzmann, of Kiel, or Credé, of Leipzic, will be appointed. It is said that the professorships held by the late lamented Müller will be divided, that of Physiology being conferred on the Extraordinary Professor Dubois, while as candidates for the Descriptive Anatomy Chair, Henle, Kölliker, and Augustus Müller, have been named.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JUNE 7, 1858.

Dr. BARINGTON, President, in the Chair.

Mr. J. N. RADCLIFFE read a paper on

THE DISTRIBUTION OF THE MORTALITY FROM HYDROPHOBIA IN ENGLAND,

AS AN ILLUSTRATION OF CERTAIN PECULIARITIES IN THE MODE OF EXTENSION AND PREVALENCE OF EPIDEMIC DISEASES, WITH SUGGESTIONS FOR THE BETTER OBSERVATION OF EPIDEMICS.

Mr. Radcliffe commenced his paper by stating that the sources from which he had obtained the particulars that he was about to lay before the Society were the Bills of Mortality for the Metropolis and the Annual Reports of the Registrar-General. The Bills of Mortality for London were commenced, as a regular series, in 1603, but no death from hydrophobia is recorded in them until the year 1728. In the annual bill of that year is the entry, "Died from the bite of a mad dog." The term "hydrophobia" was first made use of in the Bills of Mortality in 1819. The absence of any record of death from so well-marked a disease as hydrophobia in the Bills of Mortality, for a period of 125 years subsequent to 1603, is a fact of considerable interest, and the great rarity of the disease, if not its entire absence from the metropolis during that period, may be assumed, notwithstanding the imperfect character of the mortality records of the period. After 1728, deaths from hydrophobia were frequently recorded in the yearly bills, although intervals of one, two, three or more years, when no deaths were returned, are not uncommon; but in no instance does the number of deaths from the disease entered in a yearly bill exceed 4 until 1824, when 7 deaths occurred. After this year intervals where no deaths happened are rare, and in 1825, 4 deaths were recorded; in 1826, 4; in 1827, 1; in 1828, 2. The bills for 1829 and 1830 are wanting. In 1831, 6 deaths were returned; in 1832, 3; in 1833, 4; in 1834, 8; in 1835, 0; in 1836, 1; in 1837, when the Registrar-General's returns commenced, 7 deaths occurred in the latter half of the year alone; and in 1838, 12 deaths happened. After 1838, the number of deaths annually did not exceed 4, until 1854, in which year 9 deaths from the disease occurred. The Registrar-General's returns date only from July 1st, 1837. Brief as is the period over which the returns extend, an hiatus of five years occurs from 1843 to 1847 inclusive, during which period no account of the causes of death in the different registration districts is given. So far as the returns are available, they show considerable variations in the amount of mortality from hydrophobia in the whole of the registrative districts. Mr. Radcliffe having completed his examination of the records of mortality from hydrophobia in England, proceeded to direct more particular attention to the following points:—(*a*) The absence of any record of death from hydrophobia in the London bills of mortality for a period of 125 years previous to 1728, and the almost constant occurrence, year by year, of deaths from that disease since that period. He regarded those facts as being of considerable interest; and suggested that they might be regarded as indicating a periodical change, the intervals of which are of long duration. (*b*) The marked increase in the amount of mortality from hydrophobia in London since the commencement of the present century, is well worthy of note. This increase was contemporaneous with an unusual prevalence of epizootic hydrophobia. (See *Maine's Canine Pathology*, p. 99.) On the other hand, Dr. Layard writes (*Essay on the Bite of a Mad Dog*, London, 1763, p. 120), that there was a general alarm of canine madness in London, Westminster, and many parts of England in 1760. No indication of an unusual prevalence of epizootic hydrophobia in London and Westminster is to be found in the bills of mortality for that year; indeed, from 1760 to 1766 inclusive, no death from hydrophobia was recorded in the metropolis. (*c*) The variations in degree of prevalence of hydrophobia in London from the commencement of the bills of mortality to the present time, and as judged of by the amount of mortality, may be regarded as indicia of periodical phenomena; thus considered, there would seem to exist, with regard to the disease, a law of greater variation, the periods

Digitized by Google

of increment and decrement of which occupy an indeterminate cycle of many years; and a law of lesser variation, the periods of which of comparatively short duration are manifested during the period of increment of the greater variation. As to the period of increment of the greater variation commencing in 1703, it presents many slight variations until the beginning of the present century, when the degree of intensity rapidly increased until the year 1838. But it remained to be seen whether the culminating point was reached in that year, or whether the maximum has still to be attained. (*d*) The apparent gradual spread of hydrophobia from district to district over a great portion of the kingdom during the whole period observed in the Registrar-General's reports, is a fact of considerable interest. Mr. Radcliffe advanced reasons for the belief that the theories usually entertained to account for the extension of hydrophobia are not capable of explaining satisfactorily the whole of the phenomena accompanying the spread of the disease. He contended that the data we possess are insufficient for the solution of the question; and he directed particular attention to the very dubious character of the conclusions which might be derived from the records of the mortality from hydrophobia. He argued that under these circumstances the proper course to pursue was to frame a systematic method of observations by which a sufficient number of well-recorded facts could be accumulated to form a sound basis for reasoning. He remarked that a system of observation by which the phenomena of disease could be registered on one plan,—a plan which would admit of a comparison of observations taken in different localities—is a desideratum in Medical science; and he suggested that such a system of observations as applied to epidemics should emanate from the Epidemiological Society. —A discussion followed, in which Dr. Babington, Dr. Greenhow, Dr. Richardson, and Dr. McWilliam took part.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

On Thursday, June 24, the prizes to the successful students in this school were distributed by the Right Hon. W. E. Gladstone, M.P., at the Hospital, in the presence of a numerous assemblage of ladies and gentlemen.

The prizes had been awarded to the following gentlemen:—

Medicine.—(Dr. Stewart and Dr. Goodfellow.)—Equal.—Prize: Mr. Pearson Robert Cresswell, Melbourne, Australia. Mr. Samuel Clarke Noble, Kendal, Westmoreland.

Surgery.—(Mr. Shaw.)—Prize: Mr. Samuel Clarke Noble, Kendal. Certificate: Mr. William Howells Rix, Tonbridge Wells.

General Anatomy and Physiology.—(Mr. De Morgan.)—Prize: Mr. Willian Brend, Bideford, Devon. Certificate: Mr. Henry Walker Pearson, London.

Descriptive and Surgical Anatomy.—(Mr. Moore.)—Equal.—Prize: Mr. William Brend, Bideford, Devon; Mr. Herbert Taylor, Tywardreath, Cornwall. Certificate: Mr. Charles Phillips Collins; Mr. Thomas Jones.

Practical Anatomy.—(Mr. Nunn and Mr. Flower.)—Prize: Mr. Henry Walker Pearson, London. Certificate: Mr. Francis Samuel Worthington, Lowestoft.

Chemistry.—(Mr. Taylor and Mr. Heisch.)—Prize: Mr. Thomas Jones.

Practical Chemistry.—(Mr. Taylor and Mr. Heisch.)—Prize: Mr. William Howells Rix, Tonbridge Wells. Certificate: Mr. Henry Walker Pearson, London.

Midwifery.—(Dr. Frere.)—Prize: Mr. Frederick Digby, Maldon, Essex. Certificates: Mr. William Brend, Bideford, Devon. Mr. Samuel Clarke Noble, Kendal, Westmoreland.

Materia Medica.—(Dr. Henry Thompson.)—Prize: Mr. William Brend. Certificates: Mr. Samuel Clarke Noble, Kendal. Mr. Charles Henry Fowler, Poplar.

Medical Jurisprudence.—(Dr. Goodfellow and Mr. Henry.)—Prize General Examination.—Mr. Henry Walker Pearson, London. Ditto Weekly Examination: Mr. William Howells Rix, Tonbridge Wells. Certificate: Mr. James William Eaton, Bingham, Notts.

Botany.—(Mr. Bentley.)—Prize: Mr. Charles Henry Fowler, Poplar. Certificates: Mr. Herbert Tayler, Tywardreath, Cornwall. Mr. Pearson Robert Cresswell, Melbourne, Australia.

Prize in Morbid Anatomy and Histology.—(Presented by Oscar Clayton, Esq.)—Mr. William Howells Rix, Tonbridge Wells.

Clinical Prize in Medicine.—Mr. Daniel Devereux, Bromyard, Herefordshire.

Clinical Prize in Surgery.—Mr. Joseph Brooks Shepherd, Skidhill, Kent.

Treasurer's Prize.—Mr. William Howells Rix, Tonbridge Wells.

Honorary Certificates of General Good Conduct and Diligence.—Messrs. Samuel Barker, James Barrett, Richard Cockerton, John Harding Coham, Daniel Devereux, Frederick Digby, James William Eaton, George Henry Furber, Benjamin Hill Humpage, William Howells Rix, Joseph Brooks Shepherd, and Charles Hardy Trotter.

House Surgeons.—Messrs. Eustace John Carver and George William Bury.

Clinical Clerks.—Messrs. James Barrett, George Birch, William Brend, John Harding Coham, Pearson Robert Cresswell, Daniel Devereux, James William Eaton, H. M'Neile Gould, Thomas Hunt, William Armstrong Lawson, Robert James M'Morris, Henry F. Meadows, Spencer Meredith, Samuel Clarke Noble, William Howells Rix, Joseph Brooks Shepherd, Herbert Tayler, Charles Hardy Trotter, Alfred Tyler, and Francis Samuel Worthington.

Out-Patient Dressers.—Messrs. George Birch, William Brend, Pearson R. Cresswell, Charles Henry Fowler, H. M'Neil Gould, Thomas Hunt, Robert James M'Morris, Henry F. Meadows, Samuel Clarke Noble, Henry Walker Pearson, Frederick Hase Watts, and Francis Samuel Worthington.

In-Patient Dressers.—Messrs. William Brend, Pearson Robert Cresswell, Frederick Digby, James William Eaton, John Langdon, Samuel Clarke Noble, Robert James M'Morris, Henry Meadows, William Howells Rix, Joseph Brooks Shepherd, Charles Hardy Trotter, and Frederick Hase Watts.

The prizes having been delivered, the right hon. Chairman addressed the students at some length, and with much earnestness. He said he hoped every prize would be to every one of those who received them a future seed to future labour; and then, by the ordination of God, a seed of future honour and success. Labour, if properly applied, would never be wasted. No such labour from the foundation of the world down to the present time had ever been thrown away. Let them look to the race of life, and if they took men at forty, which was the fair time, they would generally see that some who were first years back were last, and those who were last were first, for there were many points in a person that did not become developed in youth. Their ultimate success would be found to be infinitely more than in their early years could have been expected. Before he concluded, he wished to record the great satisfaction with which he had learned that it was a special object of the managers of that institution for many years past to introduce a more rigid and effective discipline into the system under which the studies were carried on. He was glad that the students agreed with their teachers that no benefit arose from a relaxed system of instruction. He trusted they would not shrink from the difficulties of the struggle to which they would be subject, but that they would bear it with patience and endurance while pursuing their studies, by doing which they would not only be giving weight to such institutions, but would be achieving ultimate individual success.

Sir Walter Stirling, Bart., M.P., briefly moved a cordial vote of thanks to the right hon. gentleman for presiding; and the same having been carried with acclamation, the proceedings terminated.

Digitized by Google

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS. — At the usual quarterly meeting of the Comitia Majora, held on Friday, the 25th ult., the following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Licentiates of the College:—

CLAYTON, Dr., St. Thomas's Hospital.
DICKINSON, Dr. W. H., Lymington.

The following were admitted as extra-licentiates:—

BIRD, Dr. HENRY, Newnham, Gloucestershire.
KING, Dr. E. J. SLADE, Stroud, Gloucestershire.
STEPHENS, Dr. H. O., Dighton-street, Bristol.

At the same Comitia:—

BELL, Dr., Queen Anne-street,
BURNETT, Dr. RISDON, Finsbury-square,
JONES, Dr. BENCE, Brook-street,
SUTHERLAND, Dr., Richmond-terrace,

were elected Censors for the ensuing year.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 25th ult.:—

ALLISON, T. DUNLOP, Bulgray, near Irvine, Ayrshire.
BENNETT, EDWARD AUGUSTUS, Manchester.
HALL, FREDERICK, Bangor, Carnarvonshire.
HAWKINS, FREDERICK RAWNSLEY, Lynn Regis, Norfolk.
HICKMAN, WILLIAM, Grove-end-place, St. John's-wood.
SIMON, GEORGE, Glass, Aberdeenshire.

LICENTIATES IN MIDWIFERY.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board of Examiners on the 23rd ult.:—

COUCH, WILLIAM OAKLEY, Thiberton-street, Islington.
DAWSON, JAMES EDMUND, Sudbury.
EARLE, JAMES NEALE, Brunswick-street, Trinity-square.
FEATHERSTONE, JOHN TYLER, Bristol.
GRABHAM, GEORGE WALLINGTON, St. Thomas's Hospital.
HEMSTED, HENRY, Whitchurch, Hants.
ROBERTS, GRIFFITH WILLIAM, Clynnog, Carnarvonshire.
ROBINSON, ENOCH, Marsden, near Huddersfield.
VENOUR, WILLIAM, Guy's Hospital.
WHITWORTH, JOHN, Heckmondwike.
WYATT, ARTHUR, Bedford.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 24, 1858:—

ABLETT, EDWARD.
EATON, JAMES, Grantham, Lancashire.
GREGORY, GEORGE, Westhoughton, Lancaster.
NEALE, CHARLES.
RIDING, STEER, WILLIAM.

DEATHS.

BEALE.—On the 26th ult., at Brighton, John Evans Beale, F.R.C.S., aged 64.

BRANFOOT.—On the 23rd ult., at Brighton, J. H. Branfoot, M.D., aged 43.

JACOBI.—Dr. Max Jacobi, the celebrated Director of the Lunatic Asylum at Siegburg, has recently died. His work on Lunatic Asylums, translated by Messrs. Kitching and Tuke, is one of the best books upon the subject.

MAUND.—April 3, at his residence, La Trobe St. East, Melbourne, Victoria, John Maund, M.D., Honorary Physician to the Melbourne Lying-in Hospital, and Medical Jurist to the Supreme Court of Victoria, aged 35 years.

PHENÉ. — On the 26th ult., at Ryde, Henry Phené, M.R.C.S. Eng. 1828, L.S.A. 1827, aged 52.

PRESTON.—On the 28th ult., at Felton, near Southampton, James Blair Preston, Physician-General of the Madras Army, aged 56.

RUSSELL.—On the 19th ult., at Stonehouse, suddenly, Henry Russell.

WILLS.—On the 21st ult., at Crewkerne, Somerset, Joseph Wills, aged 70.

At the Annual Meeting of the Home and Midland Counties Branch of the British Medical Association, held June 18, at the Star and Garter Hotel, in Hampton, the following were appointed to represent the branch in the Council of the Association:—Mr. Bartleet, Mr. Dehane, Mr. Carden, Dr. Johnstone, Mr. J. V. Solomon, Mr. Williams, Dr. Wise.

THE ROYAL SOCIETY.—At the Annual General Election of Fellows into the Royal Society, the following Medical men were elected:—T. G. Balfour, M.D.; A. B. Garrod, M.D.; W. H. Harvey, M.D.; W. S. Savory, Esq., M.B.; T. Williams, M.D.

REMARKABLE MULTIPLE BIRTH.—The wife of a grocer at Roubaix was delivered, in the course of a few hours, of four children, one boy and three girls, of perfect form and viability. These children lived for some days, and then died in the same succession they had been born in. The same woman had already had seven children at six deliveries.

DR. WHITE.—The Treasury, on a consideration of the inadequacy of the pension accorded to Dr. White, has not only increased it by £150 a-year, but made the addition a retrospective one from the date of his retirement. Dr. White, it will be recollected, met with a most severe railroad accident when on an official tour of inspection. This concession is most creditable to the Treasury.

ROYAL FREE HOSPITAL.—The members of the Medical staff of this Hospital entertained Dr. Marsden, the founder of the Institution, on the completion of the thirtieth year of its existence, at an elegant dinner, at the Star and Garter, Richmond, on Friday last. Dr. Brinton, Senior Physician to the Hospital, presided, and in very eloquent terms proposed the health of Dr. Marsden, who, as founder of the Royal Free Hospital, had successfully established the principle of freedom of Hospital relief in the metropolis.

THE LATE SIR PHILIP CRAMPTON, BART.—The Council of the Royal Zoological Society of Ireland was specially summoned for Saturday, the 19th of June, for the purpose of electing a President, in the room of the late Sir Philip Crampton, Bart.; but the election was indefinitely postponed, as a tribute of respect to the memory of that distinguished surgeon. A similar mark of respect had previously been paid in a resolution of the Council of the College of Surgeons, to leave Sir Philip's seat at their board vacant for the present.

INOCULATION MANIA.—A woman, against whom a coroner's warrant was issued a short time ago for inoculating with small-pox a child in the county of Wexford, and from the effects of which the poor child died, was brought up by the police last week; and on its being proved that she had inoculated another child with variolous matter, she was sentenced to one month's imprisonment with hard labour, at the expiration of which she will be detained for trial at the ensuing assizes for the manslaughter of the former child.

SMOKE NUISANCE ABATEMENT BILL.—A Bill of Mr. Ayrton, M.P. for the Tower Hamlets, attempts to abate the nuisance arising from the smoke of furnaces in the metropolis, and from steam-vessels plying to and from any places on the Thames westward of the Nore light-vessel. No furnaces in the metropolis or furnaces used in steamers between London-bridge and any place westward of the Nore must emit any smoke after the passing of the Act, under a penalty of £5, £10, and £20, for the first, second, and third offence. The penalties will not extend to furnaces which have been so constructed or altered as to prevent, as far as possible, all emission of smoke. The Bill will not affect the City Sewers Act of 1851.

Digitized by Google

THE CHAIR OF CHEMISTRY IN EDINBURGH UNIVERSITY.—The Town Council of Edinburgh met on Monday to fill up the vacant chair of Chemistry in the University of Edinburgh. The following list of candidates was read by the clerk:—Dr. Lyon Playfair, C.B.; Dr. Maxwell Simpson, Paris; Dr. John Blyth, Queen's College, Cork; and Dr. Thomas Anderson, Glasgow University. Baillie Russell, in nominating Dr. Lyon Playfair, paid a high tribute to the merits of that gentleman. The name of Dr. Blyth was withdrawn, and that of Dr. Simpson was not proposed. Dr. Anderson was proposed by Mr. Hill and duly seconded. The vote was then taken between Dr. Lyon Playfair and Dr. Anderson, when Dr. Playfair was elected by a majority of 25 to 9. This appointment will add greatly to the reputation of the University. It is understood that the opposition was chiefly Sabbatarian.

WHO DISCOVERED THE COMPOSITION OF WATER?—Mr. Wilson, writing to the *Athenæum*, says, suggesting that Brown's papers and MSS. in the British Museum should be examined:—"Robert Brown took a great interest in the much-disputed problem—'Was Watt or Cavendish the discoverer of the composition of water?'—and strongly favoured the claims of the latter, whom he had often met in early life. He supplied me with information regarding Cavendish for the 'Life' of that philosopher, written for the Cavendish Society, and expressed—though with his customary caution and reserve—an unhesitating opinion in favour of Cavendish's originality and integrity. On one of his latest visits to Edinburgh, after the publication of the 'Life of Cavendish,' he recurred, in conversation, to the Water Controversy, and startled me by stating that there existed a document or documents 'which would put Cavendish's claims as the discoverer of the composition of water beyond dispute.' I do not pretend to give his exact words, but I think I do not overstate their import. He would not enter into any particulars, but shook his head and smiled when I pressed him for further information."

FIRST PHYSICIAN TO THE SHAH OF PERSIA.—This appointment, recently conferred upon M. Tholozan, an able Paris Practitioner and Medical writer, is, it seems, not without its dangers, if it be true, as asserted, that his five predecessors, and the last of whom was M. Ernest Cloquet, have all perished by poison, administered through the agency of the native doctors, jealous of the talent and position of the French archiaters; on the other hand, the emoluments are not trifling, the pay being 60,000 francs, besides residence-houses and carriages, and a harem of twelve females, six black and six white.

UNIVERSITY OF DUBLIN.—The election of a Professor of *Anatomy* in the room of the late Dr. Harrison is announced to take place in the Board-room of Trinity College, on the 9th of October next. The emoluments of the Professorship, which is open to Protestants of all nations holding Medical degrees, or who shall have obtained the licence of the King's and Queen's College of Physicians, in consequence of a testimonium from Trinity College, Dublin, consist of a fixed salary of £200 a-year, with a further salary of £50 per annum, if the Professor consent to admit students of Trinity College to one full course of his lectures without fees; also of fees for lectures, payable by other students, amounting to three guineas from each student for each first course, and to two guineas for each subsequent course; and also of three guineas, payable by each student attending the Professor's Course of Clinical Lectures, delivered in Sir Patrick Dun's Hospital.

ARTIFICIAL PROPAGATION OF LEECHES.—An instructive paper on this subject was read at the last meeting of the American Pharmaceutical Association, by Mr. Stearns, of Detroit, from which we extract the following:—"The 'aquarium' required consists of a wooden tank eight feet long, six feet wide, and four feet deep; this is set into the ground near a running stream of water, a portion of which is conducted into and through the tank, its entrance and exit being made through wire-cloth to prevent the escape of the leeches. The bottom of the tank, to the depth of eighteen inches, is covered with cobble-stones in order to afford a refuge for the leeches. The water exit is placed about ten inches below the top edge of the tank, which edge has a rim of boards, projecting inwards, all the way round nailed to it. This is all the apparatus required, and they need but very little attention. A few frogs thrown in once a week will supply five thousand of them with food sufficient. In winter they become torpid, and so remain till spring."

MORTALITY AMONG CHILDREN IN AUSTRALIA.—The extraordinary mortality of children in this city is one of the most painful and most remarkable phenomena of our present condition. It is hardly credible, were it not for the rigid accuracy of our statistical tables, that during the summer months the natural increase of population is actually checked, and that the number of births scarcely exceeds the number of deaths. For the months of December, January and February last, the difference of births over deaths has been only 24. For six months of 1853 the deaths exceeded the births in the proportion of two to one; in 1854 the proportion was reduced to less than three to two; in 1855 the births predominated as 21 to 17; the improvement continued in 1856, until in 1857 we had only 70 deaths for 100 births. These figures prove rather the astonishing degradation of our previous sanitary condition than the merit of our present state. In our fourth year of progressive improvement, our mortality is still greater than that which is recorded in the deadliest plagues. In a delightful climate, amid abundance of wealth, our children die more quickly and in greater numbers than in a land of pestilence and famine. Nor is this all. We know the wonderful renovating powers of nature, we know how soon, after a population has been decimated by any of the great scourges of our kind, it recovers its former numbers and its natural tone. But in the present instance it is the very source of supply that is threatened. It is the children—the men and women of the next generation—that disappear with such terrible rapidity. We do not speak of the grief which such bereavements occasion. This country, too, has no doubt its mothers who weep for their children, and refuse to be comforted, because they are not. But to those who look forward to the growth and progress of an Australian population it is lamentable to see this inroad upon the numbers of those whose birth or early associations will identify them with the soil, and on whom the future of Australia must largely depend. We are, therefore, glad to find that the Medical profession, to which this question peculiarly belongs, is stirring itself in the matter.—*Melbourne Argus.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 26, 1858.

BIRTHS.

Births of Boys, 993; Girls, 899; Total, 1892.
Average of 10 corresponding weeks, 1848-57; 1594.

DEATHS.

	Males.	Females	Total.
Deaths during the week	581	511	1092
Average of the ten years 1848-57	505·6	478·3	983·9
Average corrected to increased population	...	...	...
Deaths of people above 90	...	...	2
Deaths in 15 General Hospitals	39	22	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,487	..	4	3	7	6	3
North....	499,390	1	7	14	8	11	5
Central ..	268,260	..	4	4	7	9	2
East	485,522	2	13	13	9	17	9
South....	616,635	..	16	21	16	11	5
Total..	2,866,296	3	44	65	47	54	29

Digitized by Google

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·091 in.
Mean temperature	64·5
Highest point of thermometer	86·0
Lowest point of thermometer	48·9
Mean dew-point temperature	58·0
General direction of wind	S.W.
Whole amount of rain in the week	0·06 in.
Amount of horizontal movement of air in the week ...	280 miles.

TO CORRESPONDENTS.

We have to return our thanks to many correspondents, who, in renewing their subscriptions, kindly offer their testimony as to the value of this journal in assisting them to meet the difficulties of actual practice. The assurance that our pages are of real value and utility to our readers is our highest reward.

Mr. Flower's case shall appear as soon as possible.

M.D.—The recognition of the right of the Archbishop of Canterbury to grant degrees is not the only absurdity in Mr. Cowper's Bill.

Mr. Fincham.—The deodorizing properties of the chloride of zinc are perfectly well known to the Profession.

Mr. J. S. Thompson.—The position of gentlemen holding only foreign Diplomas will be settled in Committee. It is not likely that any Medical Bill will pass this Session.

S.C.—Her Majesty has presented Professor Faraday with a *house* for life. It is two miles distant from Hampton Court. The statement that apartments at Hampton Court had been allotted to the Professor is erroneous.

Dr. J. Winn.—The number of men killed in action during the late war in the East was 2,598, and of officers, 157; the proportion being 2·7 per cent. of the total number of men sent out, and 4·0 per cent. of the officers. The total number of men discharged the service for disabilities consequent upon wounds received in action and other injuries during the war, was 3,011. Amputation at the hip-joint was performed in 14 cases, and the result was invariably fatal. The patient who survived longest only lived thirty-six hours.

The Constant Galvanic Current.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Dr. Althaus, in his letter in this week's Medical Times and Gazette, disclaims all personal animosity to M. Remak. He might, I think, at the same time, disclaim all knowledge of the "Continuous Galvanic Current." It would have been better taste on the part of Dr. Althaus if he had, before questioning the veracity of a gentleman of M. Remak's eminence, studied the matter under discussion, instead of coming to conclusions in total variance to data which have been long before the world. I need hardly mention the names of Matteucci, Dubois, Reymond, Becquerel, Ducheune, and others, who have all recommended the "continuous galvanic current" for the treatment of *some forms* of disease.

I am, &c. Harry W. Lobb.

June 29th, 63, Gloucester-terrace, Hyde-park.

The Royal London Ophthalmic Hospital.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My colleagues at the Royal London Ophthalmic Hospital have deputed me to inform you that the daily increasing amount of out-patients, and the great additional labour in examination by the ophthalmoscope, precludes our continuing the long-established practice of performing all the principal operations on Friday mornings. May I, therefore, request that you will either give insertion to this letter in your excellent journal, or adopt such other means as you may think proper to advertise your readers of this alteration in the practice of the Hospital. Much as we wish to dispose our arrangements to the advantage and convenience of students and others who desire to witness the practice of the Hospital, we are no longer able to concentrate the operations into one morning weekly; and, for the future, shall therefore perform them as occasions arise, on our respective days of attendance.

I am, &c.

41, Finsbury-square, June 28, 1858. John Cawood Wordsworth.

Death from Perineal Section.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last Notices to Correspondents, a gentleman writing from Salisbury asks for information about a fatal case of perineal section which has recently occurred in Edinburgh, and which has caused so much "mourning and regret."

I do not know who the writer is, but I have reasons for believing that he alludes to the case of the late Captain B——, one of the most gallant young officers in the Navy, who was operated upon some few weeks since, and perished soon afterwards. This officer was a shipmate of one of my most intimate friends, and particulars of his case are known to me. I am glad to find that the facts of this sad case have been asked for, as it is my purpose shortly to publish a most instructive instance wherein the perineal section was to have been performed, and while doing so I should have felt it my duty to refer both to the operation on Captain B——, and to another equally fatal performance at Manchester by the same Surgeon; but it will be much more satisfactory if the details are furnished by the operator himself; and if a plain and unvarnished statement of these two cases only is given, it appears to me that even the few Surgeons who still persist in performing this operation, would hesitate before they submitted any patient to such an ordeal for the future.

I am, &c. Henry Smith.

Caroline-street, Bedford-square.

[We believe the case alluded to was not that to which Mr. Smith refers, but another, a Mr. ——, from Salisbury. It is said that there are many fatal cases from perineal section which are "kept quiet."—Ed.]

COMMUNICATIONS have been received from—

Dr. Conolly; Mr. Erichsen; Dr. Marcet; Dr. Routh; Mr. Braithwaite; Dr. McWilliam; Dr. Macleod; Dr. Plagge, Worms; Dr. Faye, Christiana; Mr. Flower; Dr. Brickell, New Orleans; Dr. Venables; Dr. W. Ogle; Dr. Bucknill; Mr. Wordsworth; Mr. Maunder: Dr. Jago, Truro; Mr. Lobb; Mr. Lewis; Mr. Rivers; Mr. Puff: Mr. Houghton; Mr. Stevens; Mr. Chater; Mr. Cowans; Mr. Read; Secretary General Board of Health; Mr. Copney; Mr. Bolton; M.L.N.; Registrar General; Dr. Madden; Mr. Lambrick; Dr. W. Watson; Mr. J. Dunsmore; Dr. Macdowall; Dr. Crothers; Mr. Thompson; Mr. Fowler; Mr. W. Williams; Mr. Hey; Mr. Anderson; Mr. H. F. Jones; Dr. A. Simpson; Mr. F. Holmes; Mr. Rackham; Mr. W. Walton; Dr. M'Leod; Mr. Buckell, Nottingham; Mr. Solomon, Birmingham; Mr. Giles; Mr. Wright; Mr. Radley; Mr. Manley.

APPOINTMENTS FOR THE WEEK.

July 3. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

5. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

Epidemiological Society: Mr. W. H. Michael, "On the Difficulties attending the Study of Prevailing Diseases, commonly called, Epidemic."

Entomological Society, 8 p.m.

6. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

7. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

8. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

9. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday):—

Lithotrity; removal of bone from tibia; operation for club-foot. By Mr. Fergusson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock p.m.:—

Amputation of leg. By Mr. Holt. Operation for the radical cure of hernia. By Mr. Holthouse.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

ON FRACTURES OF THE SKULL.

LECTURE V.

(Continued from vol. xxxvii. page 649.)

I CONCLUDED my last lecture with two cases of watery discharge from the ear, after a severe injury of the head.

The first case, you may remember, presented these strongly-marked features. It was characterised by a profuse discharge of a watery fluid—watery, bear in mind, from the very beginning; for it was noticed as such within an hour after the accident. The fluid continued flowing for several days, and, from first to last, presented but a very faint trace of blood. Such a case is typical of some of the cases described by various authors. Such are the characters of the fluid in the cases mentioned by Stalpartius. O'Halloran's case is marked by the same peculiarities. In all the four cases described by M. Robert, and in one of Mr. Hilton's, you will find a copious discharge of water, and a very little blood. We have here, then, nine cases strongly resembling each other, in two-thirds of which the parts were examined after death—and what was found? In all six cases a fracture, involving the meatus internus, the internal ear, and the tympanic cavity; in all, a laceration of the membrana tympani; and thus far, in all, the lesions were easy of demonstration. But the difficult point has been to prove the laceration of the cerebral membranes within the meatus. Now, in the preparation taken from the case which I have described at length, you will have no difficulty in seeing the actual laceration of the dura mater. This laceration corresponds, as I have already mentioned, to a fissure passing perpendicularly through the cribriform plate at the bottom of the meatus; and if the fissure is gently opened, by means of a pair of forceps introduced into the mouth of the meatus, you will at once perceive the rent in the membrane.

Cases such as these present, in fact, the very selfsame *lesions as those* observed by M. Robert in his experiment on the dead subject—an experiment which must be held to settle the question of the possibility of the escape of the cerebro-spinal fluid from the meatus. I am well aware that an attempt has been made to lessen the value of M. Robert's experiment, by a reference to M. Laugier's experiments, in which he could not succeed in obtaining any cerebro-spinal fluid, notwithstanding the fracture which he had produced through the meatus internus. But surely M. Laugier's failures cannot do away with M. Robert's success. I have dissected several cases in which a fracture passed through the meatus internus, and in which there had been no escape of the cerebro-spinal fluid, simply because the membranes were not ruptured. And then let us remember that this meatus internus varies much in size in different adult heads, and even on the two sides of the same head. In some skulls it is very small, a mere chink, and very shallow; whereas in others it is of a large size, and very deep, so that a greater or lesser space is left between the nerves and the canal. Such variations must necessarily give rise to a greater or less facility for the escape of the cerebro-spinal fluid, should a fracture occur through the meatus.

And now let us turn to the second case, in which the peculiar and marked feature was a copious discharge of blood, followed, after an interval, by a watery discharge. Such a case is by far more common than the first one. We start with a more or less profuse discharge of blood, which may go on for hours; the fluid then becomes sero-sanguineous, and finally serous altogether. The time of the appearance of the serous fluid varies very much. It may manifest itself as the flow of blood ceases, or a day or two may intervene between the cessation of the bleeding and the appearance of the serous fluid. The fluid itself may be perfectly limpid; but if the patient survives for several days, it usually becomes sero-purulent before it ceases. As to the quantity of it, sometimes it is small, sometimes it is very large; so much so, that I have seen the concha overflowing, and the pillow-case extensively saturated with it. And, on dissection, what do we find? We find that the fracture does not pass through—that it, in fact, has nothing to do with the meatus internus. Whatever be the direction of the fracture, either across or perpendicular to the axis of the petrous bone, the injury does not extend into the meatus. Now, if the fracture has nothing to do with the meatus internus, neither can the watery discharge have anything to do with the membranes lying within this meatus. Whence, then, does this fluid come?

It is the opinion of many Surgeons that the watery discharge in these cases proceeds from the membrane of the labyrinth, that it is the liquor Cotunnii. And difficult, indeed, would it be, in many cases, to prove that the watery discharge is not due to this fluid, when the fracture runs through both the tympanum and the internal ear, which are thus made to communicate with each other, their investing membranes being torn. In opposition to this view, we have, however, the quantity of the fluid, which oftentimes is so great that we can scarcely realise the idea of its being furnished by a membrane of so limited an extent. Remains, then, the membrane lining the cavity of the tympanum. But, can the watery discharge proceed from this membrane? For my own part I think that it can, nay more, I think that it does in the cases at present under consideration. Still, as I said before, it would be difficult to prove that the fluid is not, in part, at any rate, that of Cotunnius, whenever the cavities of the labyrinth are made to communicate with those of the tympanum. There, are, however, cases in which no such difficulty exists—cases in which there is no injury of the internal ear, and in which, as a matter of course, the watery discharge could not have proceeded from the membrane lining these cavities. Of this, a case which I shall now lay before you, affords most ample proof.

A man, 45 years old, was admitted into St. George's Hospital, under the care of Mr. Cutler, on October 18, 1854, with a discharge of bloody fluid from the left ear, and a scalp wound not exposing the bone, at the upper and back part of the right side of the head. It was stated by some of his fellow-labourers that he had a short time before fallen off a ladder about twenty feet high, that he had been stunned for a few minutes only, and that the discharge of bloody fluid from the ear was noticed as soon as he was picked up. At the time of his admission into the Hospital, this patient was quite sensible, and answered questions readily. Such was the account which I received of the case on the following morning when I, for the first time, saw this patient. But, to avoid dwelling on details not necessary to our present purpose, I will at once tell you in a very few words the issue of the case. Symptoms of cerebral mischief made their appearance on the second day; then came diffuse inflammation of the scalp, and the patient sank on the seventh day after the accident.

And now let us see what became of the discharge from the ear during these seven days.

By the time I saw the patient on the morning following the accident, the fluid had lost its bloody appearance. It was then of a roseate hue, and flowing so freely that in less than an hour, a couple of ounces were caught in a gallipot placed under the ear. The fluid thus collected became, after a while, nearly limpid, the blood globules having subsided to the bottom of the gallipot, where they formed a very thin, membranous-like layer. Some of the supernatant fluid was poured off, and then tested with nitric acid, which at once threw down a fair amount of albumen. The discharge continued with precisely the same characters, and with but little diminution for two days. The pillow-case was soaked, and it became necessary to have towels placed under the ear. On the third day the fluid was much less in quantity. On the fifth day there was but little of it. On the sixth day it still continued slightly, and presented a puriform appearance, and on the seventh it ceased altogether.

That the fluid might be carefully analysed, some of it was repeatedly caught in a gallipot; but, as it invariably contained some little blood, it was thought that this admixture would

Digitized by Google

materially interfere with the chemical analysis, which was therefore not undertaken.

I was present at the examination of the body which was made by Mr. Henry Gray, and I shall now describe what I myself saw, and from my own notes, without any reference to the very able report of this case which has already been published by Mr. Henry Gray.

Immediately under the scalp-wound was a fracture, which, commencing in the right cerebral fossa of the occipital bone, was traced through the corresponding cerebellar fossa, where it split into branches, one of which ended at the back part of the right side of the foramen magnum, and the other in the right jugular foramen. The triangular portion of bone lying between these two fissures was broken into fragments. On the left side of the foramen magnum there was another fissure, which, after running round the back part of the margin of this hole, took a direction obliquely outwards, and passing under the end of the lateral sinus, ended at the back part of the foramen lacerum posterius. Scarcely any traces of blood were detected in the various lines of fracture. Not the slightest trace of injury was detected in the walls of the lateral sinus, which contained a thin clot of blood.

And now, in order that a careful examination might be made of everything connected with the temporal bone, we removed, by means of a saw, the whole of this bone, together with the left side of the occipital, and the greater part of the corresponding half of the sphenoid. The dura mater was then carefully detached from the surfaces of the petrous bone, right up to the margin of the internal auditory canal, but no trace of injury could be found about this membrane; and neither could any injury whatsoever be detected about the three surfaces of the petrous bone itself. At the bottom of the internal auditory canal we found a speck of blood in the sub-arachnoid cellular tissue; everything else appertaining to this canal, its osseous walls, the cerebral membranes, the nerves, all, throughout their whole course, were free from injury. The external auditory canal presented its usual appearance. The membrana tympani was extensively ruptured, the large, irregular opening being at its anterior and inferior part. The cavity of the tympanum contained a quantity of muco-purulent secretion. No disturbance had occurred in the arrangement of the ossicula. These bones were all in their right place, and the base of the stapes was connected, as usual, to the margin of the fenestra ovalis, the membrane of which was perfectly sound. The fenestra rotunda and its coverings were uninjured. The membrane lining the tympanum was throughout of a brilliant red colour, due to intense congestion of its vessels, the disposition of which was admirably seen when placed under the glass; in fact, I have never seen anything more beautifully injected than these vessels were. The same degree of intense vascularity existed in the membrane lining the mastoid cells, all of which were filled with purulent fluid. The intense vascularity did not extend into the Eustachian tube. The different cavities of the internal ear, the vestibule, the semicircular canals, and the cochlea, presented their usual appearance. Their lining membrane was perfectly natural, both in colour and in aspect.

It is right that I should add that this temporal bone was subsequently examined several different times, both by Mr. Henry Gray and by myself. It was examined after being macerated in water for several days, and all this without a single lesion in its osseous structure being discovered by either of us.

Such, then, were the only morbid appearances observed in this case of profuse watery discharge from the ear, after a severe injury of the head. No fracture of the temporal bone, no communication whatsoever between the middle and the internal ear; membrane lining the cavity of the tympanum and the mastoid cells intensely vascular throughout; membrane lining the cavities of the internal ear perfectly natural in every respect.

I have been led to dwell thus minutely on the results of the examination of this petrous bone, as this is, as far as I know, the first case in which it has been clearly proved that a profuse watery discharge may take place from the ear, a short time after an injury of the head, without any lesion whatsoever of the osseous structure.

There is, I know, a case recorded by Dr. Léopold Ferri, in which a watery fluid was discharged from the ear for several days, without any trace of injury being subsequently discovered in the petrous bone; but then, in that case, some doubts have been expressed as to the exact nature of the injury, as three years had elapsed before the death of the patient. Now, in the case which I have brought before you, no such doubts can arise; the injury was a recent one, and the parts were examined over and over again.

It is time, however, that we should investigate the source of the profuse watery discharge observed in this case. There was no fracture; the watery discharge could not then be due either to the escape of the cerebro-spinal fluid, or to an increased secretion of the arachnoid, or to a filtration of the serous part of the blood. There was no communication between the internal and the middle ear, it could not therefore be due to the escape of the liquor Cotunnii. Whence then did this fluid come? The only possible explanation is, that it was a secretion from the membrane lining the tympanum and the mastoid cells. But, to admit of this explanation, we must first do away with one part of the history of this case. It is impossible to reconcile the idea of the fluid being a bloody, watery discharge, as it is reported to have been, immediately after the accident, with the idea of its coming from the lining membrane of the tympanum. The idea of a bloody watery fluid, on the receipt of the injury, implies some reservoir which certainly does not exist, either in the tympanum or in the mastoid cells. About the actual nature of the discharge in its beginning, there may have, I should say there must have been some mistake. The state of the fluid may not have been very accurately noticed at first; it may have been thought to have been thinner than blood, watery, without actually being so. But, let it be granted that such a mistake did occur, the case then becomes easy of explanation. Slight bleeding from the ear at first. A few hours pass over, and the lining membrane of the tympanum began to throw out a quantity of fluid; and, as this went on increasing, the watery character of the discharge became more and more marked. But the discharge was profuse for two days. Well, the extent of the membrane lining the tympanum and the mastoid cells would readily account for the quantity of fluid which was poured out, much more readily indeed than would the extent of the membrane lining the internal ear. But, again, the fluid was all but limpid. Could the mucous membrane of the tympanum give rise to such a secretion? Yes. The fact of the mucous membrane of the nostrils giving rise, under certain conditions, to a thin, watery fluid, perfectly limpid, is too well known to admit of any doubt on this point. Did the albumen which this fluid contained belong in part to the secretion itself, or did it belong altogether to its slight admixture with blood? This is a question which I cannot answer. Unfortunately, I have never had an opportunity of examining any of the limpid fluid coming from the nostrils, and I cannot therefore say whether it contains any amount of albumen.

The explanation given by Dr. Léopold Ferri as to the nature of the watery discharge observed in his case, to which I referred a few minutes back, is that it was due to the escape of the liquor Cotunnii. At the time of the examination there was, it is true, no communication between the middle and the internal ear; but then the membrane covering the fenestra rotunda is said to have been one of new formation, the original membrane having, it was supposed, been lacerated at the time of the accident, to which was also referred the dislocation of the ossicula, as well as a rupture of the central part of the membrana tympani, where a cicatrix is said to have been found.

What value, then, are we to attach, at the present time, to the watery discharge from the ear, as a diagnostic sign of a fracture of the base? Can we say now, as positively as we have been in the habit of doing of late years, that a profuse watery discharge from the ear, after an injury of the head, is pathognomic of fracture of the petrous bone? Assuredly not. Some two years back I should have had no hesitation, under such circumstances, in diagnosing a fracture of the petrous bone; now, however, I must confess that my opinion would be a much more guarded one.

Do not suppose that I no longer attach any importance to this watery discharge as a diagnostic sign. Far from this being the case, I do still attach the greatest value to this symptom, but under certain circumstances only.

A close examination of these cases of watery discharge will show that this fluid makes its appearance under different circumstances. In some cases, you will find that no discharge of blood, or only a very small quantity, precedes that of the

Digitized by Google

watery fluid, the discharge is, in fact, watery, and unmistakeably so, immediately after the accident. In other cases, a copious flow of blood, going on for some hours, precedes the watery fluid. In other cases again, the flow of blood is decided, but to no great amount, and for no long period, and then, sooner or later, comes the watery discharge. As far as our knowledge extends at present, we have then three classes of cases, as to this watery discharge.

Now, in the first class of cases, that is, where the fluid from the ear is plentiful, and of a decidedly watery character, immediately after the accident, in these cases, I say, we need still be in no doubt as to the nature of the accident. We may safely say that the watery discharge is due to the escape of the cerebro-spinal fluid, which, as I have already stated, can only take place through a fracture of the petrous bone, implicating the internal auditory canal and its membranes.

In the second class of cases, characterised by a copious and prolonged bleeding from the ear, followed by a watery discharge, we may here also safely diagnose a fracture of the petrous bone; but we cannot pretend to say that the line of fracture follows any particular course. It is right, however, that we should clearly understand that it is not to this watery discharge that we can in these cases safely trust for our diagnosis, but to the copious and prolonged bleeding, which has never as yet led me wrong.

Thus far, then, there is no difficulty in the diagnosis. Not so, however, in the third class of cases. Here, we get, at first, a discharge of blood only, which is neither copious nor prolonged; then comes the watery discharge, varying as to the time of its appearance, mark, it may be there within a very few hours after the accident; varying again as to its quantity, it may be profuse also within a very few hours after its appearance. These are the cases in which experience has, of late, taught us that the diagnosis must be doubtful. Does such a discharge of blood surely indicate a fracture? Certainly not. Does such a discharge of watery fluid indicate a fracture? Not for certain. A limpid, watery fluid may be discharged within a few hours after the accident, the quantity of it may even be profuse, and yet there may be no fracture. Up to the present time, it has been held that these two characters of early appearance and profuseness, were signs positive, in truth, none more so, of fractured base. Of this idea, however, we must now disabuse ourselves.

But, will a chemical analysis of the watery discharge help us out of our difficulties? In the first class of cases, it has been repeatedly proved that the watery discharge contains a trace only of albumen, and a considerable quantity of chloride of sodium. In the second and third class of cases, so far as I have seen, the watery discharge, however limpid, contained a certain amount of albumen. This is a point to be remembered. In the case to which I have referred, with a *profuse* watery discharge, and without fracture, albumen was easily detected in the fluid. But, prepossessed as I was at the time with the idea that such a discharge could not exist without a fracture, I explained away the presence of the albumen by the presence of the small quantity of blood which was in the fluid. It remains, however, to be seen what are the chemical characters of the clear limpid fluid poured out sometimes from the nostrils, independently of an injury. Coming, as this fluid does, from a mucous membrane, it would, in all probability, be of the same nature as that, which, in the above instance, came from the mucous membrane of the tympanum.

It has been stated by some Surgeons abroad, and especially by M. Robert, that this profuse discharge of a watery fluid after an injury of the head, has been, for the most part, observed in children and young persons, and that it belongs peculiarly to those cases in which the fracture cuts across the petrous bone at its middle.

There is no doubt that the middle part of the petrous bone is weaker at an early age than it is subsequently. The well-known anatomical disposition of the various constituent parts of the bone at these different periods of life serves to explain this. It remains yet to be proved, however, that a transverse fracture of the petrous bone does in reality occur more frequently in the young than in those more advanced in life. In those cases which have fallen under my own notice, it so happens that the profuse watery discharge occurred, for the most part, in persons beyond thirty years of age.

A profuse watery discharge from the ear has always been held as one of the very worst features in an injury of the head. At one time, indeed, so bad was this feature thought to be that it was said that no patient ever recovered who presented this symptom. Such, in former years, was the opinion of the elder Mr. Dease; such, even in later years, has been the opinion of M. Robert. But Stalpartius's first case, in which, after an injury of the head, complete recovery took place, notwithstanding a most profuse discharge of a watery fluid, had then been forgotten for a time. It was a single case; but now you will find many recoveries of cases of this kind in the records of surgery, and still more in the unpublished records of our large hospitals.

Here is a remarkable instance of such a recovery after a watery discharge from both ears.

A man (a), aged 18, having fallen head foremost from a height of about ten feet, was picked up senseless, with copious bleeding from both ears—more so, however, from the left, and ecchymosis of the lids of both eyes. In this state he remained for several hours, and then gradually recovered. On the third day after the accident, sero-sanguineous fluid was flowing from the left ear, on which side the patient was also deaf. Next day the discharge was quite serous; and at this time, blood was found under the ocular conjunctiva of the upper part of both eyes. On the ninth day, serous fluid was observed flowing from both ears, and thus matters went on for several days, until on the twentieth day after the accident, the watery discharge came only from the left ear. This even soon subsided, and on the twenty-fifth day the patient left the Hospital.

Cases of recovery after this profuse watery discharge from the ear have, of late years, invariably been referred to as affording the strongest proof possible that fracture of the base is not always fatal. But now arises the question as to whether these cases of recovery were really cases of fractured base. Already have we seen that even a very profuse watery discharge from the ear is not, under certain circumstances, a sure sign of a fracture of the petrous bone; and may it not be just possible that in several of these cases of recovery the base may, after all, not have been broken? Indeed, knowing, as we now do, for certain, that a profuse watery discharge from the ear may exist without any injury of the petrous bone, doubts must naturally arise as to the true nature of many of these reported cases of recovery from fractured base of the skull. I do not mean to say that the base was not broken in these cases; it may have been so in every instance, but of this we have no positive proof, for the diagnostic sign, which was thought to afford incontrovertible evidence as to the existence of a fracture, no longer possesses the same value as it did but a year or two back.

In recording cases of recovery after this profuse watery discharge from the ear, let us, then, for the future, bear in mind that we must carefully note the precise circumstances under which the discharge took place. And especially must we be careful as to the precise characters of the fluid from its very first appearance. We must state particularly whether the fluid was watery from the very beginning, or whether it was merely bloody, and then whether the flow of blood was continuous for any length of time. And, unless we are minute as to these points, there must, there will, be some doubt about a case of recovery after a fractured base.

In the following case of recovery after a profuse watery discharge from the ear, which has just fallen under my notice, I have not the slightest doubt that the base of the skull was broken, and that the watery discharge was due to the escape of the cerebro-spinal fluid. The details of the case warrant this opinion.

A man, about 30 years old, was admitted into St. George's Hospital, under the care of Mr. Cutler, on the 28th of March, 1856, with a profuse discharge of a watery fluid, blood-tinged, from the right ear. A few minutes before his admission, while cleaning some windows, he had fallen a distance of some sixteen feet, and struck his head and back. He lay, according to the account of a bystander, insensible for about a minute, after which he recovered himself, and was at once conveyed to the hospital, which was only a few yards off. I saw the man four hours after he had been in the ward, and I was then shown some of the fluid which had been already caught in a gallipot, as it was running from his ear. The fluid was perfectly clear and watery, with a thin layer of blood lining the bottom of the gallipot, formed by the sub-

(a) Chassaignac, plaies de tête, p. 107.

Digitized by Google

sidence of the blood-globules mixed with the water. As to the watery discharge, it was going on profusely at the time I saw the patient, and it had continued to do so ever since his admission. It was welling up in large quantities from the meatus, while he was lying on the other side, and running over, so that it had been found necessary to put a macintosh under his head. When collected in a bottle, the fluid was quite clear, only slightly blood-tinged. The patient was perfectly conscious, but had no remembrance of the accident; he was remarkably pale, with a distressed and anxious countenance, constantly moaning and complaining bitterly of pain across the head from ear to ear. There did not appear to be any paralysis of any of the nerves, neither could a trace of external injury be detected in any part of the head. The pulse was weak and 72; the pupils natural. It is not my intention to enter into the daily details and the treatment of this case. I shall now merely dwell upon the facts connected with the fluid from the ear. During the night the flow of the fluid ceased suddenly. That which had escaped late in the evening still contained a small quantity of blood. Nitric acid threw down some albumen, the presence of which was due, in all probability, to that of the blood. Now that the fluid has ceased to flow, the patient is almost insensible, and cannot be roused to answer questions, and hardly to take notice of any external impressions. And thus he went on for two days, when the watery discharge again recurred, and in very large quantities, running freely from the ear, so that several ounces of it were easily caught within a few hours. It was quite clear, and appeared free from blood. The patient was now perfectly sensible. On the following day the watery discharge again stopped entirely, and the man became extremely restless, but could answer questions; he complained of intense pain in the head, "from ear to ear," and seemed inclined to delirium. The next day the discharge re-appeared, and in very large quantities; and thus it went on for two days, and several ounces were again collected, besides a large quantity which ran into the bed. He was perfectly quiet and sensible. The discharge of water continued for a day or two longer, and then ceased altogether. The man remained free from pain, and perfectly sensible. From this time he gradually recovered, and was discharged from the hospital on the 30th of May, apparently in perfect health, but very slightly deaf of the right ear.

Dr. Bence Jones kindly undertook the analysis of that fluid which was free from blood. In 100 parts there were 98 parts of water, 1 part of common salt, ½ a part of alkaline phosphate of soda, and ½ a part of albumen. There was no sulphate—no earthy phosphate—and no trace of sugar.

(To be continued.)

LECTURE ON
NON-CONGENITAL TALIPES VALGUS, EQUINO-VALGUS, AND CALCANEO-VALGUS.

DELIVERED AT THE

Grosvenor Place School of Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL.)

By WILLIAM ADAMS, F.R.C.S.,

Surgeon to the Royal Orthopædic and to the Great Northern Hospitals, Lecturer on Surgery at the Grosvenor Place School of Medicine.

(Continued from vol. xxxvii. page 622.)

Numerical Importance.—Co-existence with other Deformities.—Prognosis.—Treatment.—Equino-Valgus and Calcaneo-Valgus.

NUMERICAL IMPORTANCE.—Non-congenital valgus is the most frequent deformity of the foot next to talipes equinus, which I have already stated constitutes nearly half of all the non-congenital cases of talipes. In the table of 1009 cases of non-congenital deformities of the feet previously referred to, 181 cases of talipes valgus are recorded. In more than half these cases both feet were affected.

CO-EXISTENCE WITH OTHER DEFORMITIES.—Non-congenital valgus arising from *debility* in children and in youth, frequently co-exists with knock-knees, a condition which materially tends to increase the deformity of the feet. When produced by *rickets* it always co-exists with some of the deformities of the long bones, pelvis, cranium, etc., which characterise this morbid condition of the osseous system. In cases of *paralytic origin*, when both legs are affected with paralysis, it seldom happens that the deformity is of the same kind in both feet, and it seems pretty constantly to occur that the left foot is affected with valgus, and the right with equino-varus. It is a singular fact that paralytic equinus occurs very much more frequently in the right than in the left foot, more than in the proportion of two to one, and from the same cause, no doubt, paralytic equino-varus predominates in the right foot; *spasmodic valgus*, the rarest form, sometimes co-exists with other spasmodic contractions, as in the case I mentioned to you in which spasmodic contraction of the knee-joints existed. (See *Medical Times and Gazette*, Nov. 24th, 1855.)

PROGNOSIS.—As I have already stated that non-congenital talipes valgus arises from so many causes as to admit of arrangement into six different classes, I need hardly observe that the prognosis will vary very much according to the cause producing the deformity, as it will also depend upon the severity of the case, and the age of the patient.

Speaking generally, in all cases arising from *debility* the prognosis will be favourable, whatever may be the age of the patient. In these cases, which essentially depend upon relaxation and elongation of the ligaments, the deformity may be completely removed by perseverance in a proper course of treatment.

In *rachitic cases*, the prognosis will be much less favourable, as the deformity is associated with the general defect in the osseous system, and always, to a greater or less degree, with curvatures of the long bones, and frequently with severe knock-knee.

In *paralytic cases*, the prognosis must necessarily be unfavourable, in consequence of the paralytic condition of the muscles; but in infantile paralysis this frequently undergoes improvement, and sometimes complete spontaneous cure, so that the prognosis will vary according to the extent of the paralysis, the length of time it has existed, and other circumstances of the case; but it must be very guarded, or positively unfavourable as to the recovery of muscular power. The utmost that can be promised is restoration of the form of the foot, which can be easily accomplished, and some mechanical compensation for the loss of power. This is, however, a great gain to the patient, and often enables him to walk with ease and security.

In *spasmodic cases*, also, only relief and improvement can be promised, because all the muscles of the leg are generally affected, and more or less in a rigid, spasmodic condition.

In *traumatic valgus*, and when this deformity is the consequence of *disease* of the ankle-joint or neighbouring structures, the prognosis must necessarily be unfavourable; but very considerable comfort and relief, sometimes with improvement of form, can be obtained by mechanical support, assisted in some cases, by division of tendons.

TREATMENT.—In the different forms of non-congenital valgus I have now described to you, the treatment will necessarily vary; but essentially, it will consist of the mechanical, operative, and physiological means, either separately or in combination, which I have already described as necessary to the cure of the congenital form of valgus. The principles, and in most respects the details of the treatment are essentially similar in both the congenital and non-congenital forms of valgus; and as I have already described to you the various forms of mechanical apparatus employed in the treatment of congenital valgus, as well as the tendons requiring division, the mode of performing these operations, and the after treatment required to promote the physiological perfection of the limb, it will not be necessary for me to do more than advert to the special points of treatment adapted to the different classes in which I have arranged the non-congenital cases of valgus, viz.:—

Class 1.—*Depending upon muscular and ligamentous debility.*—Cases of valgus depending upon this cause I have already explained to you, are frequently seen in children, say from 2 to 6 years of age; in youth, from 14 to 18 years of age; and in young adults. *In delicate children* of lax fibre, you will find the eversion of the foot readily controlled by a peculiar form of boot, which we describe as a *valgus-boot*. A convex

Digitized by Google

pad made of vulcanized India-rubber is placed inside the boot, in the normal situation of the arch of the foot which it is intended to support or remodel. The pad must not be too large, but it should extend half-way across the sole of the foot, and rise on the inner side to the navicular bone, this edge being then extended by stiff leather. The heel of the boot must be raised on the inner side about a quarter of an inch, or more, so as to twist the foot inwards and throw the weight on the outer rather than the inner side of the foot. This is best accomplished by the addition of a separate piece of leather, which can be easily renewed as fast as it wears out, about once in three or four weeks. No steel supports are ever required in these cases, nor is there any muscular contraction to call for tenotomy. The *valgus-boot* will probably be required to be worn for about two years.

In youth, when the cases are seen at the commencement of the deformity—and such cases are frequently met with in private, though rarely in Hospital practice,—the same treatment is indicated, and is generally sufficient not only to prevent increase, but completely to restore the form of the foot. In girls it is seldom necessary to do more. The walking exercise must be diminished, and frequent rest enforced. Horse-exercise should be ordered, and every means taken to improve the general health by appropriate tonics, country and sea air, etc.

In more severe cases, and especially in boys, but previous to the stage of fixed deformity with contraction of muscles, it is necessary to add a steel-support attached to the outer side of the boot, and carried up to the calf of the leg, where it is connected with a semi-circular steel plate, and a strap which encircles the leg. A free-joint should correspond to the ankle-joint; and a leather strap, attached to the inner side of the boot, should pass across the ankle-joint, and buckle outside the steel-support.

These cases are generally accompanied with a sense of weakness, or aching after exercise, and frequently with pain, but occasionally there are no symptoms, and attention is only directed to the foot by an awkwardness in the gait. Although the arch of the foot is flattened, the foot can be fully extended, and no muscular contraction exists.

In the next grade of the deformity, viz. that in which the arch of the foot is more completely flattened, and extension of the foot cannot be performed to the natural degree, muscular contraction will be found to have taken place; and in the erect position, or when extension of the foot is attempted by manipulation, the tendons of the extensor longus and peronei muscles will appear more or less prominent and tense. These cases are frequently seen in Hospital practice, in boys engaged in occupations which oblige them to stand during twelve or even fourteen hours of the day, as I have already explained to you, and they generally apply for relief when the period of suffering has commenced, and the pain obliges them to leave their occupations. Such cases, also, are not infrequently met with in private practice.

Now, these cases may be treated either by mechanical means alone, or by tenotomy and mechanical means combined. The advantage of tenotomy is, that it very materially shortens the period of treatment, and, I believe, without exerting any injurious influence on the muscular power or ultimate strength of the limb. If mechanical treatment alone be decided upon, it will certainly occupy six months or more, during which time the patient must not be allowed to walk, except with the aid of crutches; whereas, by the aid of tenotomy, this will certainly be shortened to six weeks. In the mechanical treatment you may use an ordinary Scarpa's shoe, with the vertical steel spring placed on the inside of the leg; or the steel-bar with a double cog-wheel movement. The horizontal steel bar, to which the toe-strap is fastened, is also placed on the inner side of the sole-plate, so that the anterior part of the foot may be drawn inwards. A leather pad or a large linen roller should be placed under the arch of the foot.

If tenotomy be employed, the tendons of the extensor longus and peronei muscles should be divided as I have directed, when speaking of the congenital form of valgus; and in the more severe cases the tendo-Achillis will also require division.

The after-treatment in these cases will consist in the continued use, for about two years, of the *valgus-boot* above described, the use of the Scarpa's shoe being also continued at night, till the arch of the foot has not only been completely restored, but has acquired a fair amount of strength; the employment of frictions; diminished walking exercise or long standing; and measures to improve the general health.

In adults I have already described the circumstances under which flat-foot is frequently met with. When the deformity is slight, mechanical treatment, consisting of the valgus-boot and side-iron, is always sufficient. But it is at this period of life we meet with the most severe and rigid cases of deformity, especially in Hospital practice. They are, in fact, old neglected cases. The deformity has probably existed from boyhood, but without producing pain or material inconvenience, which it sometimes, though rarely, does. Sooner or later, however, pain and inability to follow his usual occupation, induces the man to apply for relief. In these cases the foot will vary in form from the simple flattening and falling of the arch, to the boat-shaped form, previously described, in which the arch of the foot is reversed, the anterior part being drawn upwards and outwards, and the heel also raised, by contraction of the tendo-Achillis.

In these more severe forms of valgus, tenotomy is indispensable, and numerous tendons will require division. It will not be sufficient to divide the extensor longus and peronei tendons, but in addition it will be necessary to divide the anterior tibial, and the extensor pollicis tendons, and also the tendo-Achillis.

The treatment of these severe cases is precisely the same as in the severest forms of congenital valgus, described in the last lecture. It is necessary to divide the treatment into two stages, and either the Scarpa's shoe, on the modified form of apparatus which I described, may be employed.

In all the other classes in which I have arranged the cases of valgus according to the cause producing the deformity, and for the purpose of describing the differences in their pathology, the principles of treatment will be essentially similar; but, variations in detail will be required according to the precise conditions of the muscles, ligaments, and other structures, involved in the production of the deformity.

Class 2.—In *rachitic valgus* it is seldom necessary to divide any tendons, mechanical support alone affording all the relief of which these cases are susceptible.

Class 3.—In *Paralytic valgus*, when of long standing, the tendo-Achillis frequently requires division, because the foot cannot be flexed beyond the right angle; but it is very seldom necessary to divide the extensor or peronei tendons. Mechanical support will frequently be required in these cases during the remainder of life.

Class 4.—In *Spasmodic valgus*, when severe and of long standing, it may be necessary to divide all the anterior and outer tendons, and also the tendo-Achillis. I found it necessary to divide all these tendons in the case of adult talipes valgus with contraction of the knee-joints of spasmodic origin, which I related to you in lecture III., when speaking of the spasmodic contractions; see figs. 4 and 5, *Medical Times and Gazette*, 24th Nov., 1855. In this case both feet and both knees were similarly contracted, and I divided in all twenty-two tendons. The deformity was completely removed, and this gentleman remains at the present time without any disposition to a return of the deformity, and is in a much improved condition. He will never again require to use crutches, but cannot well dispense with the assistance of two short sticks, necessary rather for the purpose of directing his balance in walking, than for any assistance of direct support.

Class 5.—In *Traumatic valgus, i.e.* after fracture of the lower end of the tibia and fibula, and injuries involving the ankle-joint; and also

Class 6.—In *Cases consequent upon disease* of the ankle-joint or surrounding tissues, such as scrofulous abscesses, connected or not connected with periosteal or bone disease, the probability of regaining motion will depend very much upon the condition of the ankle-joint. The exact nature of the injury, and the history of the case as to joint inflammation, etc. must therefore be carefully considered before deciding on tenotomy; but in many cases in which the ankle-joint has not been primarily involved, and even when motion at the ankle-joint is extremely limited, or scarcely to be detected, and the foot much everted, with more or less elevation of the heel—a very frequent condition—an unexpected amount of improvement will follow division of the tendo-Achillis, either by itself, or conjointly with the extensor and peronei tendons. When the ankle-joint has been primarily diseased, or where it has been very materially involved in the inflammatory mischief result-

Digitized by Google

ing either from accident or disease, and a condition of anchylosis, whether fibrous or osseous, has become established, all operative procedures will be counterindicated as a general rule, and mechanical support must be alone relied upon to prevent increase of the deformity and afford some assistance in walking.

The After Treatment in all these different classes of cases will be essentially similar to that previously referred to, varying, of course, according to the circumstances in individual cases. It will consist in the continuance of mechanical support; special exercises; manipulations; frictions; and the employment of galvanism in some cases of paralysis, especially in infantile paralysis, where some indications of spontaneous improvement exist. By attention to these means the *tendency to relapse* will be effectually controlled.

I have now, gentlemen, given you a general account of the Pathology and Treatment of Talipes Valgus in its congenital and non-congenital forms. It remains for me only to make a few observations on the Compound Varieties of Talipes, in which a disposition of valgus constitutes a prominent feature. The compound varieties alluded to are named—

EQUINO-VALGUS AND CALCANEO-VALGUS.

Equino-valgus is characterised by elevation, and calcaneo-valgus, by depression, of the os calcis, co-existing with eversion of the anterior part of the foot. In *equino-valgus*, eversion of the anterior portion of the foot—the valgus portion of the deformity—is the predominant condition; but in *calcaneo-valgus*, depression of the os calcis—the calcaneous portion of the deformity — is the predominant condition. Hence, I have considered it advisable to make the few observations called for in the description of these compound varieties, when describing in detail the external characters and morbid anatomy of the simple forms of talipes, viz. *valgus and calcaneus*, of which these compound varieties are but slight modifications. The influence of contraction of the tendo-Achillis in modifying the external characters of *valgus*, and in materially adding to the complexity of this deformity as to its mechanical conditions, and the alterations in the relative position of the bones in severe cases, I have especially adverted to in describing both the congenital and non-congenital forms of valgus. In consequence of the frequency of contraction of the tendo-Achillis in both the congenital and non-congenital forms of valgus, it would seem advisable in the nomenclature of deformities of the foot, either to do away with *equino-valgus* as a separate variety, or materially to add to its importance by classifying under this term a very large number of the cases hitherto described as simple valgus. My own inclination is to adopt the former course, and therefore I generally speak of cases of talipes valgus as existing with or without contraction of the tendo-Achillis.

Calcaneo-valgus—depression of the heel, with eversion of the anterior portion of the foot—is but a slight and unimportant modification of talipes calcaneus, a variety of club-foot which I am about to describe to you. The description of this compound variety, therefore, if it were of sufficient importance to require any special description, would with propriety be deferred till the simple form, *i.e.* calcaneus, had been described, but, like equino-valgus, I regard it as almost unworthy of being retained as a variety in the classification of deformities of the feet. In cases of calcaneus, both in its congenital and non-congenital forms, more or less eversion of the anterior portion of the foot is almost constantly present; it very rarely happens that simultaneously with depression of the heel, the anterior portion of the foot is drawn upwards, and retained in the flexed position, in a perfectly straight line with the axis of the leg. Some degree of eversion nearly always exists, and, therefore, as in equino-valgus, the compound variety must be either magnified in importance, so as to exceed that now attached to the primary form, or the modification afforded by the eversion be disregarded in classification, and assumed to be an ordinary condition of the primary form, and the latter appears to me to be by far the better course. The only advantage in retaining the name is to enable the Surgeon in some cases more correctly to indicate the precise deviation of the foot. The pathology and treatment in both the simple and compound varieties are essentially similar.

ORIGINAL COMMUNICATIONS.

ON THE ACTION OF BLEEDING IN ACUTE INFLAMMATIONS.

By W. O. MARKHAM, M.D.,
Physician to St. Mary's Hospital; Fellow of the Royal College of Physicians.

Part I.

My object in the following paper is to endeavour to point out what seem to me to be certain of the modes in which blood-letting may be supposed to act when resorted to in the treatment of acute and chronic inflammations. I do not presume to think that I can remove the difficulties which obscure this subject; but, I believe that a closer examination than is generally bestowed upon them, of the different facts relative to it, which modern pathology and modern practice have placed at our disposal, will enable us to give to the remedy a more definite position than it has hitherto held in therapeutics. Certainly, it is very desirable that we should endeavour to ascertain why such opposite opinions have always been and still are held by the ablest practitioners of our art concerning the value of the remedy, and why bleeding is found on some occasions to be of marked service in the treatment of diseases, and why it so frequently fails to give the relief expected from it.

In reflecting upon this subject it has occurred to me that there are certain simple facts always at the Physician's command, and readily appreciable, which have not received the attention they merit, but which, nevertheless, may serve as tests whereby to judge of the real practical value of this remedial agent. These facts seem to me, when fully considered, to account for and to remove, in a certain degree, some of the difficulties and contradictions above alluded to. I should have felt reluctance in thus noticing the data here brought forward, on account of their very simplicity, had I not found, on inquiry, many very intelligent friends willing to confess that their ideas respecting the effects and modes of action of blood-letting were in some sense vague, and ready also to believe that the subject was worthy of investigation in the manner I suggested to them.

The opinions which I have here expressed, relative to the effects and *modus operandi* of blood-letting, are mainly founded upon a consideration—first, of the facts daily laid before us in our clinical studies; and, secondly, of the anatomy of the circulation, in its physiological and pathological states. I do not pretend to examine the question in all its relations. The action of blood-letting on the nervous system, as a revulsive agent, is not referred to here; this part of the subject is so involved and so obscure that I do not think it is possible to educe any practical conclusions from its consideration.

In the first place, as regards the effects of bloodletting, I suppose I may take it as a fact beyond dispute, that the removal of blood from an inflamed part, during the congestive stage of the inflammatory process, is in all cases beneficial *quo ad* the part inflamed. We have the proof of this plainly demonstrated in the diminution of the chief signs of the inflammation—the swelling, the pain, the heat and the redness—which are seen to follow so constantly and so immediately (though often only temporarily) the abstraction of blood from external parts of the body; and this, too, whatever the nature of the inflammation, whether traumatic or specific. Thus a few leeches applied to a sprained ankle, or to an inflamed rheumatic joint, are tolerably sure to give relief in either case, although the two inflammations are, in their essential natures, totally different. Moreover, we find that the local abstraction of blood from all acute local inflammations is, with surgeons, an established principle of practice.

This principle, then, being admitted in the case of external inflammations, we may most reasonably argue that in the treatment of internal inflammations, whether traumatic or specific, direct abstraction of blood from the inflamed part must be equally beneficial, whenever it can be performed under similar conditions. But anatomy shows us, that the cases in which direct abstraction of blood from internal organs can be effected are few, and thus explains why local

Digitized by Google

bleeding in internal inflammations may fail to give relief; and it also enables us to anticipate the particular instances in which we may be tolerably sure that it will give relief.

It follows from this, that, as a rule, we can only operate upon internal inflammations by general bleeding. But general bleeding in inflammation and the local abstraction of blood from an inflamed part, are two very different things, and it, therefore, becomes an important matter for us to ascertain what are the chief points of distinction between the two methods of taking blood from the body.

Direct bleeding draws blood from the seat of the inflammation itself, and acts locally upon it. Venesection can only act upon the inflammation through the general circulation. A very much greater amount of blood, moreover, must be taken by venesection before any sensible effect is produced upon the inflammation than is required in direct bleeding. A few leeches applied to an acute rheumatic joint, or to an inflamed eye, rarely fail to give relief, (though venesection in such cases not unfrequently fails to do so) and probably exert a more beneficial influence on the inflamed parts, than the abstraction of a pint of blood from the arm would exert. Direct abstraction of blood, then, effects this purpose of bloodletting in inflammation with greater certainty, and at a much less cost to the constitution, than general bleeding does.

But direct bleeding has, besides this, we may fairly surmise, another advantage, to which little attention is usually given. In drawing blood directly from the inflamed part, we remove blood that is altered and deteriorated by the inflammatory process, that is no longer fitted for its proper purposes, and which may, therefore, possibly act injuriously, and so to say, poisonously upon the part itself, and upon the system generally, in so far as it passes into and mingles with the general circulation(a).

General bleeding, on the other hand, has no direct influence over the inflammation; it only acts upon the local disease secondarily, *i.e.* through the influence which it exercises over the vital powers of the body. Moreover, it is admitted by the advocates of venesection in inflammations, that the bleeding to be of service must be large; small bleedings exert no apparent influence over them. These large bleedings, then, do not, like the leeches, touch the inflamed part; what they do is this: they reduce the force of the heart's action, they lessen the sensibility, and thus give immediate ease and comfort to the patient. But they do not cure the disease. We may bleed a man until he is blanched, but we do not thereby cure his rheumatic inflammations, or his pneumonia, or his peritonitis; these, spite of all our bleeding, still run their course, modified, it is true, for good or for ill, by the constitional shock thus administered to the body (b). But, though bleeding bring no cure to the inflammation, and sometimes manifestly works a very baneful influence on its future progress, it is not without its apparent use. Amid great suffering it brings great comfort. The patient and his Physician feel and see the striking and instant relief which it has effected. Herein lies its advantage; and herein also lie the greatest delusions and dangers attending the practice of venesection. The present benefit of it is so evident, that we are content for an immediate and fleeting relief, to sacrifice a distant good. The dangers of the practice lie all in the future, and require the eye of calculating science to spy them out. This is the lesson which has been learnt by experience in all ages of medicine, but which has been turned to practical account only in our own times.

There is no necessity for us to theorise about the *modus operandi* of the direct abstraction of blood from an inflamed part; enough for us that it exercises a manifestly beneficial effect over the disorganizing process, and that it does so without injuring the vital powers. This fact is universally admitted by all—Physicians and Surgeons. Equally certain is it, on the other hand, that venesection has now-a-days very few admirers as a remedy for inflammations; and certain, also, that its beneficial effects are neither sure, nor capable of ready appreciation. Direct bleeding acts on the local inflammation, and does not affect the system generally; venesection has a powerful influence on the constitution, and very little over the local inflammation. The good effects of direct bleeding are certain; and it does no damage to the constitution; the good effects of venesection over the inflammation are very dubious, its evil effects have been frequently demonstrated.

Is it possible, then, that we have been all, these so many ages, under a delusion as to the benefits of venesection over inflammation? This I do not believe, and I will presently show what seem to me to be the proofs of the necessity for venesection in the course of certain inflammations, but I hope also to be able to prove, that in those inflammations where venesection is requisite, it is of service, not so much through any direct influence which it has over the inflammation, as by removing certain of the secondary consequences, which accidentally arise out of the inflammation. This point I will illustrate presently by reference, in particular, to pneumonia; but, having shown the marked distinction which must be made in reference to the effects of bleeding in inflammation, between general bloodletting and the direct abstraction of blood from the inflamed part, I will first of all, guided by anatomy, refer shortly to the influence which direct abstraction of blood has over some of the most important of the internal inflammations.

This is a point worthy of particular consideration; and I do not think that it is often enough made an especial subject of clinical study. It gives us, as it seems to me, an explanation of the reason why leeching and cupping is at one time found to give great relief, and why it fails to do so at another. And, moreover, it places distinctly before us the reasons for our resorting to those agents; and removes much of the vagueness which often attaches to their use in ordinary practice.

First, as regards pneumonia, we may observe that no amount of leeching or cupping over the thorax can draw blood directly from an inflamed lung. The leeches with which, as Andral tells us, the chests of his patients were covered in pneumonia, could have only affected the inflammation indirectly. This is manifest enough. The blood which the leeches abstract, comes from the aorta, chiefly through the intercostal and subclavian arteries, not from the lungs. But abstraction of blood from the thoracic walls frequently gives undoubted relief in pneumonia; and the reason of this plainly is, that in most cases there is pleurisy associated with the pneumonia. Now it is the parietal pleurisy in pneumonia, which most particularly causes the pain, accompanying the inflammation, and which consequently prevents the movements of the thorax, and so seriously increases the difficulty of respiration, and poisons the blood; and it is in such cases that direct bleeding is of great benefit. The vessels which supply the parietal layer of the pleura, supply also the skin over it; and by abstracting blood from the one, we abstract blood directly from the other.

The same remarks are applicable to cardiac inflammations. In simple endocarditis, leechings, etc., over the heart are useless; but in pericarditis they are almost invariably found to be of great benefit, and the reason is because they draw blood directly from the seat of inflammation. Direct bleeding is here of great service in another way. In all severe cases of pericarditis there is excited an inflammation of the pleural membrane around the heart; such inflammation is, I believe, invariably found present in fatal cases. Hence, it is not improbable that one of the chief causes of pain in pericarditis is the pleurisy which accompanies it. The not unfrequent absence of pain in slight cases, indeed, may be reasonably explained by the absence of the pleurisy. Bleeding here, then, over the heart draws blood directly from the seat of the inflammation—from the pericardium and from the pleura. The anatomical explanation of the fact, as regards the pericardium, is this: that the internal mammary artery partially supplies the pericardium, and is also distributed to the skin over the heart. This fact, by the way, may give us a hint that the leeches and cupping should be applied over the course of the mammary artery, rather than about the site of the apex and left side of the heart.

In inflammations of the liver again, it is certain that abstraction of blood from the abdominal parietes will not draw blood from the organ. How is it, then, that leeches, etc., are found in such cases to give relief at times? Because, as we may reasonably conjecture, the parietal layer of the peritoneum is affected by the inflammation—proofs of which we so frequently find in the form of adhesions between the anterior surface of the liver and the abdominal walls. Again, as I

(a) Is it not this poisoned blood, which, in traumatic inflammations mixes with the blood at large in the system, and excites the inflammatory fever?

(b) It is true, that we speak of "cutting short" pneumonia, peritonitis, etc., but the proof of the possibility of the fact seems still to be wanting.

Digitized by Google

shall presently show, in chronic cases local bleeding must frequently be of great service, by drawing blood directly from the liver through the blood-vessels of the new-formed adhesions.

What, again, is more common in practice than cupping or leeching over the site of the kidneys in affections of these organs? Certainly, there is a vague idea in the minds of most practitioners who prescribe such remedy, that blood is thereby taken from the kidney; but, nevertheless, it is utterly impossible that such can be the case. When relief results, it is clear as the day that the direct abstraction of blood from the kidney itself had nothing to do with it. But we have an explanation of the fact in this: inflamed organs excite congestion, etc., in the parts around them, as we have already seen in the case of the liver and the lungs and the heart; and it is to this irritated condition of the tissues around the kidneys, secondarily excited, that the cupping, etc., brings relief; it is an entire delusion to suppose that we can thereby draw one drop of blood from the kidney. Does not this fact explain how it is that leeching and cupping so often fail to give the ease desired of them in this case?

In peritonitis blood may be drawn directly from the parietal layer of the inflamed membrane; and, in fact, there is no internal inflammation in which the benefits of direct abstraction of blood is more marked than in this, and none, I believe, in which the ill effects of large bleedings are more manifest. I have elsewhere suggested that the marked benefit which has been observed to follow moderate general bleeding in peritonitis, is very probably to be ascribed to the relief which it gives to the oppressed heart and lungs, the freedom of whose actions has been suddenly and seriously impeded by the pressure upwards, and the immovability of the diaphragm.

In the treatment of cerebral disorders, again, there is a direct vascular connexion between the brain and its membranes and the skin, by which we may act upon the cerebral circulation. Through the parietal and mastoid foramina pass large veins, which communicate directly with the longitudinal and lateral sinuses. The situation of these foramina indicate the parts from whence the blood may be most properly drawn.

These are the sort of facts which point out to us the internal inflammations in which direct bleeding will, probably, be of service, and the instances in which we cannot reasonably hope to derive any benefit from it. But there is an interesting point connected with this subject, to which I would refer before leaving it.

I have hitherto spoken of the direct abstraction of blood from parts supposed to have been in their natural physiological conditions previously to the occurrence of the inflammation. And I will now add a word respecting a modification in the effects of the direct bleeding, which must necessarily result when the parts operated upon have undergone certain structural changes—I mean the changes produced by the formation of organized attachments between the surfaces of serous membranes. I am not aware that this pathological condition has ever been acknowledged clinically as a means through which we may abstract blood directly from an internal organ; but it is at all events one which is deserving of consideration.

This newly-formed tissue, it must be remembered, is organized and vascular, and forms a direct vascular channel of communication between the internal organ and the skin above it—between, for instance, a portion of the lung and the external surface of the thorax over it. Now there is no difficulty in understanding that when, under such circumstances, leeches are applied to the surface of the thorax, they may abstract or divert the flow of blood directly from the lung; and I think it may be fairly suggested, that we have, in this fact, an explanation of the undoubted good which so often is seen to result from such abstraction of blood, in cases of congestion of the lungs and liver, associated with chronic diseases. May we not thus in part account for the benefits which a few leeches under the clavicle often occasion in tubercular disease of the lungs? The same may be said of direct bleeding in the case of adherent pericardium, and adherent abdominal organs.

Every pathologist is aware of the frequency with which these serous adhesions are met with. In cases of old chronic disease of the lungs, indeed, they would appear to be rarely absent. I have just looked into the history of the first forty cases recorded in the volume that came first to hand of our post-mortem records, and I find that in these, being indiscriminately Medical and Surgical cases, there were pleuritic adhesions, mostly of an extensive kind of one or both lungs, recorded as being present no less than twenty-seven times, or nearly in three-fourths of the whole of the cases. The probability is, that slight adhesions were not noticed, or the number would have been still greater.

Wherever, therefore, these new tissues exist between the surfaces of serous membranes, new vascular communications are established between the internal viscus which they cover, and the skin over it.

I have not spoken of the effects of blisters on internal inflammations; but we, of course, may anticipate that their proper effects will be produced only when there is a direct vascular communication between the inflamed part and the skin where the blister is applied. Thus, in pneumonia, blisters are useless, as regards the lung-inflammation; in pericarditis, on the other hand, they are of the highest service. The explanation of this I have already given.

(To be continued.)

CASE OF SUCCESSFUL TRACHEOTOMY IN CROUP.

By CHARLES BROWNING, Esq.

John B. P., aged two years and ten months, was attacked by a barking cough, with hoarseness, in April 1857. These symptoms increased in June, after the child had been removed to a house infected by hooping-cough; and he was supposed to be labouring under that complaint.

I was consulted on the 10th of September, at 9 a.m., when there was a high state of pyrexia, the pulse being quick, sharp, and firm; respiration was hurried and much impeded. The cough-sound was remarkably harsh, abrupt, and resembling the bark of an angry terrier. The child had been thus affected three days, and the nights were almost without sleep, and attended by frequent vomiting; and dyspnœa with wheezing was constant and aggravated by the recumbent posture. Percussion and auscultation revealed no abnormal signs relative to the lung tissue or the pleuræ, but the fauces and interior of the throat, as far as could be seen, were inflamed. I ascribed the urgency of the symptoms to tracheitis with some laryngitis, and immediately opened the jugular vein, and took away between three and four ounces of blood; gave tartar emetic at short intervals *ad nauseam*, and calomel freely. Some relief was derived from these measures, and on my visit two hours after the bleeding, I directed their continuance with a dose of castor oil and a blister.

At noon, however, the alarming symptoms had increased; the vital powers were declining, and respiration became more difficult and oppressed; the patient was aphonic, but sensible, and evinced the greatest distress, from the rapid occlusion of the throat which was taking place. It was apparent that tracheotomy afforded the only chance of rescue from imminent death. I anticipated the necessity of this procedure, and came prepared with instruments; and, assisted by my friend Mr. Norton, at once performed the operation. At the moment of inserting the canula there was an interruption to the current of air from the pressure of the instrument, and an accumulation of mucus and false membrane that well nigh proved fatal. The child became ghastly, livid, and breathless; the eyes were upturned and their pupils fixed, and life seemed gone; but as soon as the tube was fairly introduced into the trachea a deep sigh occurred, and then calm, gentle breathing, improved pulse and complexion, and soon tranquil sleep.

From this time the case progressed most favourably. The after treatment consisted in a modified use of the remedies which have been mentioned, with the addition of small doses of Dover's powder and of salines. The diet was chiefly farinaceous for a few days.

It was necessary to withdraw the inner tube of the canula three or four times a-day, in order to cleanse it from the inspissated mucus and shreds of false membrane by which it became clogged. The presence of these matters was quickly indicated by violent cough and difficult breathing, and if they had not been promptly removed, would have led to suffoca-

Digitized by Google

tion. On one occasion, when the nurse loosened the elastic neck-band, the whole apparatus was forcibly ejected from the wound. The tube was not required after the fifth day, and the opening closed readily. The child was convalescent after eleven days, and gradually resumed his ordinary food and habits. The voice remained rancous for some time, but in about a month regained its normal character.

There are two or three points of a practical tendency to which I would call attention. In this case we have a striking illustration of the injurious effects of indiscriminate feeding and exposure to cold. The parents of the child believed he was suffering from hooping-cough, and that high feeding and bracing air were the chief remedies; gave him mutton chops and porter, and studiously kept him out in the cold air. This was the system pursued up to the day before the attack, and no means could have been less suitable, as may be inferred from the effects immediately and remote, of the antiphlogistic treatment, and the confinement to a proper temperature. The bleeding in particular, though not adequate to the removal of mischief already done, doubtless contributed to mitigate the symptoms, and promote ultimate recovery.

As far as my experience goes, the modern prejudice against the use of the lancet is calculated to throw too much into the shade this potent agent in conquering the acute inflammatory diseases of children. And I have found no mode of bleeding so speedy and advantageous as that of opening the jugular vein.

I need scarcely comment upon the superiority of the double canula in tracheotomy, or the importance of great vigilance on the part of the Surgeon as well as the nurse. The efficiency and quickness of the latter in the subsequent management of the patient are absolutely required. A few moments' delay in the removal of obstruction from the tube would be fatal.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

HOSPITAL NOTES.

EXCISION OF THE UPPER JAW ON ACCOUNT OF FIBROUS POLYPUS.

It is exceedingly rare that a non-malignant polypus requires so severe a measure as resection of the upper jaw. We mentioned one, however, a few weeks ago, under Mr. Simon's care, in which a growth of this kind had induced extensive absorption of the adjacent bones, had obliterated the carotid artery, and by inducing abscess in the brain had caused the man's death. In such a case the resection of the bone would have been the only feasible measure, had the man been seen early enough. The case to which we have now to advert is one which, had it been left to itself, would probably have terminated in a similar manner. The patient, a lad, aged 18, in good general health, was admitted under Mr. Simon's care, on account of a tumour developed in the left upper maxilla, which projected into the nostril, and behind the soft palate, and also bulged prominently in the submalar region of the cheek. There was no reason for thinking the growth malignant, but it was yet clear that it could not be got away by any ordinary measure. Its bulging in the cheek seemed to make it probable that it grew from within the antrum, and had induced absorption of the outer wall of that chamber. After careful consideration, it was concluded that to resect the affected bone was the only measure which would afford a fair chance of removing the entire growth. This was accordingly done, the cheek being reflected upwards by means of two incisions, one carried from over the zygoma to the angle of the mouth, and the other perpendicularly by the side of the nose through the upper lip. By means of bone forceps, etc., the bone was then without much trouble got away. The bleeding was not excessive. As it proved, the antrum did not contain any portion of the growth. The latter consisted of a very broad-based fibrous polypus growing from the base of the cranium, filling the nasal fossæ, and escaping behind the posterior part of the superior maxilla, which had been partially absorbed. Notwithstanding the free exposure of parts which had been obtained, there was some difficulty in getting the growth cleanly away, so broad was its attachment. The soft parts were afterwards brought together in the usual manner. The lad felt the shock of the operation but little, and made a rapid recovery. The healing was by first intention, and but little deformity will be apparent. On microscopic examination (Mr. Sydney Jones) the growth proved to be a pure fibrous polypus.

PRESENT PREVALENCE OF SEVERE FORMS OF OPHTHALMIA.

Mr. Dixon remarked to his class the other day at the Ophthalmic Hospital, that he thought he had never before observed so great a prevalence of severe forms of ulceration of the cornea, etc. as during the last five or six months. Cases which at the first visit had appeared but slight, had on several occasions assumed within a few days a most threatening character, and that too in adults not very apparently in bad health. It seemed as though great feebleness of power had marked the outbreaks of disease. In not a few cases perforation of the cornea had taken place with great rapidity, and under circumstances which had not at first excited apprehension. Many cases of pustular ophthalmia had also been unusually severe. Mr. Dixon said his observation on this point applied equally to private and Hospital practice; and we believe that the recent experience of other ophthalmic Surgeons is fully corroborative of it.

LARGE MYELOID TUMOUR OF THE TIBIA.

A considerable majority of the examples of myeloid tumour of bone which have as yet been recorded have had young persons for their subjects. In several the patients have been commencing adult life, and very few indeed have been past middle age. On the 26th of June last, Mr. Thompson amputated the thigh of a woman at the Marylebone Infirmary whose case affords an exception to this remark. The disease was a myeloid tumour the size of a moderate cocoa-nut, developed originally in the head of the tibia. Her age was 64. The history given is, that two years ago she was affected with stiffness in the knee, but did not observe any swelling. A year later she became lame from pain and tenderness in the part. During the last three months the growth had been rapid and the pain great. She was doing well after the amputation at the time we last received a report.

TOTAL ABSENCE OF THE IRIS CONSISTENT WITH EXCELLENT SIGHT.

A woman, aged 37, has been attending, under Mr. Dixon's care, at the Ophthalmic Hospital for some time past in whom both irides appear to be wholly wanting (iridcremia). The reason for her now seeking advice is that for several years past her sight has been failing from increasing opacity of the lens, and more latterly from chronic keratitis also. The fact of most interest in her case is, however, that, prior to these changes, her sight, contrary to what might have been expected, was perfectly good. She states that she went to school and learnt to read easily, being able to read the smallest print as well as others could. Even sun-light never annoyed her materially. After leaving school she was able to fulfil all the duties of a domestic servant, and did so for many years. Fourteen years ago, her sight failing so much that she could not do needlework, she left her place, and has since, until within a few months, gained her livelihood as a charwoman. She is a delicate-looking woman, and says that she has never enjoyed good health. The eyes are small, and she has a habit of keeping nearly the upper half of the cornea always covered by the lid. At present, a diffused opacity of each cornea makes examination by the unassisted eye difficult. There is a white speck on the centre of each lens, and such a peculiar blue-black does the iridal area present that it might easily be fancied that this speck represented the obliterated pupil, and that a thinned-out and adherent iris were really present. The ophthalmoscope, however, clears up all doubt. It is by its aid at once seen that not a trace of iris exists, as the whole circumference of the cornea is vividly lit up. Streaks of opacity are seen in the lens; and its condition, combined with that of the cornea, are sufficient to prevent the optic entrance and other structures in the fundus of the globe from being clearly seen. Mr. Dixon remarked upon this case that it seemed to explain why examples of irideremia are so extremely rare in adults, while they are not unfrequently noticed in children. It would appear that the sight is such

Digitized by Google

that no occasion for seeking advice exists. In this instance the woman would never have applied had it not been for the advancing disease in her lens and cornea. The rationale of the connexion between the existence of the white speck on each lens and the absence of the iris it is not easy to give. Both are, no doubt, congenital abnormities.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE ROYAL CORNWALL INFIRMARY.

TWO CASES OF SUPPOSED MOVEABLE KIDNEY.

(Under the care of, and communicated by, Dr. JAMES JAGO.)

Case 1.—Mary Ann J., an inpatient, aged 31 years, twice married, and the mother of four children, of whom the youngest is four years old. For the last three years her husband has been absent, and she now menstruates regularly. She is of fair complexion, of moderate height, well-shaped, and of ample muscle for active habits.

There is a tumour in the right region of the abdominal cavity, which is moveable through a certain space. It can be readily pushed upwards under the ribs, until it reaches a point at which it becomes suddenly retracted. It may be carried downward a little way towards the crest of the ileum, but not as far downwards as that level. Similarly, it may be brought transversely to within a small distance of the right abdominal wall, and oppositely somewhat towards the spinal column, pressure in this direction being soon strongly resisted. In a word, the tumour behaves as if attached by a broad band to the back, on the right of the vertebræ, on a level of the junction of the last dorsal and first lumbar ones. Moreover, it is very smooth, flattened posteriorly, rounded anteriorly, is thinned off towards its outer and lower margin, which forms a pretty sharp curve, while the blunter inner margin is so hollowed out as to present a distinct depression at about the middle. If the patient is placed horizontally on her back, inclined to the left, with the abdominal muscles relaxed, the tumour can be handled with great facility, and is found not only to simulate the human kidney in form, but to correspond to it in size.

The patient complains of some indefinable disagreeable feeling in the tumour itself, or parts near it, when it is squeezed in the hand; but her greatest objection to manipulation is when an attempt is made to push it towards the pubis, because this produces, even if she be lying on her bed, a strong impulse to micturate, whereas displacing it in other directions is not attended with this inconvenience.

It may be better not to omit to mention that she has under the right arm-pit, just below the level of the nipple, on the outskirts of the mammary gland in the tissues beneath the skin, some substance, visible as a slightly prominent irregularly extending surface of full two inches in diameter, and having a soft fatty feel, but as if with ropy connexions in it, not unlike a little loose glandular mass with ducts. To which must be added that the os uteri, with the whole of the mucous membrane of the vagina, examined by the aid of the speculum, wears an appearance of congestion or erythema, and that at the former there is some abrasion.

The patient had become aware of the presence of a loose tumour about six years ago, and just after noticed the little fat-like mass near the mamma. About the same time she began to suffer from an irritable bladder, especially in the midst of active exercise, being often disturbed after going to bed, though once asleep she continued without further annoyance for the rest of the night. She has consulted several members of the Profession. Under the impression that the tumour was an abnormal growth, she has been very anxious about herself, and resorted to general remedies, besides local means of appeasing the irritable bladder, very lately having even injections thrown into it; which she considers to have made the irritability much worse, and to have occasioned her to void "from the bladder," both blood and pus. She is now sounded at her own urgent request for stone in the bladder, but there are found no signs of such a thing. Had it not been for the incessant calls to micturate, she should feel herself quite in good health.

With rest in the Infirmary for the space of three months, and soothing injections into the vagina, and small doses of the tinct. ferri sesquichloridi, mainly, she experienced great relief in the symptom that chiefly tormented her; and being finally persuaded to regard the tumour merely as a moveable kidney, she left the Hospital much reassured.

It is hard to guess whether much of the condition of the vagina, etc., might have been due to irritant applications; but it may be presumed that the blood and matter observed by the patient in her urine had been derived from the excoriation at the os uteri; and that the urethra being much in the same state as the vagina, accounted for the greater part of the impatience of the bladder under an accumulation of urine; though from the fact of the sudden exaggeration of this symptom on the tumour being pressed by the hand downwards, it does not seem improbable that its bare weight may have tended to produce this effect, whether by bearing directly upon the bladder, or if we could suppose the ureter to be loose as well as the kidney, by dragging upon the bladder through it, and stimulating its muscular coats.

The patient herself imagined the little abnormal mass near the nipple as confirmatory of her fears that the abdominal tumour was of a malignant character, and the condition of the os uteri described, may seem to raise further cause for a suspicion of this sort. Nevertheless, these complications appear to me quite insufficient to materially impair the arguments which indicate that the tumour in question is nothing else than a kidney.

Case 2. — Mary S., aged 33 years, single, well-grown, full in flesh, and florid. A very hysterical woman, who states that her mother died of a tumour in the bowels, and that she is under constant distress of mind from having one in her own. She has known of its existence for quite nine years, during which time it remains as when she detected it; an opinion that can be confirmed by the writer for the last two years, he having examined it so far back. This tumour, in the right lumbar region, has all the signs of being a moveable kidney, behaving altogether like the one just adduced, and is like it in form, though it may not be so easy to get the fingers into the hilus, owing rather to the excitability of the patient, than to physical difficulty. She has none of the urino-genital symptoms of the former case: says she suffers severely from some dragging pain under the right shoulder, which she dwells upon more than any other suffering; but is very incoherent in detailing her feelings.

Here again the patient seems to have some cause for fearing a cancerous growth, but to me she is not thus afflicted, nor furnishes an instance of a "phantom tumour;" but has simply a right moveable kidney.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, JULY 10.

MEDICAL REFORM.

To the surprise of almost everybody, Mr. Cowper's Medical Bill passed on Tuesday last through a Committee of the whole House of Commons, and probably before this article is in the hands of many of our readers, it will have been read a third time, and transmitted to the House of Lords. A most unexpected result this may, indeed, be characterised, as we are credibly informed that even the Home Secretary himself, although he had promised the support of the ministry, saw no

Digitized by Google

other course left than to abandon the Bill scarcely an hour before the measure was virtually passed. The debate opened by Mr. T. Duncombe opposing the going into Committee at all, on a Bill which he believed would but give increased powers to the Corporations, and be a direct injury to the commonality of the Profession, and thus indirectly to the public at large. On a division, however, Mr. Duncombe found himself followed by only six members into the lobby, and lost his amendment by a large majority. The Committee being at length entered upon, the same member threatened to oppose the Bill clause by clause, until he extorted from the supporters of the Bill a pledge that no moneys should be advanced from the Treasury for the purposes of the Act. After this concession Mr. Duncombe gradually subsided, making only a feeble and ineffectual attempt, in conjunction with Mr. Hadfield, to get Coffinites recognised as legal practitioners. The real contest for principle came when the Committee arrived at Mr. Headlam's amendments. That honourable member, on this occasion at least, represented the old spirit of the College of Physicians. Indeed, had Mr. Headlam's amendments been carried, the Universities of the United Kingdom would have been reduced simply to the condition of educating bodies, and deprived of their right to confer licence with their degree; while the whole licensing power would have been transferred to the Royal Colleges. Mr. Walpole most clearly and forcibly exposed the injustice of such a proposal, and urged the House to support the principle of the Bill, which fostered no monopoly of qualifications, but gave all Universities and Colleges equal rights with reciprocity of practice, and proper registration. On a division, Mr. Headlam found a majority of 117 against him, while only 21 had voted for his amendments. The strong expression of the feeling of the House indicated by this division, left Mr. Headlam no choice but to withdraw from opposition, and with one final attempt, he resigned monopoly to its deserved oblivion. This, his last effort, consisted in proposing, after the Bill was fairly through all its clauses, to add a clause, in which the peculiar position of the little word *and* would virtually have upset the spirit of the entire Bill, and would have obliged all University graduates to enter and pay fees to the Colleges of Physicians, if they intended to register as Physicians. The vigilance of Lord Elcho saved the slipping through of this ambiguous clause; and University graduates in medicine have to thank that noble lord for so carefully watching their interests, and saving their independence. Thus has ended the thirty years' war between the Universities and Corporations. It has scarcely been to the credit of the latter; but University graduates may now console themselves by the fact that their future position has been clearly defined by the Legislature, and that henceforth they will undoubtedly not only be able to register, but legally to hold appointments as Physicians without a licence from the College of Physicians, from which, in the metropolis at least, they have hitherto been excluded.

Two clauses were struck out, the first providing that all registered persons be examined both in Medicine and Surgery; the second for a preliminary examination under the direction of the Council. Additions were made providing for *ad eundem* admission to the Colleges when desired by members of other similar bodies, and for the proper recognition of Dentists by the College of Surgeons. Thus modified, the Bill avoids dogmatizing at all on the subject of Medical education, and enacts only reciprocity of practice and alphabetical registration, giving the General Council the power of supervising and controlling all licensing bodies for the purposes of efficient qualification. This, although it is not all we need and wish for, is an earnest of good things, and is far better than providing for the great question of Medical education, so indefinitely as the amended Bill did when last we looked over it.

In conclusion, we must not omit to render our grateful tribute to Mr. Walpole, Lord Elcho, Mr. Cowper, and other members who have devoted so much time and trouble towards promoting the welfare of our Profession. Last, and not least, we owe much of the present position of the Medical Reform question to the able writer of the article in the last *Westminster Review*, on Medical Education, which we would recommend to the careful perusal of our readers.

THE ARMY MEDICAL DEPARTMENT.

The chronic discontent long felt in the Army Medical Department was expressed in the House of Commons on Tuesday night by Mr. Sidney Herbert, who said, *apropos* of the alleged deficiency of Army Surgeons in India:—

"It had been stated, in accounts which had been received from India, that many regiments were proceeding up the country without any English Medical practitioners, and that there was great difficulty in obtaining candidates for employment, on account of no improvement having been made in the rank, pay, and general position of Medical officers. He believed that a plan had been under the consideration of the Government to give to Medical men the improved status to which they were entitled; and he wished to ask the gallant General at the head of the War Department whether there was any probability of a plan to promote that object shortly receiving the sanction of the Government, and of being promulgated.

"General Peel said that certainly some difficulty had been experienced in procuring the requisite number of Surgeons. There was a plan, recommended by his right hon. friend to obviate the difficulty, which had received the attention of the Government, but it would require some time for consideration."

—A stereotyped official rejoinder. In the meanwhile we may allude to some reforms which may be effected within the lines of the department itself. The Department has for a considerable time been labouring under a state of chronic discontent. The first distinct expression of it, though by no means the commencement, was given in the memorials forwarded from the Crimea to Lord Panmure, and advantage was taken by a Committee of the House of Commons and a Royal Commission to bring prominently forward the grievances which were believed to have occasioned it. These arose partly from the ill-defined, and therefore unsatisfactory, relations of the Medical to the other Departments of the Army; but to some extent also, from its internal system of management. There was no written code by which it was governed on those questions—such as promotion, leave of absence, turn of foreign service—which most materially affect the comfort and well-being of Medical officers. These were all arranged and carried out at the will of the Director-General, from whose decision there was practically no appeal. The principles by which he was guided in this decision, were unknown to the great mass of the officers; and as Dr. Smith appeared to think that explanations from the Head of a Department to the subordinates were incompatible with discipline, his acts were sometimes ascribed to favouritism or personal feeling. Of this he was well aware, for in his evidence before the Sanitary Commission he stated, "They think I have been acting unfairly, when, if they knew the circumstances, which I have often mentioned to them when they complained, they would have seen that I could not have acted in any other way." This feeling of a want of justice at the fountain head, although erroneous, could not fail to create discontent; and it is to be regretted that no steps were taken to remove it by promulgating intelligible and defined rules.

The various inquiries into the condition of the Army Medical Department having brought to light many grievances, measures have been taken, and others are now in progress, to remove them. The most irritating perhaps of any, was the absurd and unintelligible definition of the Medical officers'

Digitized by Google

rank being merely "official," and this has already been removed by H.R.H. the Duke of Cambridge. The inadequate pay and relative insufficient rank of Medical officers are at present under the consideration of the Government, and we have no doubt both will be improved. The remaining grievances, then, will be chiefly such as arise from defective internal administration. Upon most of these, Mr. Alexander, the newly-appointed Director-General, has recorded his opinions in his evidence before the Sanitary Commission; and if he honestly exert himself to carry out the views he has there expressed, there seems good reason to hope that the Department will soon increase its popularity with the Profession, and its *prestige* with the Army and the public generally. It will require time to introduce all the ameliorations recommended by the Royal Commissioners; but we understand that Mr. Alexander has already taken the initiative in the formation of a roster for foreign service. Many of the other proposed changes can only be made with the concurrence of other departments, and to obtain this, tact and firmness will be necessary; but if we may judge of the future by the past, neither of these qualities will be found wanting.

But the regeneration of the Medical Department cannot be effected by an individual, however able and zealous. A large portion of the work must be done by the officers themselves. It has been a matter of reproach and of regret that the Medical Officers of the Army, with the most splendid opportunities, have done little towards the advancement of professional science. Whether true or not, we trust that this reproach may be wiped away, and that with the increased facilities which it is proposed to introduce into the service for making public any discoveries or researches that may appear sufficiently meritorious, the Medical officers will prove that in zeal, intelligence, and scientific acquirements, they are not behind their brethren in civil life. We venture to remind them, however, that the measures which have been recommended for the improvement of their position in the Army are but the means to an end, and that end is the welfare of the soldier, by the diminution of sickness, suffering, and death. To justify, therefore, the adoption of the proposed changes, and to lead to still further progress in the same direction, Medical men who enter the Army must spare no pains to qualify themselves for their important duties, must keep themselves up with the improvements of modern science, and show themselves zealous, humane, and, when necessary, self-denying. By such a course they will most effectually strengthen the hands of their Chief, secure the goodwill and esteem of their brother officers, and earn for themselves and their Profession the gratitude and respect of the soldiers and of their fellow-countrymen, so well deserved by the noble conduct of those who have made the name 'Army Surgeon' synonymous with all that is both brave and humane.

THE WEEK.

We have just received a copy of the *Gazette des Hôpitaux*, June 26, containing a report on the plagiarism of M. Pro, which we exposed in a review a few weeks back. The Report was presented by M. Verneuil to the Société, who characterises the plagiarism as one of the most audacious and extended kind, reprobating in the strongest terms the conduct of M. Pro. It ends with the three following resolutions:—"1. To address to Mr. Thompson the expressions of our regret for the error to which the thesis of M. Pro has given rise." "2. To add our sincere thanks for the confidence in us which he has shown, and for sending his work." "3. To inscribe Mr. Thompson on the list of our future corresponding members." One of the members in a private letter expresses his anxiety, "de donner dans les organes de la presse anglaise le plus de publicité possible," to the sentiments of the Société on this subject. He is also very anxious to correct a mistake which has gone abroad, viz. that M. Pro is a corresponding member of the Société. He *was proposed*, but did not obtain sufficient votes, there being an impression among many members that the facts were not altogether new, although the direct plagiarism was not suspected.

The annual dinner of the Fellows of the College of Surgeons was the most numerously attended, and the most successful we remember. The speeches of Mr. Cæsar Hawkins, the chairman, in proposing the toasts of the Queen, Prince Albert, the College, the Royal Society, etc., were particularly neat and appropriate. Sir Benjamin Brodie's speech in returning thanks for the Royal Society was made additionally interesting from his present position, as no Surgeon has hitherto been President of that Society, though the chair has been filled by two Physicians. Messrs. Norman, of Bath, and De la Garde, of Exeter, were extremely happy in their replies to the toast of the provincial schools. The President of the College of Physicians, the Master of the Apothecaries' Company, and many provincial Surgeons, were present, and an unusual number of "Young Fellows." Very great credit is due to Mr. William Adams, the Honorary Secretary, to whose exertions much of the success of these annual dinners is justly attributable.

A Dr. Doumic, who is at present enlightening the readers of the *Union Médicale* upon the condition of ophthalmology in England, has the following passages in his communication, which will be as new to our readers as to his own: "The science of ophthalmology is much cultivated in England, because the Government, comprehending its utility, has provided it with every means for its development by creating special Hospitals, London alone possessing eight such establishments, in addition to special services in three of the general Hospitals. Nevertheless, by the side of these Institutions, in which ophthalmological teaching is so widely established, there are Hospitals in which Diseases of the Eye are entirely neglected, viz. the College of Physicians, the College of Surgeons, and the Apothecaries' Society. Now is not this division very characteristic? Do we not see here the formal opposition of the advocates of antiquated principles, refusing to keep marching with progress, and protesting against specialities? In these three establishments there is no special examination on Diseases of the Eye, and no special courses of lectures for teaching them."—The "Book of Snobs" has just been quoted by a French writer as a work of political importance; and another of our neighbours has denied the superiority of English over French beef, although admitting the convenience of having the favourite viand of John Bull brought to his door ready cooked, in slices, on pieces of stick; and Dr. Doumic's discovery really should be made known just now, as it may have an important effect in the discussion of the Medical Reform Bill in the House of Lords.

The counter practice of druggists has had some light thrown upon it by the case of Richards v. Cocking, tried this week before Mr. Justice Hill. The defendant is a druggist in Great Portland-street. The plaintiff is a country gentleman, who, after a good dinner at his hotel, complained of heartburn, went to the druggist's shop and asked for "an ounce and a-half of fluid magnesia." His account on oath is as follows:—"He took up the glass, raised it to his lips, filled his mouth as full as he could, and immediately discovered that instead of magnesia it was some caustic burning fluid. He went towards the door and spat out all that had not by the overflowing of his mouth gone down his throat. He went

Digitized by Google

back, took up the bottle, and read the label, 'Sir W. Burnett's Disinfecting Fluid.'" It appears that Burnett's fluid, and Dineford's fluid magnesia, are sold in very similar bottles. Mr. Clover, Dr. Jenner, and Dr. Webb, all deposed that the symptoms of irritant poisoning under which Mr. Richards suffered were the usual effects of chloride of zinc. The defendant swore that he gave the plaintiff a solution of Epsom Salts, that he had never had any of Burnett's fluid in his shop, adding in his capacity of counter prescriber, "I had antidotes for poison in my shop. If he had taken Burnett's fluid I should have given him diluted sulphuric acid; that is an antidote." An assistant who had been in Cocking's employ for six months, swore that he never kept Burnett's fluid, and this was corroborated by an apprentice, and by the agent for the fluid. Mr. Thompson and Dr. Taylor found that the contents of a bottle handed to them by Cocking was a solution of Epsom Salts. This conflicting evidence was placed before the jury by the judge as follows:—"If they were of opinion that the defendant did not supply what the plaintiff had applied for, but instead of that had given him a noxious irritant poison, the plaintiff would be entitled to a verdict. If the defendant deserved to have a verdict against him, they would give it regardless of the consequences." The jury seem to have believed the plaintiff and his witnesses, and gave him £75 damages for his fortnight's illness.

Common juries sometimes seem to entertain singular notions of the value of a Medical man's time and services. A case was tried before Mr. Justice Erle on Wednesday—Lee *v.* Candler—in which Dr. Edwin Lee brought an action to recover of the defendant, executor of a gentleman named Brown, the sum of 150 guineas for Medical attendance. The defendant pleaded that the action was not maintainable, as the plaintiff was a physician, and his charges were more than he had a right to claim. It appeared from the evidence that the plaintiff in the winter of 1856 was staying at Hyeres, in the south of France. The defendant arrived there in the course of the winter, and being in delicate health he placed himself under the plaintiff's care. During the time he was in attendance on the deceased he travelled with him to Lyons, and then placed him under the care of a friend. Plaintiff proceeded to Paris, when he received a telegram stating that the deceased was very ill, and required his attendance; plaintiff hastened to Lyons, but on arriving there he found Mr. Brown was dead. The jury returned a verdict for the plaintiff, damages, 50 guineas.

Our Army Surgeons have fought year after year with the Horse Guards in hopes of gaining for our soldiers dresses suitable to their vocation in different climates. But Army Tailors have beaten Army Surgeons clean out of the field, and our Guards have shivered in Canada in white trousers, while our Rifles and Highlanders have been smitten through skull caps and bonnets in India. The *Times* has long helped us heartily; and Mr. Russell's letter, dated "Shahjehanpore, May 18," will probably do more to aid the cause of common sense and humanity, than fifty official protests, which can be kept from the knowledge of the public. His story must speak for itself:—

"The march of the column to the relief of Shahjehanpore told heavily upon the men. Upwards of 30 rank and file of the 79th fell out in marching to and through the city. The 60th Rifles, accustomed though they be to Indian warfare, were deprived of the services of upwards of 40 men from sunstroke. It was pitiable, I am told, to see the poor fellows lying in their doolies, gasping their last. The veins of the arms were opened, and leeches applied to the temples, but notwithstanding every care the greater number of the cases were fatal almost immediately, and even among the cases of those who recovered there are few who are fit for active service again, except after a long interval of rest. Among the former were the Bugle-Sergeant-Major of the Rifles, a fine old soldier, whose loss is much regretted. What is the exact reason of this terrible visitation? Is it apoplexy or not? Before I left England a Military Surgeon of some experience in India told me that he had opened the heads of seven or eight men who had died from sunstroke; that he had invariably found the vessels empty, besides being contracted and flaccid, and all the appearances indicative of the reverse of congestion. The external aspect of those cases I have seen would lead me to a conclusion different from that of my smart professional friend. Men so seized become purple in the face, the breathing is stertorous, and the eyes are fixed and staring. The surgeons, indeed, here call the attack solar apoplexy. The head of an artillery horse which fell dead at its picket ropes was opened by the surgeons, and the veins were found to be gorged with clotted blood. Whatever the exact nature of the attack may be, it is evident that the best preventive must be found in protecting the head and the body from the sun; and I own I am distressed when I see the 60th Rifles dressed in dark green tunics, which absorb the heat almost as much as if they were made of black cloth, and their cloth forage caps poorly covered with a few folds of dark cotton. What shall we say of the 79th Highlanders, who still wear that picturesque and extraordinary headdress, with the addition of a flap of grey cloth over the ears? If it were white, perhaps it would afford some protection against the sun; but, as it is, this mass of black feathers is surely not the headdress that would be chosen by any one, except a foolish fantastic savage, for the plains of India. The most decisive argument against it, however, is afforded by the objection of the men, who say they would much rather be without the bonnet. Can the most learned antiquaries ascertain the period when the trade in ostrich plumes between Africa and the Highlands was so brisk as to afford material for this national military headdress?"

The Chief Commissioner of Public Works has been overwhelmed with deputations from rival schemers and engineers on London drainage; the papers have teemed with leading articles, letters, and reports of debates in Parliament, and evidence in the Committee-room; the Board of Works has been occupied in discussion and recrimination; the Committee on the "Bank Acts" has been fairly driven from their rooms by fetid gases; whilst Mr. Robson has proved to the satisfaction of an Olympic audience that "a cup of Thames water" was the real poison which led to the untimely end of the unfortunate Villikins and his lovely Dinah. Yet we suspect it will be left to a Doctor or two, or some "gentleman of the press," untrammeled by Parliaments, or Committees, or Boards, to settle the principles on which London is to be drained, the Thames purified, and the sewage utilized. Should the hot weather return we have great hopes that something good will be done at once; should the present cool days continue, London may return to the former state of apathy. Our only hope is in striking while the sun is hot and the river stinking. It would surely be easy to adapt some floating reservoirs to the mouths of the principal sewers, and tow them away daily when full, until a permanent system of drainage is adopted; and this system might be replaced by the substitution of cast-iron pipes for the costly brick structures projected by many competing engineers.

A question of considerable interest to the Medical Officers of Poor-law Unions has just been raised by a late action brought by Mr. Baker against the Guardians of the poor of the Billericay Union, for some fees said to be due to him for visiting a lunatic pauper. The law requires the Medical officer of each union to visit and report every quarter upon all paupers of unsound mind who are not confined in a Lunatic Asylum; and for this duty, the law awards the payment of 2s. 6d. each visit, but the neglect of the duty on the part of the

Digitized by Google

Medical officer renders him liable to a penalty of £20. Now it appears that a woman confined for several years as a lunatic was allowed to quit the Essex County Asylum, as she was considered sufficiently harmless to be left in the care of some competent guardian, although not sufficiently recovered to take care of herself and to earn her own living. Here, therefore, commence the difficulties of the case. Mr. Baker continues to visit this woman quarterly, considering her to be a person of unsound mind, although not sufficiently unmanageable to require the restraint of a Lunatic Asylum; and as the Guardians refuse to pay the fees stipulated by law, he brings an action against them for the amount. This claim is resisted on the ground that the pauper in question is not a lunatic, having been discharged cured from the asylum. We must at once state that if such were the case, Mr. Baker has no claim. But it is urged, with great force and truth, that if the woman was really discharged *cured*, she ought to be able to gain her own livelihood, being an able-bodied person, only 41 years of age; instead of which she is placed as a helpless person in the care of a woman who is paid 6s. a-week *by the Guardians* for her maintenance and protection. By this act of the Guardians they clearly admit the woman to be unable to take care of herself, and she is, therefore, on their own showing, unless she has some bodily infirmity (which does not appear to be the case), a person of unsound mind, and ought, as such, to have been visited quarterly by the Union Medical officer. Such is the law of the case, and we have no hesitation in giving our opinion, that, supposing the facts to have been accurately stated to us, Mr. Baker is entitled to recover the amount of his claim. We should recommend an application to the Poor-law Board, which, from the great number of lawyers it contains, is always very willing to dispense *law* to the Poor-law surgeons, though it is not so invariably ready to deal out *justice* to that class of our brethren.

REVIEWS.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By G. H. B. Macleod, M.D., F.R.C.S. London: 1858. 8vo, pp. 439.

Dr. Macleod was placed under very favourable circumstances for observing the Surgery of the late war. He was present as a Medical visitor at Constantinople and Scutari during the early period of the war, when most of the patients were treated there. He was then appointed one of the five Senior Surgeons to the Smyrna Hospital, and did duty there until most of the cases had been disposed of. He was then attached to the General Hospital of the Camp before Sebastopol, and remained there during the last year of the campaign. Dr. Macleod, then, enjoyed good opportunities, and the work before us shows that he made good use of those opportunities.

After an introductory chapter on the Medical topography of the Crimea, and a second on the drainage, water-supply, and general sanitary arrangements of the Camp, we have an account of the campaign in Bulgaria, and its effects on the subsequent health of the troops. Then follow some observations on the distinction between Surgery as practised in the Army and in Civil life, and the peculiarities of Gunshot Wounds. In the sixth chapter are the following very interesting remarks on the use of Chloroform in the Crimea:—

"In the British army chloroform was almost universally employed; but although the French also used it very extensively, as we learn from Baudens, still I do not think, from what I saw of its employment in their Hospitals, that they had our confidence in it. Baudens tells us (a) that 'they had no fatal accident to deplore from its use, although during the Eastern campaign chloroform was employed thirty thousand times, or more. In the Crimea alone,' he continues, 'it was administered to more than twenty thousand wounded, according to the calculations of M. Scrive.'

"In one division of our army it was not so commonly used as in the others, from an aversion to it entertained by the principal Medical officer of the division—a gentleman of very extensive experience. The only case in which, with any show of fairness, fatal consequences could be said to have followed its use, occurred in the division referred to. The patient, a man of 32 years of age, belonged to the 62nd regiment, and was about to have a finger removed. The chloroform was administered on a handkerchief, as he sat in a chair. Death was sudden; and artificial respiration, which was the means of resuscitation employed, failed to restore him. No pathological condition sufficient to account for death was found post-mortem. Some five or six other cases were brought forward by the small body of Surgeons who were suspicious of the action of chloroform, as having ended fatally from its effects; but in none of these could, I think, the least pretext be found for the imputation, further than that the anæsthetic had been administered at some period previous to death. A man who had been dreadfully mutilated, and who had lost much blood, died shortly after having his thigh removed high up. Chloroform had been used, and to it was ascribed the fatal issue. Death, twenty or thirty hours after a capital operation, rendered necessary by the most dreadful injuries, must be attributed to the chloroform, and so on, and no note taken of the effects of severe injury, *plus* a capital operation, in shattering the already enfeebled powers! Death occurring under such circumstances, when no chloroform was employed, would not be thought to demand any special explanation, nor does the fact that the injury was occasioned by a round shot introduce any new element into the calculation.

"The objections made to the use of chloroform were restricted to two classes of cases—trivial accidents, in which it was thought unnecessary to run the risk of giving it, and amputations of the thigh, in which a fatal accession of shock was feared. However this may be, it certainly shows the little practical force of these objections, that, while with every indulgence in the interpretation of the law 'post hoc,' etc., only some half-dozen cases could be obtained throughout the whole army to illustrate the pernicious effects of this agent, and that, too, when thousands upon thousands had been submitted to its action, and hundreds of Surgeons of equal experience to the objectors were ready to record their unqualified opinion in its favour, as well as their gratitude for its benefits. For my own part, I never had reason, for one moment, to doubt the unfailing good and universal applicability of chloroform in gunshot injuries, *if properly administered*. I most conscientiously believe that its use in our army directly saved very many lives—that many operations necessary for this end were performed by its assistance, which could not otherwise have been attempted—that these operations were more successfully, because more carefully, executed—that life was often saved even by the avoidance of pain—the *morale* of the wounded better sustained, and the courage and comfort of the Surgeon increased. I think I have seen enough of its effects to conclude, that, if its action is not carried beyond the stage necessary for operation, it does not increase the depression which results from injury, but that, on the contrary, it in many instances supports the strength under operation. Its usefulness is seen in nothing more than when, by its employment, we perform operations close upon the receipt of injury, and thereby, if not entirely, at least in a great degree, are able to ward off that 'embranlement' of the nervous system which is otherwise sure to follow, and whose nature we know only by its dire effects.

"To men who had lost much blood, it had, of course, to be administered with great care, from the rapidity of its absorption in such persons; but if we do not act on broader principles in its exhibition than reckoning the number of drops which have been employed, or the part of the nervous system which we may presume to be at the time engaged, then we must expect disastrous results. It is difficult to see how its use could favour secondary hæmorrhage after operation, as some said it did; but it is, on the contrary, easy to understand how the opposite result might follow. That purulent absorption should prevail among men so broken in health as our men were, need not be explained by the employment of chloroform; and that ice would prove more useful in the slighter operative cases in field practice, few will be disposed to admit, either on the ground of time, efficiency, or opportunity. To Deputy Inspector-General Taylor we owe the practical observation, that chloroform appears to act more efficiently when administered in the open air.

a) Revue des Deux Mondes, Apr. 1857.

Digitized by Google

"In the prolonged searches which are sometimes necessary for the extraction of foreign bodies, chloroform is useful, not only in preventing pain, but also in restraining muscular contractions, by which obstacles are thrown in the way of our extraction, which did not oppose themselves to the introduction of the body. Then much is gained in field practice by the mere avoidance of the patient's screams when undergoing operation, as it frequently happens that but a thin partition, a blanket or a few planks, intervene between him who is being operated upon, and those who wait to undergo a like trial. Thus when, as after a general engagement, a vast number of men come in quick succession to be subjected to operation, it is a point of great importance to save them from the depression and dread which the screams and groans of their comrades necessarily produce in them.

"It is, therefore, my clear conviction, that the experience of the late war, as regards chloroform, is unequivocally favourable; that it has shown that chloroform, both directly and indirectly saves life; that it abates a vast amount of suffering; that its use is as plainly indicated in gunshot as in other wounds; and that, if administered with equal care, it matters not whether the operation about to be performed be necessitated by a gunshot-wound, or by any of the accidents which occur in civil life."

There are some very useful observations in the same chapter on hæmorrhage after gunshot wounds, tetanus, gangrene, erysipelas, and frostbite—but the space at our disposal does not admit of further extract.

The remainder of the work is occupied by six chapters on Injuries of the Head, Wounds of the Face and Chest, Gunshot Wounds of the Abdomen and Bladder, Compound Fracture of the Extremities, Gunshot Wounds of Joints, and Amputations.

The following account of the results of Excision of Joints is important:—

"The Returns show the following results as having been obtained from the resection of joints from the 1st of April, 1855, till the end of the war. The imperfect state of the official documents makes accuracy impossible, with regard to the earlier part of the campaign:—

	Cases.
Head of femur	5, primary, of which 1 recovered.
" "	1, secondary, fatal.
Knee-joint	1, secondary, fatal.
Os calcis, and part of astragalus	1, recovered.
Os calcis alone	1, recovered.
Head of humerus	8, primary cases, 1 death(b).
" "	5, secondary, no death.
Do., and part of scapula	1, secondary case, followed by death.
Elbow-joint	13, primary, with 3 deaths.
" "	4, secondary, died from causes not connected with the operation.
Partial of elbow-joint	3, no death.

"The above lists by no means represent the whole number operated on. Those who underwent operation after the Alma and Inkerman, after the battle of Balaclava, and the first winter's work in the trenches, are all excluded, and thus a vast number of the operations of the early part of the war are omitted. In fact, I cannot but think that in this way the majority of the operations do not appear, as the number performed after these early engagements must have exceeded those executed at a subsequent period."

Primary excisions seem to have been more successful than secondary. Speaking of excision of the head of the femur, Dr. Macleod says:—

"As to the comparative advantages of amputation and excision at the hip in cases of compound fractures of the head and neck of the femur by gunshot, some hint may be got from our experience in the Crimea. Out of twenty-three cases of amputation which took place, either in our army or in that of the French, not one recovered; and nearly all died miserably, very shortly after operation. All those, on the other hand, on whom excision was practised, lived in comparative comfort, all without pain, for a considerable time. Out of six operated on, one survived for more than a month, one died from causes unconnected with the operation, and one case recovered entirely. The *chance of saving life* is thus manifestly on the side of excision, and this is truly the most important aspect of the question. The objection so often advanced to the operation, that the limb resulting from excision is useless, even if true, has nothing to do with the matter. It is a question of deeper and more serious bearing than such an objection would imply. The only point worthy of discussion is, which operation holds out the best chance of preserving life? The little light derived from our Crimean experience is quite conclusive, so far as it goes. In the one case a life was saved, while, out of four times as many cases of the other operation, not one survived. It is true that many cases submitted to amputation may have undergone more extensive injury than any of those excised, and it is also true that one case of exarticulation did, to all intents and purposes, recover; yet the shock of excision must be much less than that of amputation, seeing that the great vessels and nerves are not touched, and that those changes in the blood of the limb are not interrupted, which some authorities contend is the cause of death after amputation. In all the cases of excision, the loss of blood was trifling—a matter of much moment with patients like ours—and the immediate relief from pain and irritation was very marked in all the cases."

In the chapter on Amputations, the experience of the Crimea is shown to be greatly in favour of primary over secondary amputations, and Dr. Macleod speaks strongly in favour of amputating rather by the circular method than by flaps in military practice. On all these matters he writes like a man of cultivated mind, who has well observed and carefully noted all that came before him in a most momentous period of our history, and has since criticised his own conclusions by a candid consideration of the experience of others. This has enabled him to produce a work which must interest the reader while it adds to his knowledge. Such are the works to which we can accord with sincere pleasure unqualified approbation.

(b) "Larrey performed excision of the shoulder in Egypt 10 times: 4 died—2 of scorbutus, 1 of hospital fever, and 1 of pest, after recovery. In 1795 Percy mentioned 19 cures after excision of the shoulder. Baudens had 13 recoveries from 14 operations (*Rev. Med. de Chir.*, March, 1855.) Of 19 operations performed in Schleswic 7 were fatal, most of them from pyæmia. Legouest had 6 cases of primary resection of the shoulder in the hospital at Constantinople, of which 2 recovered. Thus, then, Hennen showed little discrimination in condemning the operation, when he says, that it was 'more imposing in the closet than applicable to the field.'"

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON GONORRHŒAL RHEUMATISM.

By M. HERVIEUX.

Although Dr. Brandes, of Copenhagen, in his essay, has determined affirmatively the fact of the direct influence of gonorrhœa in the production of rheumatism, his views are not so generally accepted as to render the record of additional illustrations superfluous. When the frequency of the two diseases is considered, together with the possibility of their coincidence in some cases, as well as the silence of authors as to their relationship, it is not surprising that the reality of the pathogenic influence of the gonorrhœa may still be doubted by many. One pathological fact is, however, admitted by every one, inasmuch as examples of its occurrence are frequently met with, viz. gonorrhœal arthritis; and from this to rheumatism is but a step. M. Hervieux was long since impressed by a case, which proved to him that in subjects predisposed to rheumatism, gonorrhœa may give rise to acute polyarticular rheumatism. A man, aged 25, in whose family rheumatic affections were hereditary, became, during the course of a gonorrhœa, the subject of acute rheumatism, which, affecting all his joints, terminated at the end of six weeks. Six years after this attack he acquired a new gonorrhœa, and in a fortnight acute rheumatism again appeared, requiring two months' treatment. When the rheumatic pains commenced the discharge diminished, to cease as soon as the joint-affections became generalised; but no sooner did improvement commence in the articular affections, than the gonorrhœal discharge returned again, the

Digitized by Google

urethal inflammation becoming intense, and the discharge persisting after convalescence. In this case, the rheumatism showed a tendency to localise itself—first in the shoulder, and then in the knee. Of thirty-four cases collected by Dr. Brandes, the knee was affected in twenty-eight, being the first joint attacked in fifteen. In another case, which has recently occurred, the author found what seemed to be simple gonorrhœal arthritis, passing into the state of gonorrhœal polyarticular rheumatism.

He believes that the following conclusions may be drawn from Dr. Brandes' and his own observations. 1. Although presenting the migratory character proper to all rheumatic affections, gonorrhœal articular rheumatism exhibits a remarkable tendency to localise itself, and that especially in the knee-joint. 2. From the cases collected by Dr. Brandes, it would seem that this form of rheumatism is very rarely complicated by heart affections. In the author's two cases, however, palpitations, oppression, and a persistent *bruit de souffle* were observed. 3. Although the urethral discharge may become completely suppressed at the time of the invasion of the rheumatism, and reappear with all its former intensity at the period of convalescence, yet it may also persist in other cases during the articular affection. 4. When a rheumatic affection has been produced under the influence of a first gonorrhœa, a second attack of this last is frequently followed not only by a second attack of rheumatism, but also by an attack affecting the same form as the other. 5. All the cases collected by Monteggia, Cumano, and Brandes have been observed in the male sex. 6. It usually terminates by resolution, but owing to its tendency to localisation it may give rise to white swelling and anchylosis. 7. The prevention of or combating such localisation by energetic measures is the most important therapeutical indication.—*Gazette Méd.*, No. 23.

ON DIABETES FROM CEREBRAL DISEASE.

By M. LEUDET.

Since the experiments of Claude Bernard have shown that irritating a limited portion of the cerebral substance is followed in animals by the production of sugar in the urine, the attention of physiologists and pathologists has been drawn to the question of how far some of the cases of diabetes met with in practice may be due to cerebral disease. As a slight contribution to the investigation of the subject, M. Leudet relates four cases, in which he believes this relationship is well made out; and from a consideration of the particulars of these, and of observations made by other practitioners, he comes to the following conclusions:—1. Diabetes arises in certain cases from organic changes in the brain. 2. Its commencement may coincide with that of the disease of the brain, or it may take place subsequently. 3. Cerebral disease attended with convulsive movements are those which are especially accompanied by glucosuria. 4. The diabetes may be temporary, manifesting itself during an exacerbation of the cerebral disease, and disappear with this. 5. The symptoms of glucosuria differ in these cases in nowise from the ordinary disease developed under the influence of other causes. 6. The diabetes does not derive any aggravation from its antecedent. 7. The treatment should be that of ordinary diabetes.—*Gaz. Médicale*, Nos. 10—12.

MOUTH TO MOUTH RESPIRATION IN ASPHYXIA FROM CHLOROFORM.

A lady, aged 45, usually of good health, was submitted to chloroformisation in order to undergo an operation for the removal of an adenoid tumour of the breast. Every precaution was taken, one assistant managing the inhalation, and another watching the pulse. Anæsthesia being induced, M. Demarquay proceeded with the operation. During the course of it, the patient manifesting some signs of returning sensibility, a few drops more of chloroform were applied on a compress to the nostrils, and the operation resumed. This was nearly terminated, when the assistant declared the pulse was becoming very feeble, while the blood issuing from the wound stopped suddenly. The pulse soon became hardly perceptible, and the beatings of the heart were widely separated. Respiration was suspended, and the features, which had undergone great alteration, became at first livid, and then colourless. The pupils were widely distended, and the limbs when raised fell down like inert masses. The patient was as nearly dead as possible. M. Demarquay immediately commenced mouth-to-mouth insufflation and artificial respiration; and at the end of three minutes a radial pulsation could be felt, and after a while both pulse and respiration took on their normal characters, so that at the end of six or seven minutes the patient was quite restored, without being aware of the danger she had incurred.—*Gaz. des Hôp.* No. 76.

ON THE TREATMENT OF STAPHYLOMA BY LIGATURE.

By Dr. BORELLI.

At the Congress of Ophthalmologists at Brussels, Dr. Borelli described his modification of the Celsian procedure. Two long and delicate pins are required, insect pins answering the purpose well enough. The patient being laid on his back, with his head lying over a pillow, the eyelid is kept raised by an assistant. The Surgeon passes first one of the pins through the base of the staphyloma and then the other, the two crossing each other. Some ligature silk is next passed behind and around the base of the pins, and then tightened upon them, and tied. When the staphyloma is only partial, the tissues may be at once strangulated, though not divided by the thread; but if it is complete, or very extensive, we should include only enough of the tumour to secure the remainder being easily covered by the eyelids after cicatrisation, and the constriction must be more carefully performed, so that the walls of the tumour be not ruptured. As a general rule, the amount of constriction must be regulated by the tolerance of the cornea for extension. The operation generally causes very little pain, and the inflammatory action which follows is usually but slight. By the third day, on the removal of the cerated charpie, we generally find the pins, ligature, and the strangulated portion of the staphyloma separated. Care is required in renewing the dressing from day to day; but by the eighth day the cicatrix is usually solid enough to resist the pressure of the humours of the eye; and by the twentieth day the patient is ordinarily enabled to resume his usual habits. The ultimate amount of success of the operation will depend upon the extent of the staphyloma, and of that of the portion of the cornea which continues diaphanous beyond the staphyloma; but every variety of opaque staphyloma may be submitted to it, with the view of preserving the globe of the eye entire. Not only is the globe preserved by this means, but its form is rendered more regular, to the diminution of the deformity, and the adaptation of an artificial eye is facilitated. Owing to the extensibility of the cornea, also, the diaphanous portion of this is brought, by means of the ligature, in a better position for the success of any future operation for the re-establishment of vision.

M. Guépin, of Nantes, has put Dr. Borelli's plan into practice in a very aggravated case, with great success, although penetrating a notable portion of the sclerotica, the iris, ciliary body, and the choroid. In this case, in which the woman was blind in consequence of a preceding iritis, he has now some hopes of restoring partial vision by means of an operation for artificial pupil.

M. Ancelon has also since performed the same operation for a large and painful staphyloma, and, although violent inflammation of the bulb was induced, the eye has been restored to its normal appearance, excepting an albugo at the points of cicatrisation.—*Comptes Rendus du Congrès*, p. 438, *Annales d'Oculistique*, tom. xxxix. p. 162, *and Gaz. des Hôp.* No. 58.

EXCERPTA MINORA.

Nitrate of Silver in Infantile Diarrhœa.—Professor Mauthner stated that since 1839 he has been in the habit of prescribing nitrate of silver in the catarrhal diarrhœa of children, and that with the greatest advantage, even when this prevailed epidemically. To sucklings he gave ¼ gr. daily in solution, kept in a dark bottle, and administered with an ivory spoon. Improvement takes place even after the second or third dose. He found it also very useful in cholera, administered by clysters, three or four grains to 2 oz. of water every two hours.—*N. American Med. Chi. Rev.*, May, p. 504.

Spontaneous Fracture in Rickets.—Professor Mauthner observes that rickets is a very common affection at Vienna, often appearing during the first month of infantile life. Distortion of the limbs frequently comes on before any attempts have been made at standing. If such a rickety bone be sawn through, it will be found that at the bend the medullary canal is obliterated, while an areolar tissue grows in the atrophoid

Digitized by Google

substance of the bone, which impedes its nutrition. In such cases the bone may become fractured by the action of the muscles, without any trace of external violence.—*N. American Med. Chi. Rev.*, May, p. 505.

Chlorate of Potash in Scrofulous Sores.—M. Bouchut employs with great success a solution of this substance (℥j. ad ℥iij. aquæ) as a local application to external sores in scrofulous children. He has also found it highly useful in arresting the progress of ulcers supervening upon the employment of blisters, as also in ulcerated chilblains.—*Journal of Practical Medicine*, June.

Pleasure of the Blind from Fireworks.—Dr. Duchesne states that the blind are not, as might be supposed, insensible to the attractive spectacle of fireworks. They are, he says, passionately fond of this kind of pleasure, which would seem to be exclusively reserved for persons in the enjoyment of their sight. They attend such diversions with joy; and their hearing has acquired such development, that they succeed in distinguishing the various pieces of firework by the different sounds they produce. Perhaps, too, they may feel gratification on hearing expressed around them the various sensations of the spectators.—*Ibid.*

Iodide of Potassium for Dispersion of the Milk.—M. Roussel, the Professor of Clinical Midwifery at Bourdeaux, having observed the effect of iodide of potassium in diminishing the milk when given in the non-puerperal condition, resolved to administer it in cases in which the dispersion of this secretion was desirable. A woman, who suffered from bad chapped nipples, had great and very painful engorgement of the breasts, attended with much fever. The iodide was given, and by the next day the pain and fever had disappeared, its employment for three days rendering the cure of a tumefaction that threatened abscess complete. M. Roussel has since then tried it in twenty cases, and always with success. After the cure, the milk returns again two or three days after the suspension of the iodide. Its action is more decided in the dose of from six to eight grains *per diem* than when given in larger quantities. The excessive secretion of milk may be prevented or moderated, by administering it on the first or second day after delivery.—*Gaz. des Hôpit.* No. 75.

Syphilitic Induration of the Liver.—Professor Thiry recently exhibited to his class a specimen of the specific alteration described by Gubler as affecting the liver in hereditary syphilis. The fœtus was born dead at the seventh month, and the liver was very hyperæmic. The alteration consisted in the deposition of numerous ovoid, yellowish-white kernels of varying dimensions. On incision these presented a nacrous surface of a fibro-cartilaginous hardness. Under the microscope neither vessels nor nerves were discoverable—some nuclei, nucleoli, and elongated cells, forming the sole elements. It was fibro-plastic tissue in its first stage of development. M. Thiry regards this as but one of the forms of the characteristic manifestations of constitutional syphilis, viz. *induration;* a new production of fibro-plastic elements having invaded the mass of the blood in that disease, and in their deposition in various parts of the system, manifesting the same action, varied in appearance, according to the special constitution of the organs or tissues.—*Presse. Med. Belge.* 22.

Pepsin in Vomiting of Pregnancy.—Dr. Gross, as the result of its trial in seven cases, strongly recommends pepsin in the obstinate vomiting of pregnancy. He gives fifteen grains at each meal, and continues it some time after the vomiting has ceased, which in some cases it has done after the first dose.—*Journal de Pharmacie*, May, p. 395.

GENERAL CORRESPONDENCE.

EXCISION OF THE ELBOW-JOINT.

LETTER FROM BERNARD BRODHURST, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the tone of Mr. Erichsen's letter, published in your last number, I am sure that those who have not seen my last paper in your number for June 26th, will suppose that I have drawn down his attack upon me by my abuse of him. They will scarcely believe that Mr. Erichsen's name never occurs in my communication, and that I had not the faintest idea that he was remotely connected even with the cases in question. And yet Mr. Erichsen feels himself at liberty to assert that I make charges against him, and that I am dissatisfied with his practice, call in question his diagnostic skill, and accuse him of being affected with the furor for operating which at present prevails.

Neither did Mr. Erichsen's name once occur to me, nor have I made the remotest allusion to him. And further I may state that my remarks were not directed against any individual, but against a system. That Mr. Erichsen should have appropriated them to himself so readily might be regarded by some, perhaps, as an indication of the truth of the statements. The wound surely must have been sensitive for the probe to call forth such cries.

Not only, Sir, have I not made charges against him, either direct or implied, but I would gladly express to you my high opinion of the surgical talents of Mr. Erichsen; and moreover I would express my surprise that his judgment should have allowed him to sign the letter which bears his name in your current number.

I am, &c.

BERNARD BRODHURST.

20, Grosvenor-street, July 3, 1858.

RESULT OF SYME'S AMPUTATION.

LETTER FROM ALFRED FIELD, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—A little time since a question was raised as to the serviceability of stumps obtained after Syme's amputation at the ankle-joint. The following extract of a letter just received from an old patient of mine now in Australia, on whom I performed that operation six years ago, is conclusive as far as his case is concerned:—

"But I am happy to inform you that I never feel the loss of my foot in any way; the roads in this colony are very rough, certainly, but still I walk long distances. The other day, in a burning sun, I walked fourteen miles, into Adelaide, simply because I was too independent or restless to wait for the coach. My average daily walking is about seven miles, very often ten and twelve. I must not omit to tell you what difficulties I have met with on account of an artificial foot. I brought two from England with me; the one that was quite new was complete with fancy springs, etc. These were very soon smashed on ship-board, for I used to bear a hand in reefing topsails, etc., and once climbed up to the main royal mast-head, only just to astonish a passenger. Well, on arriving here, it was soon apparent that it was useless to think of springs, especially as the stump was firm enough to take the entire pressure; so a few months ago I had a leg made of copper, constructed with an attempt at a spring at the bottom, the straps in the usual manner; the bottom goes into the heel of the boot, made on purpose for me, the toe is stuffed with wadding, and there is as good a foot as I care about; the whole of the pressure is taken on the stump."

On referring to my notes of this case I find that the malleoli were removed, and a thin plate of the tibia, including all the lower articular surface. The operation was performed on account of strumous disease of the cuboid and astragalus.

I am, &c. ALFRED FIELD.

28, Old Steine, Brighton, July 1, 1858.

THE DIRECTORY AND UNQUALIFIED PRACTITIONERS.

LETTER FROM THE EDITOR OF THE "MEDICAL DIRECTORY."

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of Saturday last, there appears a correspondence relative to the assumed qualifications of a Mr. R. S. Wardley, of Nottingham; and as a portion of that correspondence contains an inaccuracy, I think it advisable to correct the same. The letter from Mr. Scott, Secretary to the Royal College of Surgeons, Edinburgh, addressed to Mr. Wardley, says, "I observe that your name appears in the 'London and Provincial Medical Directory' of *this* and previous years," etc. Now, this is not the fact. As early as January in last year it came to my knowledge that Mr. Wardley was not possessed of the College diploma, and shortly afterwards, I ascertained

Digitized by Google

that he had no right to assume the title M.B. of Toronto. I, therefore, omitted his name from the list of qualified practitioners in the "Directory" of the present year. It is scarcely necessary for me to state that the particulars as they have appeared in previous editions were supplied by Mr. Wardley, and inserted on his written authority.

In spite of the great care exercised in the compilation of the annual editions of the "Directories," an erroneous entry may occasionally be made. Especially in those cases where the qualifications are said to have been obtained from Colleges which issue no lists of members, and where persons have not hesitated to make a false return. I am, &c.

The "Medical Directory" Office, THE EDITOR.
11, New Burlington-street, London, July 6, 1858.

THE BRIGHTON MEDICO-CHIRURGICAL SOCIETY.

LETTER FROM MESSRS. LOWDELL AND HUMPHRY.

[To the Editor of the Medical Times and Gazette.]

SIR,—We are requested by the members of the above Society to forward to you a copy of some Resolutions passed at a special meeting held this evening, in the hope that by noticing them in your Journal, the Profession may be made acquainted with them. We are, &c.

GEO. LOWDELL, F. A. HUMPHRY, } *Hon. Secretaries.*

Library of the Medical Society, Brighton, July 5, 1858.

At a special general meeting of the Brighton and Sussex Medico-Chirurgical Society, held on Monday, July 5, 1858, to consider the Medical Reform Bill now before Parliament, etc., etc., Dr. Wilson, President, in the Chair, it was resolved:—

"That the Society do petition Parliament in favour of Mr. Cowper's Medical Reform Bill, now before the House of Commons, and that the President do sign the petition on behalf of the Society."

It was resolved,—

"That the Chairman be authorized and requested to intimate to the members of the borough that the Society has petitioned the House of Commons in favour of Mr. Cowper's Bill, and to solicit their support to the same."

It was resolved,—

"That the Society do petition Parliament in favour of the Poor-law Surgeons securing an increased remuneration for their services, together with a memorial to the Poor-law Board to the same effect."

It was resolved,—

"That a notice of the meeting, with copies of the Resolutions passed, be forwarded to the several Medical Journals.',

KRAMER *v.* TOYNBEE.

LETTER FROM JOSEPH TOYNBEE, Esq.

[To the Editor of the Medical Times and Gazette.

SIR,—I have not hitherto replied, nor do I purpose nowt o reply, to Dr. Kramer's so-called strictures upon my researches into the morbid anatomy and the pathology of the ear (a). These researches, conducted during the last twenty years, and published in the Transactions of the Royal, the Medico-Chirurgical, the Pathological, and the British Medical Associations, must speak for themselves. No one can be more sensible than I am how *little* has yet been done—how *much* remains to be done. As I go on working, I trust that the *practical* results of my researches will become more and more apparent; but the morbid anatomy of the ear has first to be worked out, then its pathology and its bearing on the treatment of diseases.

I now take up my pen in reply to Dr. Kramer's statement that, "Mr. Toynbee has very unfairly claimed for himself the abolition of the terms *otitis* and *otorrhœa*, and the substitution of names indicating the tissue affected, and the peculiar nature of the affection; whereas this question had been completely settled by me long before Mr. Toynbee appeared in public as an author; a circumstance which could not have been unknown to that gentleman." Dr. Kramer refers me to his volume translated by Dr. Bennett, to prove that he abolished the terms *otitis* and *otorrhœa*. Now I will do no more than quote from the work to which Dr. Kramer refers me, and I will leave others to decide whether the use of the terms otitis and otorrhœa was really abolished, or even discountenanced by Dr. Kramer. At page 243 of Dr. Bennett's translation are these words, "Itard represents two forms, internal catarrhal otitis, and internal purulent otitis, the names of which are *proper;* but his description is quite incorrect." At page 241 we read, "all the symptoms are alleviated, or may disappear altogether, excepting a persistent otorrhœa;" again in the same page, "in other cases of this kind no otorrhœa occurs;" at page 249 are the words, "by curing an otorrhœa, whether arising from the external or middle ear;" and in the same page, "by the suppression of a long-standing otorrhœa;" and at page 121 are the words, "the otorrhœa becomes suppressed." I am, etc.

18, Savile-row, July 7, 1858. JOSEPH TOYNBEE.

(a) When I say that Dr. Kramer, speaking of the use of ether in nervous deafness, at page 273 of his work, says, "The vapour passes through this cavity (the tympanum) into the *labyrinth*, by means of the *foramen ovale!*" I need not add how little qualified he is to give an opinion upon the anatomy of the ear, normal or morbid.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 22, 1858.

CHARLES HAWKINS, Esq., Vice-President, in the chair.

A paper by Dr. A. B. GARROD was read, entitled

THE INFLUENCE OF LIQUOR POTASSÆ AND OTHER FIXED CAUSTIC ALKALIES UPON THE THERAPEUTIC PROPERTIES OF HENBANE, BELLADONNA, AND STRAMONIUM.

The object of this second communication was—

1. To prove that the active principles of the plants under consideration are absolutely destroyed by the influence of the caustic alkalies.

2. To show the ratio which must exist between the different preparations of the plants and the alkalies for the neutralization to be perfect.

3. To ascertain the time demanded for the decomposition to be complete.

4. To illustrate clinically the influence of the alkali in preventing the occurrence of symptoms, and removing such when large medicinal doses of these solanaceous drugs are administered.

Dr. Garrod, before proceeding to discuss these various heads, brought under notice a few points relating to the nature of liquor potassæ, and the properties of some of the officinal preparations of henbane, etc., showing that the former, although strongly caustic, still possessed but little neutralizing power, containing so small an amount of potash—not more than 6·7 per cent.; and that most of the preparations of henbane, belladonna, and stramonium, as the tinctures and extracts, were strongly acid in reaction, and hence, before the alkali could act upon the active principles contained in them, it must first neutralize this acidity, next separate the alkaloids from the acids with which they naturally are combined in the plants; that, therefore, much more was required (measured by the physiological or therapeutic strength of the drugs) to neutralize the galenical preparations than their alkaloids, or the active principles themselves. To prove that the active principles were absolutely destroyed by the alkali he (Dr. Garrod) performed several experiments in the following manner:—A solution of atropine was made by dissolving it in water with the aid of a little spirit, dividing the solution into two parts, adding to one some carbonate of potash, to the other a sufficiency of liquor potassæ, and permitting both to remain for some hours. Chloroform was afterwards well shaken with both solutions, and allowed to subside, the supernatant fluid being poured off, and the chloroform washed with a little distilled water. Each portion was evaporated spontaneously in glass dishes.

Digitized by Google

From the solution, to which carbonate of potash had been added, a gummy matter was obtained (soon, however, becoming crystalline), a solution of which dilated the pupil intensely; and when acidulated with hydrochloric acid, and chloride of gold dropped in, gave rise to the beautiful plumose crystals of the double chloride of gold and atropine. From the second solution, that to which liquor potassæ had been added, a strong-smelling substance was left, on the evaporation of the chloroform, having no power of dilating the pupil, and giving rise to no crystallization with the gold salt. These experiments demonstrated beyond doubt the absolute destructive agency of the caustic alkali upon the active principles. It was also shown that most other alkaloids, as morphia, quinine, cinchonine, &c., were not so destroyed. To show the ratio which must exist between the different preparations of the plants and the fixed alkali, in order that neutralization may be perfect, Dr. Garrod gave the results of more than sixty experiments and observations in a tabular form, from which it appeared that when atropine is acted upon by liquor potassæ, the destructive influence of the latter is so great that less than twenty minims are required to neutralize one grain of the former, and that probably pure potash will destroy its own weight of atropine. That when belladonna preparations are employed, the power of the potash becomes weakened, from the causes above alluded to—namely, the natural acidity of the drugs, and the necessity of first displacing the alkaloid from the acid with which it is combined; still, however, it was shown by the table that fifteen minims of liquor potassæ will destroy a fluid drachm of the tincture, and that twenty-five minims are sufficient to produce the same change in five grains of the extract; at once demonstrating that quantities very greatly beyond the medicinal doses of these drugs—indeed, even poisonous amounts—are rendered quite inert by very moderate addition of the alkaline solution. The same was found to hold good in the case of daturine and the preparations of stramonium. Ten minims of liquor potassæ will neutralise a drachm of tincture of henbane, and thirty minims destroy nine grains of extract of henbane, although when ten grains are employed, dilatation will often ensue from a small portion of the extract, less than one grain being left free; and it should be observed that a very minute proportion of these preparations is amply sufficient to induce the effect. Of course these extracts and tinctures are liable to variation in strength, acidity, etc., circumstances which must necessarily produce an alteration in the requisite amounts of liquor potassæ required for complete neutralization. With even the best extract, however, procured from one of the first druggists in town, it was found that nine grains were destroyed by the above-named quantity of potash. Nine grains of good extract of henbane and three fluid drachms of good tincture of the same may be considered as doses of the drugs, which few practitioners would prescribe; yet these are destroyed by thirty minims of liquor potassæ, proving beyond all doubt that in the proportions prescribed in actual practice a total neutralization of effect ensues. To ascertain the required time, Dr. Garrod made experiments with solutions of atropine, and commenced the observation shortly after the addition of the potash. In an hour and a half the effect on the pupil was much diminished, and in two hours and a half ceased altogether, The influence of the alkali in preventing the occurrence of symptoms, and removing the same when large medicinal doses of these solanaceous drugs are administered, was clinically illustrated by the narration of several cases, in which, after very decided effects had been induced by henbane or belladonna preparations, the addition of a very small quantity of liquor potassæ to the draught (the patient continuing the other drugs) quickly caused the cessation of the symptoms; and again, other instances where the withdrawal of the liquor potassæ from a combination was followed by the occurrence of powerful symptoms. From these observations and experiments, Dr. Garrod concluded that the liquor potassæ possessed the peculiar power of destroying the active principles of henbane, belladonna, and stramonium, even when in very dilute solutions, and that the combinations frequently prescribed are utterly incompatible both in a chemical and therapeutical point of view.

In answer to Dr. O'Connor,

Dr. Garrod stated that he had not tried the effect of heat in his experiments, but he had no doubt that an increase of temperature would increase the rapidity of decomposition.

Dr. O'Connor said he had observed for a long time past the facts stated by Dr. Garrod; and that it had been distinctly stated by Geigar, on the authority of Liebig, that atropa, stramonium, and hyoscyamia were decomposed by fixed alkalies, and that on the application of heat the decomposition was more rapidly effected. From having read the statement of Liebig some twelve or thirteen years ago, he had never since ordered fixed alkalies in combination with either of those preparations.

Dr. Garrod said he had enumerated in his paper the works in which the statement had been made, that alkalies had the power of destroying the active principles of henbane. He claimed no originality in the matter, but simply the merit of having brought the subject prominently forward, at a time when, notwithstanding the statements of several authors, Medical men were constantly in the habit of prescribing medicines which had the power of completely neutralising each other.

A paper by Dr. Robert Lee was read on

THE MEMBRANA DECIDUA.

This paper contained the details of the examination of the ovum found in a case of extra-uterine fœtation, reported in the *British Medical Journal* on the 13th February last. The author, on reading this report, addressed a letter to Mr. Favell, asking him to send the preparation for minute investigation, a request which was immediately complied with. The author having placed the parts in a shallow vessel, and covered them with rectified spirits, proceeded with fine forceps and needles, and a dissecting lens magnifying six diameters, to determine the nature of the connexion between the inner surface of the Fallopian tube and the outer surface of the ovum. He found the placenta and villi of the chorion completely surrounded by a deciduous membrane. He was unable completely to separate the two layers of this membrane, in consequence of its being hardened by the spirit in which it had lain some time. The appearance of the amnion was natural. In the cervix and fundus of the uterus were several soft membranous shreds adhering slightly to the lining membrane.

Messrs. Joseph Ridge and Alexander Anderson presented a paper

ON A CASE OF OBSTRUCTION OF THE BOWELS,

CAUSED BY AN ADVENTITIOUS BAND CONSTRICTING THE UPPER PORTION OF THE ILEUM, FOR THE RELIEF OF WHICH GASTROTOMY WAS PERFORMED; WITH OBSERVATIONS LEADING TO AN EARLY DISCRIMINATION AND APPROPRIATE MANAGEMENT OF ANALOGOUS CONDITIONS.

The patient was a youth, aged 16, with well-formed limbs, but the false ribs on each side flattened. His attack commenced with two loose motions at night and one in the morning, after which colicky pains supervened. Mr. Anderson was called to him in the evening, and found the abdomen rather depressed, and retracted below the level of the navel. Pressure did not produce much or any pain, except in the eighth iliac region. Five grains of calomel and of the soap-and-opium pill were prescribed, and followed next morning by a carminative draught, with rhubarb and sulphate of potash, which was vomited, as well as all else taken. He had at times very severe pain, with sensations of rolling in the intestines, and attempted to pass dejections, but in vain. The pills were repeated, and succeeded after two hours by a tablespoonful of castor oil, which was also thrown up, and afterwards the food, partially digested, and mixed with bile. Distressing pains recurred at intervals in the bowels, and frequent calls to stool, without any other effect than the passage of flatus per rectum. A drop of croton oil was given; three grains of calomel and of the soap-and-opium pill, and two of Barbadoes aloes, were ordered every third hour, and warm water injections. After extreme suffering from the intestinal pains, with nausea and faintness, he vomited a large quantity of brown and very offensive matter, and felt greatly relieved. There had been further unavailing inclinations to stool. Pain on pressure extended to the umbilicus, and he was bled from the arm to about sixteen or twenty ounces. The abdomen was covered by a mustard poultice. Two grains of calomel and three of the soap-and-opium pill were ordered every sixth hour, and he was restricted to small quantities of water. Soon after the visit he brought up a good deal of fluid, from the colour and odour of which there could be no

Digitized by Google

doubt of its having come from the intestines. Tenderness persisted, with sounds of flatulent movement. An enema of tobacco came away with much feces.

Dr. Ridge now saw him, and it was agreed to administer as large an injection as possible of warm water by the aid of a tube introduced far up the bowel. The fluid returned with some feculent matter, which the authors considered might have existed in the colon before the occurrence of obstruction. The extent to which an abundance of water passed, a painful intumescence, a little above and to the right of the umbilicus, the flatness and softness of the abdomen below its line, led them to believe that the large intestines were free—that the obstacle was seated at a superior part of the ileum, near the spot described. He was greatly exhausted, and allowed a wineglassful of beef-tea, the same quantity of milk with lime-water, at alternate intervals, should the stomach bear well that amount of supply. Injections of gruel and olive oil were ordered in quantities that could be retained.

The amount of urine excreted showed that a great portion of the ingesta by the mouth and rectum got into the circulation. Flatus was still discharged downwards, but there had been no appearance of stercoraceous matter. Subsequently, a chocolate-coloured fetid liquid was cast up, and had evidently ascended from the small intestine. Nutrition was, therefore, attempted by injections alone. Abdominal pain increased; and, fearing lest peritonitis should arise, and the time for rescue or relief by operation pass away, it seemed a judicious experiment, prior to such a formidable proceeding, to permit the intestine to receive gradually nutritive fluid, in order to watch results that might be more hopeful, or assist further in determining the completeness and mechanical character of the impediment. Small quantities were taken from time to time until the following morning, when augmented local falness and suffering ended in vomiting of the like fluid, that may be said to have been distinctive of the upper portion of the ileum, and fixed the resolution of the authors to open the cavity, rather than leave him to the probabilities of a distressful death from an unrestored alimentary passage.

Mr. Anderson, assisted by Mr. Erichsen, performed the operation whilst the patient was under the influence of chloroform, at a temperature as near to 70° as possible, and on the seventh day of the seizure.

On dividing the peritoneum, turbid serum escaped. The contracted intestine was traced until it was found girt by a band close to the right of the spine, somewhat above the line of the navel. While tearing the cord, fluid was felt to pass through released gut from the dilated bowel, which looked more like the cæcum than a portion of the ileum, and there was some difficulty in replacing the intestine from its having become distended. Mercury and opium were continued in the vain hope of controlling the peritoneal inflammation already manifested by the observed effusion, and the rapid pulsation of the turgid arteries of the exposed intestine. Nutriment was retained by the stomach and rectum, but death occurred after twelve hours, without nausea or any particular distress having appeared.

The small intestines were found agglutinated by a thin coating of recent lymph. The upper third of the ileum remained dilated, and its coats were darkly congested, thickened, and œdematous. Contents escaped through perforations of the compressed part; the surrounding tunics were thin, soft, diaphorous, ready to burst from innutrition, without the ordinary appearances of slough or gangrene, as shown by the preparation, which also exhibits one end of the band attached below the stricture. The omentum, passing from left to right, was drawn down and adherent to the meso-colon, near the cæcum, by an old fibrinous effusion. Some mesenteric glands were enlarged, and, with his youthful age and defective chest, threw additional light on the origin of the peritoneal adhesions, as being derived from scrofulosis, which was viewed as a separate and not unfrequently an occult source. He had often complained of abdominal uneasiness during the two previous years, and sometimes of costiveness with colic, suddenly terminating in profuse loose motions, and complete relief. On more than one occasion he had been discovered bent on his knees and elbows in bed, to lessen sufferings probably connected with relievable and reducible obstructions variously caused by the plastic organizable exudations and their subsequent contraction. The passage of flatus per anum was regarded as in some measure diagnostic of incarceration, or of imperfect occlusion by a crossing band, or cause acting in the way of pressure rather than of ligature, and prognostic of a slower progress, and death without hiccup or signs of mortification, all of which, including particularly speedy collapse, might be equally significant of strangulation by a ring or opening, productive at once of entire closure, and a more rapid course and termination.

If the mode of invasion suggest the class of internal mechanical obstructions referred to in the paper, and aperients by the mouth being avoided, the whole extent of the colon be made manifestly free by the descent of copious enemata unmixed, the fluids vomited belong physiologically to the part above the suspected point of arrest, accumulation, and anti-peristaltic action, the abdomen would be most advantageously opened immediately; or a confirmation of the diagnosis might be sought, and spontaneous relief favoured, through an absolute prohibition of food, both solid and liquid, by the stomach, which is the most important principle of treatment and of reduction at the onset of the symptoms. After the subsidence of sickness and nausea, of local distension, vascular fulness, and accessions of pain, effected by such means, the trial may be conservatively instituted by a cautious admission of unirritating fluid aliment into the stomach. Being followed by results similar to those exemplified, a proper period for surgical aid might still be evinced sooner, and more safely before and after operation, than has hitherto appeared to render it justifiable for the removal of obstruction, and, if possible, the sources of its recurrence, or for the formation of an artificial anus. This could be determined upon only at any portion of the small intestines on seeing the state of the parts. The simpler operation of puncturing the dilated bowel by a trocar passed directly through the abdominal walls might be attended by greater risks than gastrotomy, except under some peculiar events, their indications and appearances at a particular spot of the parietes. Even then careful incisions with the scalpel would be less hazardous, if a lancet evacuation of an abscess communicating with the intestine should not be alone required to hasten another natural outlet, to be closed on a possible restoration of the canal.

A paper by Mr. Nelson Fox was read, entitled

CONTRIBUTIONS TO THE PATHOLOGY OF THE GLANDULAR STRUCTURES OF THE STOMACH.

The observations recorded contain the result of a series of microscopical examinations of 100 stomachs, taken indiscriminately from the bodies brought for post-mortem examination to the Pathological Institute of the Charité Hospital, Berlin, under the direction of Professor Virchow. The principal morbid conditions noticed are classified under the heads of acute and chronic affections, and described under the title of "Catarrh of the Stomach." The microscopic characters of one case of acute gastritis are described; and mention is made of the appearances presented by a case of amyloid degeneration, and of one other specimen presenting some unusual and hitherto undescribed changes, occurring apparently in the connective tissue intervening between the glands.

Acute catarrh, in addition to the naked eye appearances of injectia, swelling of the membrane, prominences caused by glands filled with epithelium, and an increased secretion of mucus, is characterised microscopically by an increased nutritive activity, displayed by the epithelial elements, which are produced with greater rapidity, and are of a larger size than normal, while their appearance is more granular than is seen in the healthy state. The glands under these circumstances have an unusually white appearance by reflected, and a darker look than natural by transmitted, light, both of which, as well as the granular character of the individual cells, disappear on the addition of caustic alkalies. The cells break down with great facility, and frequently the gland-tubes are found filled with molecular *débris* and free nuclei. Slight fatty degeneration accompanies this condition, but does not proceed to any marked extent in the acute stages. "Granule cells" have not been observed by the author. Both classes of glands—viz. those lined with a cylindrical, and those containing a spheroidal, epithelium, appear to be equally affected, though the pyloric portion suffers with greater frequency than other parts of the stomach. The microscopic appearances observed in the case of acute gastritis recorded corresponded very closely to those above-described, but the changes in the epithelial cells existed to a more marked degree, proportionate to the intense

Digitized by Google

injection which was present. The condition of *chronic catarrh*, which appears to result from repeated or long-continued attacks of the acute affection, is characterised by a series of changes analogous to those produced by chronic inflammation of other parts. It may be met with independently of any evidences of the acute affection, or appearances characteristic of both may appear simultaneously. The naked eye appearances of chronic catarrh are, thickenings of the mucous membrane, occurring at times irregularly, and then giving rise to unevenness of the surface, which are due to prominences of individual follicles, and of groups of glands. Alterations in colour also occur; of these the most characteristic is a slaty-grey discoloration, which is met with in patches of variable extent. Translucent spots are seen scattered over the surface, and in some parts dull opaque white patches. There is an increase of the mucous secretion, which frequently has a peculiar glassy look. The microscopic changes are numerous, but may be classified under the heads of — 1. Increase in the amount of the connective tissue between glands. 2. Thickening of the membrana limitans of the glands. 3. Fatty degeneration of the glandular epithelium and atrophy, and loss of the epithelium of the tubes. 4. Pigmentary deposit in the tissue. 5. Cystic degeneration of the glands.—1. In estimating the amount of increase of the connective tissue, a fallacy has to be avoided, which arises when sections are not made directly in the line of glands, when the amount of connective tissue appears greatly increased. The amount also varies in different parts, being greater in the pylorus and the immediate neighbourhood of the cardiac openings than in other parts. Cadaveric decomposition may also, by facilitating the destruction of the membrana limitans of the glands, give rise to an appearance under the microscope of nothing but fibrous tissue, in which free nuclei and molecular débris lie imbedded. A true increase is best estimated after the addition of acetic acid, when the interspaces between the glands are seen to be widened, and the nuclei of the tissue are brought into view in increased numbers. The "état mamelonné" is occasionally produced by marked degrees of this condition, but it frequently occurs unassociated with any other morbid change, and cannot therefore be considered as pathognomic of this or any other particular affection. An appearance of an independent development of free nuclei in the midst of the connective tissue, as described by Dr. Handfield Jones, has not been seen by the author, except under circumstances where there was suspicion of their having been introduced accidentally from the rupture of the glands. Increase of the connective tissue does not appear necessarily to cause atrophy of the gland tubes, as the extensibility of the wall of the stomach obviates the consequences which the pressure produced by its retraction would cause in a less elastic organ. 2. Thickening of the membrana limitans has been observed as one of the appearances of this condition. In some, but not in all cases, the addition either of acetic acid or caustic alkalies may cause this membrane to swell, and then give rise to a fallacy, but it has been observed by the author without the addition of reagents. 3. Fatty degeneration of the glandular epithelium is very frequent. Slight degrees of this change can scarcely be considered as morbid, but in many cases the interior of the glands is entirely filled with fat drops. 4. Deposits of pigment may take place both in the epithelium and in the cells of the connective tissue. It presence is due to the escape of hæmatine by rupture of the overloaded vessels during the congestion which attends the earlier stages. 5. Cystic degeneration of the glands is not unfrequently a consequence of the causes producing some of the above-mentioned conditions. The cysts may, on careful examination, be seen by the naked eye; and their origin, in changes in the glands, is proved by the fact that they contain either cylindrical or spheroidal epithelium, differing in this respect from the solitary glands of the intestine, whose contents are cells of smaller size and different characters. These are occasionally met with in the stomach; but the author believes that this frequency has been exaggerated, owing to the cystic degenerations having been mistaken for them. The immediate cause of the formation of these cysts seems to be in a contraction taking place in some part of the course of the tubes, either from an increase in the connective tissue around the gland, or from some change in the membrana limitans. The part below the contraction becomes dilated ith the products of secretion, while the gland tubes above atrophies. Sometimes two cysts may be formed on the same gland. At a later period, the epithelial contents may undergo atrophy, and the cysts remain filled with a tenacious colloid matter. These cysts have been found associated with similar formations in the rectum, and upper part of the digestion-tube, especially in the uvula, and may possibly correspond with the condition described by Professor Simpson, under the title of "Chronic Pellicular, or Eruptive Inflammation of the Intestinal Mucous Membrane." The translucent appearance observed by the naked eye in patches of the mucous membrane, is found to be caused by fatty degeneration of the epithelium of groups of glands. It is not unfrequently found around spots of hæmorrhagic erosion. To the same cause are due whitish spots seen deep in the substance; but the difference of appearance in the two cases does not seem easily explicable. Opaque, white spots, apparently superficial, are found to be due to a fatty degeneration of all the elements of the membrane, and especially of the cells of the connective tissue. They may, by breaking down, give rise to a loss of substance at the parts, and the process of their formation and disintegration offers a striking analogy to the fatty erosion of the arterial coats as described by Professor Virchow. There is a considerable analogy between the changes produced by these inflammatory affections in the stomach and those which are met with in the kidney, and tending to illustrate the laws of diseases of glandular organs in general; and though the difference in the structure of the organs causes considerable variation in the forms produced, yet the essential characters are very similar in both. In the acute stage they are chiefly evidences of increased nutritive activity, called forth by the inflammatory stimulus, as shown by the enlargement of the epithelium, and the increase of protein contents in the interior of the cells. In the more chronic forms, the connective tissues are those principally affected by a tendency to hypertrophy; while the gland-cells undergo a fatty degeneration or atrophy; and the parallel is complete, even to the formation of cysts caused by similar changes in the gland-tubes of both organs. The causes of catarrhal conditions of the stomach are, as pointed out by other observers, to be found with greatest frequency in diseases obstructing the general circulation, and changes belonging to the chronic type are found with a paramount frequency in phthisical patients; though no case of tubercle of the stomach has been observed by the author. Acute catarrhal affections appear to be not unfrequently associated with septic or other acute general diseases, and have been observed in cases of puerperal fevers and cholera, where the kidneys presented, both to the naked eye and under the microscope, the appearances observed in the first stage of Bright's disease. Chronic induration of the kidney, associated with fatty degeneration of the renal epithelium, and increase of the connective tissue, has also been observed coincidently with similar affections of the stomach.

(To be continued.)

HARVEIAN SOCIETY OF LONDON.

MAY 20, 1858.

DR. HART VINEN, Vice-President, in the Chair.

DR. CHARLES COOTE read a paper on

INFRA-MAMMARY PAIN.

The author remarked that pain immediately below the left breast, not of rheumatic origin, and unattended by any signs of visceral disease, had been recognised for about forty years as a very frequent, and often a severe and intractable, malady. Nevertheless, its pathology might be regarded as absolutely unknown, and its treatment was, of course, proportionately uncertain. It seemed, therefore, worth while to re-open the subject by the observation of fresh facts. He had, therefore, analysed a series of fifty cases, with the view of determining, firstly, the true characters of the pain, and, secondly, the conditions under which it was prone to occur. In the first place, it was necessary to distinguish between two painful affections, to both of which the infra-mammary region was liable, and the confusion of which seemed to account for many contradictions in earlier descriptions. The one (to

Digitized by Google

which the name of intercostal neuralgia ought to be restricted) might affect any part of the thoracic walls. Its character was acute, plunging, paroxysmal. It was seated in one or more intercostal spaces, chiefly in those parts where the cutaneous branches of the nerves are most freely distributed, and it sometimes appeared to shoot round the chest, as if along the course of a nerve. There was occasionally much superficial tenderness, and the pain was sometimes periodical. The author thought it probable that the pain of Herpes Zoster and that of Mastodynia belonged to this category. The other pain (improperly confounded with that just described) was much more common. It was a dull, aching pain, situated in one definite locality under the left breast, and extending, generally, over the seventh, eighth, and ninth ribs, with the seventh and eighth intercostal spaces; never appearing to shoot along the course of a nerve, but often darting through the chest to the back or into the throat; in the former case, seeming to give rise to the interscapular pain; in the latter, being intimately associated with the hysterical globus. It was rarely marked by any considerable tenderness on pressure, and it was not periodical. It was to this affection alone that the author wished to draw the attention of the Society, under the (provisional) appellation of infra-mammary pain. Having discussed in detail each of the characters of the pain, he examined briefly the most popular hypotheses which had been devised to account for it. He dissented from Dr. Inman's view (that it is a true muscular pain, the exponent of fatigue or of mal-nutrition), on the ground that it entirely failed to explain the localisation of the pain. There was no condition in the modes of life of the patients calculated specially to affect the pectoral and abdominal muscles of the left side. A more plausible hypothesis connected infra-mammary pain with uterine or ovarian disorder. Here a preliminary question arose, which the literature of the subject entirely failed to solve—whether the pain was peculiar to females? It was certainly of rare occurrence in the male; but the author thought he had noticed two unambiguous cases of it within the last eighteen months. Leaving this question open, and assuming, for argument's sake, that it was limited to females, he proceeded to inquire whether, in them, it was dependent upon uterine disorder. With respect to age; he found that the period of uterine activity was the favourite, but not the exclusive, epoch of the pain. Marriage exercised no perceptible influence upon it. Overlactation and excessive child-bearing were recognised in a few instances only. Four women were sterile; seven had a liability to abortion. The menstrual function was physiologically absent in 20. Of the remaining 30, it was perfectly normal in 11; regular, but scanty, in 7; regular, but profuse, in 4; irregular or absent in 8. Leucorrhœa was acknowledged in 10 cases only; in 6 of which uterine disease existed. These facts appeared to be conclusive against the hypothesis. That uterine disorder frequently accompanied infra-mammary pain was certain; that it should be the cause of it was impossible; for those two things could not stand to each other in the relation of cause and effect, each of which might exist in the absence of the other. The next hypothesis was that of "Spinal Irritation." This term had been so stretched as to become meaningless, but the original idea differed very little from that of "central neuralgia." That infra-mammary pain depended upon some central (spinal) disorder, might or might not be true; but it was wholly unproved; and the attempt to prove it from spinal tenderness in such cases was doubly unfortunate. For, firstly, spinal tenderness was by no means a constant companion of infra-mammary pain; and, secondly, if it were so, it would be no evidence of spinal disease. The next hypotheses discussed were those of Ollivier and of Brown of Glasgow. Both agreed that the pain was the result of pressure upon the roots of spinal nerves; the former referring it to a congestion of the intra-vertebral plexus of veins, the latter to a transient curvature of the spine, occasioned by disproportioned fatigue of some one set of spinal muscles. These opinions were out of the sphere of argument. For, first, it was very doubtful whether such pressure would produce pain at all, and not rather anæsthesia; and, secondly, there was absolutely no evidence of the existence of any such pressure. Another explanation, also based upon the idea of pressure, had been propounded by Henle; and this possessed the singular merit of recognising, and, in some measure, of accounting for, the localisation of the pain. The anatomical character by which the left infra-mammary region was distinguished was the peculiarity of its venous circulation; the effect of which was that, if any obstruction existed to the return of the venous blood by the azygos vein, the brunt of the pressure would fall upon the intermediate intercostal spaces of the left side. Henle thought that such pressure, acting upon the peripheral extremities of the intercostal nerves, might occasion the pain; and he sought to dovetail his theory in with other received views, by suggesting that the first impulse to disturbance of the circulation might be given by uterine or ovarian congestion. There was little to object against this explanation, if the uterine element were eliminated from it, and the more physiological notion of interrupted nutrition were substituted for the mechanical idea of pressure. One link was, however, still wanting; viz. some proof that, in these cases, vascular disturbance exists. The author then gave the results of his own analysis. The constitutional character of the patients was well marked; being universally that of defective nutrition. Twenty-one were anemic. The concurrent diseases were phthisis, secondary syphilis, and diabetes mellitus. The functional derangements accompanying infra-mammary pain were grouped under four heads. 1. Disorders of the nervous system, consisting of (*a*) various pains, of which the interscapular alone appeared to be essentially connected with the infra-mammary; and (*b*) spasms; especially the globus, and hysterical or epileptiform fits. In three instances these latter were always preceded by infra-mammary pain. 2. Disorders of circulation; variability of temperature, irregularity of the pulse, palpitation of the heart. 3. Derangement of the abdominal viscera; vomiting, of porraceous or grumous matter, or of blood; constipation, or diarrhœa; the urine alternately "hysterical," and loaded with lithates. 4. Disorders of the reproductive system; uterine disease, leucorrhœa, irregular menstruation, sterility, abortion. The author proceeded to argue that the three latter groups might be readily referred to one head—disorder of the vaso-motory system of nerves. For that it was experimentally certain that paralysis of these, the motor nerves of the smallest arteries, had, as its immediate physical result, exalted temperature and local congestions and fluxes; and hence it seemed probable that to temporary depression of these nerves might be owing the irregular flushes, the porraceous or grumous vomiting, the deranged renal secretion, the ovarian and uterine disorders, so common in these cases. And as the muscles of the intestinal tube were supplied by nerves of the same order, the same hypothesis would explain the occurrence of obstinate constipation, associated as it is with hyperæmia of the mucous membrane. Hence he inferred, first, that infra-mammary pain was a symptom of a generally depressed state of nervous power; and, secondly, that it was one of a group of symptoms intimately connected with vasomotory, and therefore with vascular, derangement; thus returning to the hypothesis proposed by Henle, and supplying the defective link. The conclusions drawn were as follows:—True infra-mammary pain was a peripheral neuralgia, having its probable origin in mal-nutrition of the nerves of the part. This, again, resulted from disordered circulation affecting the left infra-mammary region especially, by reason of its peculiar anatomical relations. The immediate cause of this vascular derangement consisted in disordered enervation of the smaller arteries of the whole body, occasioning irregular spasms and dilatation of their walls; a condition which, while in the infra-mammary region it occasioned neuralgia, in other parts gave rise to chills and flushes, to palpitation, to excessive or defective secretion, to congestions, hæmorrhages, and fluxes; while an analogous state of the motor nerves of the alimentary canal produced obstinate constipation. The cause of this disordered state of the vasomotory nerves was to be sought in more general conditions. The female, possessing naturally greater nervous irritability than the male, and physiologically destined to undergo great developmental changes, was far more liable to all these derangements, especially when suffering from want, or exhausting toil, or depressing or debilitating sickness. But there seemed no reason to deny the possibility of their occurrence, under analogous conditions, in the male. If these views were correct, the indications for treatment were twofold; first, to stimulate the varomotory nerves into temporary activity, so as to relieve special symptoms; secondly, to give them permanent vigour by improving the general nutrition of the body. With respect to the first indication, the special nervine stimulant had often produced satisfactory, although temporary results. Counter-irritation nearly always gave

Digitized by Google

temporary relief, probably by unloading distended vessels. It was equally efficacious when applied to any part of the affected side. Topical applications to the vagina and uterus, in cases of leucorrhœa, etc., had produced no effect upon the pains. Sometimes the leucorrhœa was cured, leaving the pain as bad as ever; sometimes the pain disappeared, the leucorrhœa persisting. The second indication could be only briefly alluded to. Good food, air, above all rest, were essential; and to them tonic medicines were merely auxiliary. An interesting discussion ensued supported by Mr. Lobb, Dr. Hutchinson Powell, Dr. Fuller, Dr. H. Viner, and Dr. Hare.

Dr. Cooth having replied, the Society adjourned.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

SALE OF POISONS BILL.

On the report of this Bill,

The Earl of Wicklow said he saw no reason why the Act should not extend to Ireland.

The Earl of Derby could not undertake to say off-hand whether the Bill was applicable to Ireland or not.

Lord Talbot de Malahide said he had announced his intention to propose certain amendments with respect to the selection of examiners under the Bill, but he would defer the consideration of them till the third reading, when he hoped they would receive the report of the noble earl opposite (Earl Derby), to whom the country owed a deep debt of gratitude for having taken up this question. (Hear, hear.)

After a short conversation,

The Earl of Derby said his impression was that it was better to allow the bill to remain as it was; but he would consider the question, and give the noble earl a final answer on the motion for the third reading.

The report of amendments was then agreed to.

HOUSE OF COMMONS.—July 6.

MEDICAL PRACTITIONERS BILL.

Mr. Cowper having moved that the House should resolve itself into committee on this Bill,

Mr. Duncombe rose to oppose the further progress of the Bill, which he denounced as a job of the College of Physicians. The public, much as their interests would be affected by the Bill, knew nothing about it. It would not secure the competency of Medical practitioners, for it simply provided that such as should be registered under it as practitioners should be permitted to practise. If the House were to pass simply a registration Bill, the Bill that he himself introduced was more rational than this. The session was drawing rapidly to a close, and as further discussion of the Bill, which could not pass this session, would be a mere waste of time, he should best consult the public interests by moving, as an amendment, that the House resolve itself into committee that day six months.

Mr. Cowper having urged the House to proceed with the Bill,

Mr. Headlam expressed his regret that the right hon. gentleman had so stedfastly refused to meet the views of those who objected to parts of the Bill. It was most desirable that the House should legislate upon this subject, and, although he was afraid that the session was too far advanced to permit the passing of the Bill, especially if all the principles that were discussed on the second reading were to be contested over again, he did not object to the House going into committee.

Mr. Hadfield was opposed to the further progress of the Bill.

Mr. Walpole recommended the House to permit the Bill to go into committee, as it could then be more precisely ascertained what were the objections to the Bill. If they should seem to be such as no mere alterations of the Bill could remove, he, on the part of the Government, should be prepared to suggest a course that might be satisfactory to all parties.

Mr. Black said when he seconded the postponement of the Bill it was because he was a Conservative in this respect, and thought the existing state of things ought to be disturbed as little as possible.

Lord Elcho hoped the hon. gentleman would not press his amendment, as it was desirable that a Medical Bill should pass this session. He had placed no amendment on the paper, and would give the Bill of his right hon. friend his cordial support.

The House divided, when the numbers were—

For going into committee	95	
Against it	8	
Majority		—87

The House accordingly went into committee.

On Clause 3 being proposed,

Mr. Duncombe threatened to divide the committee not only upon that, but upon every succeeding clause as far as clause 41 (which provided that funds should be advanced by the Government for working the Bill until the fees to be received under it sufficed for that purpose), unless distinct promise were given that clause 41 should be struck out.

Mr. Cowper hoped the hon. member would not offer the opposition he threatened, for by this clause the expenses would all be paid by fees up to that point, and he would be able to convince him that the fees would be ample to defray the expenses necessary for the purposes of the Bill.

Mr. Ayrton hoped the hon. member would not offer the opposition he had spoken of; for it was anxiously desired by the Profession that there should be legislation on this subject. The principle contained in the bill was not whether they should have quacks, but whether they should have educated quacks who knew what they were about, and would not tamper with the lives of the public. He approved of the Bill, and hoped it would be allowed to progress.

Mr. Hatchell said the Bill was approved of in Ireland, and he had reason to believe that the Colleges also desired it.

Mr. W. Williams said the point was of the utmost importance, and it was very requisite, before they went on with the Bill, that they should know how much the country would have to pay beyond the fees for maintaining this system.

Mr. Duncombe persisted in his objection to the clause until he was informed what would be the expenses of this Bill. He also objected to the construction of the council, which was unnecessary, and most objectionable to the Profession. He called on the Government to say whether they were prepared to pay any money under the 41st clause.

Mr. Walpole said his opinion was that the Government ought not to be called on to pay anything towards those expenses; and he would oppose any clause that attempted to fix it on them.

Mr. Cowper gave the required promise, observing that he did not regard the 41st clause as essential to the operation of the Bill.

The clause was then agreed to.

On Clause 4 being proposed,

Mr. Hadfield moved, after line 24, to add "the organized body of persons practising Medical Botany throughout Great Britain." In making this proposal, he begged to remind the House that the confidence of the patient was a very important ingredient in his cure, and there was a large body of gentlemen who had made it a great study, and the practice could do no harm if it did no good. If this were not consented to, these gentlemen would be treated with contumely by the council, and he thought they ought to have some voice in the representation of the council.

Mr. Cowper said the Bill gave privileges to corporate bodies, but could not recognise individual opinions, and these were only opinions.

Mr. Duncombe opposed the amendment, which was supported by Mr. W. Williams.

Mr. Hadfield then withdrew the amendment, in the hope that when the clause constituting the council was under consideration, the claims of these gentlemen would be considered.

The amendment was then withdrawn, and the clause, on the motion of Mr. Ayrton, was so altered as to require that the president of the council to be constituted by the Bill should be elected by that body from among themselves, instead of being, as proposed by the clause, nominated by Her Majesty.

On Clause 15,

Mr. Headlam moved an amendment to the effect that no practitioners but such as had been licensed by the College of

Digitized by Google

Physicians or the College of Surgeons should be registered under the Bill.

Mr. Walpole opposed the amendment, which, he said, militated against one of the main objects of the Bill, namely, the continuance of all existing bodies by whom degrees, licences, or diplomas, were granted, so long as their discipline should be satisfactory to the council proposed by the Bill.

The committee divided—

For the amendment	21
Against it	138
Majority	—117

The amendment was therefore rejected, and the clause agreed to.

Mr. Hadfield proposed to leave out the words, "to be fixed by the general Council," and insert "not to exceed one pound," so as to fix the admission fee at that sum.

Mr. Walpole suggested to introduce the words "not to exceed two pounds."

Mr. Hadfield consented, and the fee was fixed at two pounds.

Clause 22 was withdrawn.

To clause 26 the following proviso was added, on the motion of Mr. Headlam:—"Provided always that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery."

On Clause 29,

Mr. Headlam said, it might not be generally known that, at present, Physicians were not, by a bye-law of the College of Physicians, allowed to take legal proceedings for the recovery of their fees. He proposed, therefore, to add to the clause the following words:—"Provided, that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their fellows or members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid, commenced by any Fellow or Member of such college."

Mr. Black did not understand why Physicians should not be allowed to recover their fees.

The amendment was agreed to.

Clause 41 was struck out.

On Clause 45,

Mr. Headlam moved the following clause:—"Every person shall be entitled to be registered as a Physician who shall be at least 24 years of age, and who, prior to the passing of this Act shall have taken a degree in medicine in any English, Irish, or Scotch University, and who shall have obtained a diploma or license to practise as a Physician from the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh, the King and Queen's College of Physicians in Ireland, or from the Archbishop of Canterbury."

Mr. Ayrton did not see why they were to retain the name of the Archbishop of Canterbury. Nobody now sought for a diploma from the Archbishop of Canterbury. It was a privilege granted to the archbishopric by some of our former monarchs, but it had fallen into disuse, and he could not conceive why they should retain it in a modern Act of Parliament.

Lord Elcho objected to the clause, as it would have, by the registration it proposed, the effect of defeating by narrowing the object of the bill.

Mr. Walpole thought that if simple registration were the object, it would be attained by other clauses in the Bill.

After a brief conversation, the amendment was withdrawn.

The remaining clauses having been agreed to, a clause empowering the College of Surgeons to authorize persons to practise as dentists was added to the Bill, on the motion of Mr. B. Hope.

APPOINTMENTS.

On June 9, Mr. Redfern Davies was unanimously elected to the office of Surgeon to the Birmingham Workhouse.

James William Cusack, Esq., M.D., President of the Royal College of Surgeons in Ireland, and University Professor of Surgery, has been appointed Surgeon in Ordinary to the Queen in Ireland, in the room of the late Sir Philip Crampton, Bart. This is an appointment which must give general satisfaction.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, July 1, 1858:—

Allen, John, Langton.
Davis, Robert Alexander, London.
Digby, Frederick, Maldon, Essex.
Rogers, Braithwaite, Cumberland.
Vawdrey, John Cossham, St. Agnes, Cornwall.

As an Assistant—

Simmons, Benjamin, Henley-on-Thames.

DEATHS.

Davids.—May 16, at Porto Nova, South Arcot, Madras Presidency, William Henry Davids, Assistant-Surgeon, Hon. E.I.C.S., aged 41.

Dumbreck.—On the 4th of May, at Lucknow, William Dumbreck, aged 24, Surgeon H.M. 97th Regiment, only son of Dr. William Dumbreck, Albany-street, Edinburgh. Although only 24 years of age, he had served through the whole Crimean campaign, and latterly accompanied General Franks through the Indian war, and was present at the fall of Lucknow. His professional zeal and his many personal good qualities procured him, in no ordinary degree, the esteem and affection of his brother-officers, and the announcement of his career having been so early cut short will be received with great pain by many friends.

Henderson.—On the 2nd inst., at South Clerk-street, Edinburgh, Thomas Henderson, M.D., late of the Hon. E.I.C.S.

Stroud.—On the 29th ult., at St. John's-wood, William Stroud, M.D., aged 68. He was a gentleman of the old school, a man of scholar-like attainments, and of high character. His treatise on "The Physical Cause of the Death of Christ," is a masterly work on that subject.

The Cholera at St. Petersburg.—The cholera is said to have reappeared at St. Petersburg, more than seventy cases having recently occurred. The temperature is milder than is usual in the summer season.

Charitable Bequests.—The late Miss Eliza Crow, of Lowestoft, has left the sum of £500 to the Cancer Hospital, £500 to the Charing-cross Hospital, and £200 to the Lowestoft Infirmary.

Meath Hospital and Co. Dublin Infirmary.—Election of Surgeon.—An election was held on Saturday, the 3rd instant, when T. Hawkesworth Ledwich, F.R.C.S.I., M.R.I.A., was chosen one of the Surgeons to the Meath Hospital and County of Dublin Infirmary, in the room of the late Sir Philip Crampton, Bart. Mr. Ledwich has long been known as a most successful teacher and as an able writer. He is at present at the head of the largest Medical school in Dublin.

Present Cost of London Sewerage Operations.—The total expenditure in the various parishes between the 1st of January, 1856, and the 31st of July, 1857, was £200,618 against £112,593 for works of sewerage, £35,659 for the "establishment," and £45,165 for loans. The cost of constructing brick sewers and openings amounted to £40,491; the cost of repairs to sewers was £4612; and the cost of flushing, cleansing, and cartage, £9436; making a total of £55,019.

Mr. Symes's Case.—The following gentlemen have requested their names to be added to the testimonial which has appeared in our columns:—Charles Pope, L.R.C.P. M.R.C.S. Eng. Glastonbury; W. W. Munckton, M.R.C.S. Eng. Coroner for the Western Division of the county of Somerset; John Prankerd, M.R.C.S. Eng. Langport; John Larcombe, M.R.C.S. Eng. ditto; Samuel S. Larcombe, M.R.C.S. Eng. ditto. At the meeting of the Bridgewater Board of Guardians on the 30th ult. the chairman announced that it was the day appointed for the election of a Medical Officer in the place of Mr. Henry Symes, late

Digitized by Google

Surgeon to No. 2 district. *He had received but one application for that office, and that was from Mr. H. B. Hurman.* Mr. Hurman was accordingly elected. He seems to have acted after the Italian proverb, "Better an egg to-day than a hen to-morrow."

UNIVERSITY OF DUBLIN.—At the summer commencements held in Trinity College on Tuesday the 6th inst., the following Medical degrees were conferred by the Right Hon. Francis Blackburne, Lord Justice of Appeal, Vice-Chancellor of the University:—M.D.: Benjamin G. M'Dowel, Robert MacDermott. M.B.: George Edward Carr, L. Carey, Francis R. Cruise, Henry S. Smith, John Ellis, William Semple, John Montgomery Fiddes, Benjamin G. M'Dowel.

THE METROPOLITAN FREE HOSPITAL.—The twenty-third anniversary festival of the Hospital was held at the London Tavern on Wednesday last. Sir James Brooke, Rajah of Sarawak, presided, and made an excellent Chairman. Among those present we noticed Mr. Gurney Fry, Mr. Greggorn, Mr. Hyde Clarke, Mr. Rees, of Lucknow celebrity, Dr. Barnes, Dr. Ramskill; Mr. Chance, Mr. Child, Mr. Hutchinson, Captain Pelly, Mr. Merrel, etc., etc. Like most of its kindred institutions, the Hospital was stated to be considerably in debt. It has, however, recently added largely *to its* accommodation, and its committee are by no means discouraged at their financial position. The arrangements for the evening were in every respect excellent, and a collection to the amount of £1400 was announced at its close.

THE SOUTHAMPTON MEDICAL SOCIETY held its annual picnic on Wednesday week, at Stoneham Park. Upwards of forty gentlemen sat down to dinner in the magnificent library, at the south-western aspect of the building. The toasts *ended*, the festive party repaired to Basset, to partake of the kind hospitality of their worthy friends Drs. J. and W. Bullar. The unexpected appearance of the venerable Mr. Bullar among the guests, although but for a short time, greatly enhanced the pleasure of all present. We feel sure that the agreeable manner in which the afternoon was spent, and the good feeling which these social gatherings are calculated to secure, will amply reward the promoters of a scheme so rationally conceived and so successfully carried out.

SUBCARBONATE OF BISMUTH.—*This* preparation is strongly recommended by Professor Hannon of the University of Brussels, as a substitute for the tris-nitrate of bismuth. The following are some of the advantages attributed to it. It is very soluble in the gastric juice, and its action is very prompt, without producing that sensation of weight in the stomach which often follows the tris-nitrate; hence it can be continued much longer that the latter preparation; its alkaline properties give it the great advantage of neutralising the excess of acidity which so often exists in the stomach in the various forms of indigestion. It rarely causes constipation. Dose for adults, from ten to forty grains; for infants, from one to five grains.—*Pharmaceutical Journal.*

TEMPERATURE OF LONDON AND THE S.W. OF ENGLAND.—Mr. Perry, of Sidmouth, furnishes the following comparative table of the thermometer during the late hot weather:—

June:—	11th.	12th.	13th.	14th.	15th.	16th.	17th.
Chiswick . . .	83°	81°	78°	01°	94°	97°	78°
Torquay . . .	73°	68°	65°	68°	73°	69°	65°
Sidmouth . . .	69°	67°	69°	68°	71°	68°	65°
Exeter	77°	77°	77°	76°	80°	65°	69°

ARTIFICIAL SAPPHIRES.—M. Gaudin has communicated to the French Academy of Sciences a process for obtaining alumina—the clay which yields the new metal called aluminium—in transparent crystals, which present the same chemical composition as the natural stone known under the name of sapphire. To obtain the crystals he lines a common crucible with a coating of lamp-black, and introduces into it equal proportions of alum and sulphate of potash, reduced to a powder and calcined. He then exposes it for fifteen minutes to the fire of a common forge. The crucible is then allowed to cool, and on breaking it, the surface of the lamp-black coating is found covered with numerous brilliant points, composed of sulphuret of potassium, enveloping the crystals of alumina obtained, or, in other words, real sapphires or corundum. The size of the crystals is large in proportion to the mass operated upon; those obtained by M. Gaudin are about a millimètre, or 3-100ths of an inch in diameter, and half a millimètre in height. They are so hard that they have been found to be preferable to rubies for the purposes of watch-making.

ETHNOLOGICAL SOCIETY.—The annual meeting of this society was held on Wednesday, June 30, Sir James Clark, President, in the chair, when the following were elected as officers and council for the ensuing year:—President, Sir James Clark; Vice-presidents, the Archbishop of Dublin, Sir B. C. Brodie, the Earl of Ellesmere, and Mr. Beriah Botfield, M.P.; Treasurer, Mr. F. Hindmarsh; Hon. Secretary, Mr. T. Wright, F.S.A.; Council, Mr. W. F. Ainsworth, Rev. W. Arthur, Mr. L. J. Beale, Dr. Beddoe, Mr. J. S. Coleman, Mr. T. F. Dillon Croker, Mr. R. Dunn, Mr. R. N. Fowler, Dr. Hodgkin, Mr. R. Ingham, M.P., Dr. David King, Mr. Malcolm Lewin, Mr. Joseph Mayer, Sir C. Pasley, Professor Pearson, Mr. C. Robert des Ruffières, Rev. E. J. Selwyn, Mr. J. J. Stainton, Mr. R. Tait, Dr. Tuke, and Dr. Stephen Ward.

TESTIMONIAL TO MR. HATTON.—On Wednesday, June 30, at the conclusion of the general public business of the Lancashire and Cheshire Branch of the British Medical Association, the members adjourned to the committee-room of the Medical Institution, for the purpose of presenting to Mr. Hatton, the late Honorary Secretary, a Testimonial, which had been subscribed for among the members. The testimonial consists of a magnificent timepiece, with sculptured figures in gold, of French manufacture, and very elegant design. The support on which it rests bears a plate on which is the following inscription:—"Presented to John Hatton, Esq., F.R.C.S., by the members of the Lancashire and Cheshire Branch of the British Medical Association, on the occasion of his retirement from the office of Honorary Secretary, as an acknowledgment of their appreciation of his valuable services during an official connexion with the Association of fifteen years, and as a testimony of the respect they entertain for his professional acquirements and social qualities. (1858)." On presenting the testimonial, the President, Mr. Ellis Jones, said he had much pleasure, in the name of the Association, in presenting to Mr. Hatton the splendid testimonial which was before them; and the more so, that he could bear ample testimony to the great ability and zeal shown by Mr. Hatton for the long period of fifteen years, during which he had so ably filled the office of Honorary Secretary. Mr. Hatton, in reply, said, that he received this substantial proof of the respect of the Association with grateful feelings. In resigning his office into the hands of their present Secretary, he was sure that the Society had benefited by securing the services of Mr. Waters, as the way in which he had conducted the business of the day would be ample proof. After alluding to the many valuable members they had lost during the brief space of his secretaryship, including the names of Dr. Horne, Dr. Kendrick, and Dr. Jeffries, of Liverpool, he again expressed his obligation to the members for their kind testimonial, and the terms in which it had been conveyed to him.

GLYCERINA CUM FERRI IODIDO.—As an interest appears to exist at present respecting the preparation Glycerina cum Ferri Iodido, perhaps the following formula will be acceptable for its simplicity, quickness, and perfectness:—Put into a 3 oz. phial 2½ fluid ounces of pure (colourless and anhydrous —sp. gr. 1267) glycerine, and then insert a small glass funnel, so that the point shall be immersed in the glycerine; place a 2 drachm filter into the funnel. Into another (1 oz.) phial put one-eighth of an ounce of clean iron wire, cut into small lengths, one-fourth of an ounce distilled water, and 100 grains of iodine; shake the whole until the froth is white, and then at once decant the liquid into the filter afore-mentioned. When it is all through the filter, put ten drops of water into the 1 oz. phial, and shake it about to wash the iron wire, and then drop it round the upper part of the filter to wash it also. The contents of the phial require now only to be shaken together, and the process is completed. The whole may be done in less than half an hour; and if the glycerine be of the character above mentioned, and the operator expert, the preparation will be colourless and quite thick, and, what appears to us of some moment, of similar strength to the Syrupus Ferri Iodidi. To make the preparation similar in strength to the Ph. L. and Ph. D. 96 grains and 112 grains of iodine respectively will be required.—*Mr. Smith in Pharmaceutical Journal.*

Digitized by Google

QUEEN'S COLLEGE, BIRMINGHAM.—The new Principal of Queen's College, Birmingham, has placed on the Council Minutes the following notices:—1. In consequence of the growing importance of Clinical instruction as a most essential part of Medical and Surgical education, happily recognised by the new regulations of some of the most influential examining bodies, "That the Physicians and Surgeons of the Queen's Hospital be Professors of Clinical Medicine and Surgery respectively in Queen's College." 2. The importance of Practical Anatomy having been especially dwelt upon in the new regulations of the Royal College of Surgeons of England, to the effect "that on and after the 1st of March next, candidates for the membership are to be examined in anatomy, as to test their practical knowledge of it, and to get rid of the practice vulgarly called cramming;" "that with a view to second such beneficial reform, that the demonstratorships of Anatomy in Queen's College be elevated to the position of professorships of Practical Anatomy."

TO CORRESPONDENTS.

Mr. Tiffin White, Wigton.—The letter shall be noticed next week.

Mr. Holthouse's case shall appear next week if possible.

Dr. Budd's case shall appear next week.

Mr. E. Chalmers should write to the Secretaries of the College and Hall for the information he requires.

Mr. Jeune.—Dr. Bushnan is erroneously entitled "Editor of the Medical Times" in the *Hampshire Independent*. The Doctor resigned the editorial chair some six years ago.

M.L.N.—St. George's Hospital was commenced in 1719 in Westminster. In 1724 it was removed to Chapel-street, and in 1733 a lease was taken of Lanesborough-house, at Hyde-park Corner, the site of the present building. The first Treasurers were elected in 1733. Six Physicians and four Surgeons were elected on the 19th of October, 1733, Drs. Teissier, Stuart, Wasey, Broxholm, Burton, and Ross; Messrs. Dickins, Amyand, Cheselden, and Wilkie.

MIDDLE CLASS EXAMINATIONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In a paragraph which appeared in the last number of the *Medical Times and Gazette*, at page 2, it is stated that only 14 candidates were entered for examination at Bath, which is erroneous; there were 14 senior candidates, and 60 junior candidates, giving a total of 74, of which number 3 withdrew. All the numbers you have quoted give only the total of senior candidates, the number of juniors is omitted in every instance.

I may also mention that the Oxford Examinations are conducted under the statute "Concerning the Examination of those who are not Members of the University." The examination is not for the middle classes only.

I am, &c.

R. WILBRAHAM FALCONER, M.D., Mayor,
Chairman of the Local Committee for the Oxford Examination.

Bath, July 3, 1858.

BIGOTRY, ILLIBERALITY, AND IMMORALITY!

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I see advertisements in the weekly Medical journals for House-Surgeons to a general Hospital near Nottingham, and for the Lincoln County Hospital. Candidates for the latter must be members of the Established Church! Why, I would ask? Is the House-Surgeon required to act as clerk to the chaplain or as pew opener and sexton? Did the good Samaritan of old belong to the State Church? The Jews are at length partly admitted to their civil privileges in Parliament; but a Jewish Surgeon, of the highest abilities, would not be admitted into the Lincoln Hospital! neither would a Roman Catholic nor Dissenter!

Again, I see the candidates' qualifications must be all English. Are there no respectable colleges in Scotland and Ireland? We hear a great deal about uniformity of Medical education and rights throughout the United Kingdom; are these the fruits? In both instances the candidates must be unmarried and remain so; at Nottingham the successful candidate must sign articles for five years' single blessedness! Does compulsory celibacy tend to virtue and morality? What does Church history tell us? Ask the professors of colleges whether fornication is a common practice with most students of Law, Physic, and Divinity. Ask the police of any collegiate town, who frequent its brothels most. I fearlessly assert the many impediments placed in the way of early marriages by boards (the Navy, for instance), employers, parents, clergy in colleges, and other powers from the king downwards, this is the real solution of the "Great Social Evil." A word on Medical Reform. I have long since reasoned myself into the belief that free trade in Medical degrees and diplomas would serve the interest of science, the Profession and the public, defeating ignorant pretenders better than a score of acts of Parliament with pains and penalties attached. Let each college, having first got rid of its charters, prosecute persons falsely assuming to hold its degree or diploma. We want no more. Let Quacks then practice if they can; the Profession and the press can easily inform the public who have been properly educated and tested. I refer your alarmed Medical protectionists to the article on Medical Reform in the present July No. of the *Westminster Review*, for further arguments and facts, showing that the Profession could get on much better if the State did not interfere with it at all.

REFORM.

A HOAX?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to forward the enclosed advertisement, which appears in the *Stamford Mercury* of last week.

I am, &c.

July 6, 1858. A LINCOLNSHIRE ASSISTANT.

"Pinchbeck-road, Spalding, June 16, 1858.

"MR. JOHN HEWITT, Member of the Royal College of Surgeons and Licentiate of Apothecaries' Hall, London, respectfully informs his patients that he may now always be found at home sober. He has studied physic for 25 years, 7 of which were spent with his father (the late Mr. Richard Hewitt, who was in extensive practice for half a century, and who was particularly distinguished for his knowledge of and successful treatment of all kind of diseases under the old system). Mr. J. Hewitt afterwards studied under the first Surgeons in London; and was House Pupil with S. Lane, Esq., who performed the operation of ovariotomy three times very successfully, one tumour weighing 16 lbs., an operation which had invariably terminated fatally in the hands of other eminent surgeons; he was also a pupil of St. George's Hospital, which beds 500 in-patients, besides having thousands of out-door patients; he resided next door to this Hospital, and therefore had an opportunity of seeing all accidental and many other cases before the arrival of the surgeons.

"Mr. Hewitt has also been in actual practice 15 years in Spalding, during which period he has become fully acquainted with the diseases which prevail in this locality, and has attended upwards of 300 cases of Midwifery.

"Mr. Hewitt has the greatest abhorrence of quackery; but in justice to himself wishes to intimate that, having been frequently intoxicated, many of his former patients forsook him, and many reports have been circulated much to his prejudice; among others that he 'was always drunk and had given up following his Profession.' He wishes, however, to state that he does follow his Profession, having just purchased a first-rate horse and vehicle, so that he can now attend patients who reside at a distance from Spalding.—His charges are, in consultation:—Under 4 miles, Half-a-Guinea; above 4 miles and under 8, One Guinea; above 8 and under 20, Two Guineas; and above 20 miles and under 30, Three Guineas.

"When in daily attendance upon patients, £1 1s. per week under one mile, if seen once a-day; twice a-day £2 2s.; if above one mile 1s. a mile extra. Mr. H. is disgusted with the present mode of paying Medical men, judging of the bill by the quantity of medicine taken. His plan is to give as little physic as possible, he only wishing to be paid for his skill and attendance.

"Mr. Hewitt will be happy at all times to meet any other legally-qualified Practitioner, and give up the patient to him."

COMMUNICATIONS have been received from—

DR. CONOLLY; DR. BUDD; DR. LEARED; MR. BRODHURST; DR. MACLEOD; DR. MARKHAM; DR. MARCET; DR. FALCONER, Bath; MR. TOYNBEE; MR. WATERS, Liverpool; SECRETARY GENERAL BOARD OF HEALTH; MR. LEPAGE, Calcutta; DR. VALLANCE; JUVENIS; MR. WESTROPP; MR. BIRD; MR. CHALMERS; MR. TURNBULL; REGISTRAR-GENERAL; MR. G. D. HOOPER; DR. W. S. JOHNSTONE; MR. R. ROE; MR. H. PLUMRIDGE; MR. J. VALENTINE; MR. C. BRADDON; MR. C. PARSONS; DR. RYAN; DR. FRITH; DR. A. CUTHBERT; MR. T. FENN; MR. TURNER; MR. SAGAR; MR. HINE; DR. T. R. EVANS; DR. RIDLEY; DR. J. POTTER; DR. A. WILSON; MR. BYRNE; DR. W. WARD; MR. T. TURNER; MR. SANDS COX, Birmingham; MR. HOLTHOUSE; MR. WRIGHT.

APPOINTMENTS FOR THE WEEK.

July 10. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

12. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.
NORTH LONDON MEDICAL SOCIETY, 8 p.m.

13. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.
ZOOLOGICAL SOCIETY, 9 p.m.

14. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, p.m. Orthopædic Hospital, 2 p.m.

15. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

16. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 p.m.:—

False joint in femur; stricture of the urethra; lithotrity. By Mr. Fergusson. Removal of bone from femur. By Mr. Bowman.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock p.m.:—

Fatty tumour of shoulder; fistula; stricture of urethra. By Mr. Holt.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES
ON THE
CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE
Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.

Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE II.

AN HISTORICAL ACCOUNT OF THE INVESTIGATIONS UNDERTAKEN ON THE CHEMISTRY AND PHYSIOLOGY OF HUMAN EXCREMENTS.

GENTLEMEN,—I shall begin by calling your attention to the investigations on the nature and composition of excrements, undertaken early in the 18th century, when science was directed for the first time to the subject in question. Roth, Grew, Limery, Macker, Barchuson, Brownrigg, Pinelli, and more especially Homberg, made the first experiments relative to the composition of fæces. Grew noticed that they effervesced slightly when acted upon by nitric acid, blackened, and yielded a substance of a penetrating odour and oily consistence. Homberg obtained by their distillation in the water bath, a clear fluid, which constituted the nine-tenths of their weight, and a coloured empyromatic oil. Limery has described two kinds of oil resulting from the distillation of fæces. Macker also examined the products of their distillation, and found that the distillate was free from ammonia at the commencement of the operation, which he concludes is an indication of fæces containing no putrid substances. It was at that period admitted that inflammable gases were evolved from accumulations of excrements, and explosions had been known to result from such gaseous products. Of these fœtid gases, Fourcroy observes that some are dangerous and extremely mephitic. He adds, that important experiments have shown that the stones and plaster of cesspools in which excrementitious matters had been accumulated for a long time, became impregnated with crystallized sulphur resembling dust. Macker and Mollet observed, that silver plates allowed to remain for some time in water-closet cesspools became converted into sulphuret of silver.

Vauguelin, in 1800, was the next chemist who gave some attention to the composition of fæces; he observed them to be acid, and very liable to ferment. His investigations were directed principally to the castings of animals. In 1804, Berzelius investigated the composition of fæcal evacuations; he observes in his treatise on Chemistry, "It follows that we are now acquainted with the formation of excrements, and with the substances they must contain: these are,

"1. Those parts of food exhausted (by the process of digestion) and insoluble.

"2. The substances precipitated from the bile.

"3. Intestinal mucus.

"4. Unabsorbed bile which has not been decomposed.

"5. Unabsorbed salts."

The characteristic feature in this analysis is the process adopted, showing that Berzelius aimed at extracting the constituents of excrements without altering their chemical composition; or, in other words, in their actual form of immediate principles.

The following is a rapid sketch of his investigations:—

The diet of the individual whose fæces were analysed consisted of a large quantity of coarse bread, with animal food. His motions were neither alkaline nor acid. They were first treated with water, and the extract was strained through a cloth. The insoluble brownish-grey residue, after being washed with water, was found to consist of exhausted vegetable matters. The fluid allowed to stand undisturbed yielded a deposit, and, after some days, the supernatant part was thrown on a paper filter. The clear filtrate, after concentration, became covered with a pellicle of crystals of phosphate of ammonia and magnesia. Berzelius considers the ammonia in this salt as resulting from the spontaneous decomposition of fæces; I shall have an opportunity, however, of showing you that phosphate of ammonia and magnesia is, in fact, an immediate principle of human excrements. The fluid filtered from the deposit being again evaporated, and then mixed with alcohol, gave a precipitate. The alcoholic solution, separated from the precipitate and concentrated, yielded with sulphuric acid a substance which Berzelius considers as the resinous matter of bile in combination with sulphuric acid.

The portion of excrement precipitated by the addition of alcohol to the aqueous extract, consisted, in great measure, of albumen, alkaline sulphates, and phosphate of lime.

The portion of the evacuation remaining on the paper filter after the filtration of the aqueous extract, was found to be composed of a mixture of intestinal mucus, and matters precipitated from the bile, with fats. According to Berzelius, 100 parts of fæces contain—

Water	75·3		
Substances soluble in water	5·7 containing	Albumen	0·9
		Salts	1·2
		Extractive matter	2·7
		Bile	0·9
Insoluble residue from the food.	7·0		
Other insoluble matters, as mucus, biliary residue, fats, etc., etc.	12·0		
	100·0		

The aqueous extract of 93·750 grammes of excrements being evaporated to dryness, the residue subsequently burnt yielded 0·837 ashes, consisting of—

0·189	carbonate of soda
0·216	chloride of sodium
0·108	sulphate of soda
0·108	phosphate of magnesia
0·216	phosphate of lime
0·837	

The above results of Berzelius evidently attracted the notice of scientific inquirers at that period; for his researches were followed by numerous investigations on the same subject. Simon, in his valuable work on Chemistry, gives an interesting account of his researches on the composition of fæcal evacuations. He observes that the *meconium*, or fæces of the fœtus, is composed of a thick, gelatinous, greenish-black mass, of a sweetish insipid odour, exhibiting under the microscope a large number of epithelium cells, and numerous rhombic plates, resembling crystalized cholesterine, besides a green-coloured amorphous mass; a small number of minute rounded corpuscules appeared to him as being discoloured blood-corpuscles. By means of ether he extracted cholesterine. 100 parts of dry meconium were found to contain—

Cholesterine	16
Extractive matter and bile residue	24
Casein	34
Cells minus albumen	26
	—100

The term "biliary residue" includes several substances named by Simon, but which recent observations have shown to be a mixture of immediate principles; and by enumerating them I should only embarrass your memory with useless names. Simon also analysed the fæces of a child six days old, fed with its mother's milk. They were of a yellow colour, had a strong acid odour, and the taste of sour milk. They contained no epithelium scales, but fat vesicles, and an amorphous matter resembling albumen or casein. They yielded an enormous quantity of fat, but no cholesterine. 100 parts of the dry fæcal mass contained—

Fat	52
Bile pigment with fat	16
Coagulated casein and mucus	18
Moisture and loss	14
	—100

Enderling next directed his attention to the analysis of fæces, chiefly in reference to the salts. According to this chemist, the ashes of human fæces contain—

Chloride of sodium and alkaline sulphates	1·367	Soluble in water.
Bibasic phosphate of soda	2·633	

Digitized by Google

Phosphate of lime and magnesia	80·372	Insoluble in water.
Phosphate of iron	2·090	
Sulphate of lime	4·530	
Silica	7·940	

Dr. Percy and Dr. Playfair have both undertaken to establish the ultimate composition of human excrements. Dr. Playfair's investigation gives—Carbon, 45·24; hydrogen, 6·88; nitrogen and oxygen, 34·73; and ash, 13·15. Dr. Percy submitted to analysis the fæces of a prize-fighter, aged 22, undergoing a rigorous discipline of training, and in perfect health. His food consisted of meat three times a-day, with two ounces of bread; at each of the three meals he drank half a pint of ale; he walked seventeen miles daily. 100 parts of these excrements, previously dried, consisted of —

Carbon	49·79
Hydrogen	7·06
Nitrogen and oxygen	28·64
Ash	14·51

Several other German chemists and physiologists have also given some attention to the composition of human fæces,—Höfle, for instance, in his work on "The Microscopy and Chemistry at the Sick-bed," and Frerichs, whose labours have been more particularly directed to their microscopical appearance.

Höfle examined the meconium, and found it to contain epithelium coloured with the colouring matter of bile, small, round, greyish cells, and a number of fragments, whose nature could not be determined. He considers the reaction of fæces as mostly acid, and believes, with Valentine and Frerichs, that their smell results principally from the presence of bile constituents.

The last and most elaborate series of researches on this important subject, was undertaken by Wesarg, in his analysis of fæces, his attention is evidently directed more particularly to an accurate determination of the proportion of the dry extractive matters soluble in water, alcohol, and ether, than to the examination of the composition of these extracts. Wesarg begins by evaporating to dryness a sample of the excrements under examination, in order to ascertain how much water they contain, and another quantity of the same motion is triturated with water and thrown on a cloth, so as to effect the separation of those parts of the food which have not been digested. He proceeds next to evaporate the filtrate to dryness, and exhaust the residue successively with alcohol, ether, and water, the last portions of water being acidulated with nitric acid. This aqueous solution is afterwards submitted to analysis for the determination of the inorganic salts.

In a second series of investigations, the author considers the influence exercised on the fæcal evacuations by the size of the individual, the state of his respiration, his health, and the food he takes. He concludes that the colour of fæces changes according to the food: after a mixed diet they have a dark yellowish-brown appearance; a meat diet induces them to assume a darker colour; and after a milk diet they become yellow. By exposure to the air the outside of the evacuation becomes darker, but not red: a red colour is imparted to it by the addition of dilute nitric acid. Fæces possess a peculiar odour, which they lose when dry: this odour is modified from a change of food. After an animal diet the smell is not unlike that peculiar to a larder; after a milk diet it becomes sour; after taking cod-liver oil the motions acquire its peculiar odour, which they retain even when dried in the air-bath. This character varies, however, according to the individual, even when submitted to the same diet. Exercise has probably a tendency to increase the degree of consistence of the alvine evacuations. Their reaction is mostly acid, but also often alkaline or neutral. The quantity passed in twenty-four hours is on the average 131 grammes. The smallest quantity recorded is 67, and the largest, 306. It is not possible to infer from the consistence of the evacuation whether it contains a larger or smaller portion of solid residue. The quantity of fæces excreted is by no means proportional to the size or weight of the body. The solid constituents may be considered on an average as 267 in 1000; their proportion may vary from 174 to 317, the drying process being conducted, first in a water-bath at 100°; then in an air-bath at 120°. The absolute quantity of dry fæces voided in 24 hours was, on an average, 30 grammes; it varied from 16·3 to 57·2. Food, consisting of nothing but bread and meat, was attended with smaller evacuations than a more complex diet; the proportion of dry undigested food varied from v. 81 to 82 in one evacuation; the average of ten experiments gave 34 grammes.

Wesarg observed but occasionally starch corpuscles in fæces; he noticed constantly in them muscular fibres coloured yellow from the action of the bile, but exhibiting distinctly their characteristic structure. He detected the existence of phosphate of ammonia and magnesia in fæces whenever they exhibited a neutral or alkaline reaction; but never succeeded in extracting cholesterine from them. It may be here observed, that Lehman and Höfle have also shown the presence of triple phosphate in normal excrements. The dry ethereal extract was ascertained in Wesarg's analyses to vary according to the food taken; it increased when much fat was eaten, and amounted in one case to 31·2 grains in one evacuation. On an average it ranged from 100 to 120 in 1000 parts of dry excreta; the smallest quantity was 85 per 1000. The chemical analysis of the ethereal residue proved that it consisted of fat and wax. After a mixed food, Wesarg observed that the dry ethereal extract resembled wax, evolving the smell of this substance, and possessing a dark brown colour. When much fat entered into the diet, this residue assumed a softer consistence and lighter colour, and apparently contained more fat than wax.

The alcoholic extract of excrements varies according to the individual, and to the time they have taken to make their way through the intestines. The average weight of the dry alcoholic extract of the fæces passed in twenty-four hours, was 156 per 1000. Its proportion was found double in some cases of diarrhœa. Bile could only be once detected with certainty in the alcoholic extract by Tettenkoffer's test. Therefore Wesarg concludes, that, as a general rule, there is no undecomposed bile in fæces.

The dry aqueous extract of excrements was found to be, on an average, 209 per 1000 of the dry substance; which in diarrhœa might be increased to double that quantity. The weight of the salts contained in excrements was found to be very small in comparison with that of the salts of urine. Those precipitated by ammonia occurred on an average in the proportion of 41·0 per 1000; the minimum was 12·3, the maximum, 69. After taking sulphate of magnesia the salts rose to 205 per 1000. He usually found in them traces of iron and phosphate of lime; the main proportion of the inorganic matters consisting of magnesia. Traces only of sulphuric acid or chlorine could be detected, and often they were altogether wanting.

With these observations I shall conclude the present lecture.

ORIGINAL COMMUNICATIONS.

AN HYDATID TUMOUR IN THE APEX OF THE RIGHT VENTRICLE OF THE HEART,

AND FREE HYDATIDS IN THE BRANCHES OF THE PULMONARY ARTERY.

(A CASE, WITH REMARKS.)

By GEORGE BUDD, M.D., F.R.S.

Professor of Medicine in King's College, London.

An hydatid tumour developed in the muscular substance of the heart is of such rare occurrence that the following case deserves to be placed on record.

Sarah Sheppard, a single woman, 23 years of age, stout and florid, was admitted into King's College Hospital on the 23rd of December, 1857. For the nine months preceding she had been engaged in millinery, but previously was in service.

She stated that four years ago she was laid up with pleurisy and inflammation of the kidneys. (Great pain in the loins, and dark-coloured muddy urine were symptoms of this latter affection, but there was no dropsy.) From that time she had been constantly troubled more or less with cough, shortness of breath, and palpitation. Two years ago she had another attack of pleurisy. Since this second illness her health had declined, and her cough had been attended with expectoration, the matter of which was often streaked with blood.

Digitized by Google

Nine days before she entered the Hospital she "took cold," and swelling of the legs came on.

On her admission to the Hospital she complained of cough and shortness of breath, and her feet were slightly œdematous. While lying still in bed, she had no pain or urgent symptoms, but slight exertion caused considerable dyspnœa. With her cough, which was very troublesome, she spat up mucus, partly clear and partly opaque, streaked here and there with blood. On listening to the chest, a systolic rasp-sound was heard over the base of the heart, and extending thence a little upwards and to the right. The impulse of the heart was slight, and the pulse very small and feeble. The tongue was coated, and the appetite bad. Menstruation was regular. The urine was of specific gravity 1020, turbid, with lithic deposit, and contained a very small quantity of albumen.

On the 28th of December, it was noted that the abnormal systolic heart-sound was much less rough; and on the 30th, that no morbid bruit could be heard. From that time till the poor woman's death, though I often listened for that purpose, I never heard any distinct morbid sound with the heart's beats; but the Physician's assistant, who lived in the Hospital, and examined her still more frequently, told me that he occasionally heard a faint systolic bellows-murmur.

From the 23rd of December—the day of her admission—to the 9th of January, there was no other noteworthy change in Sheppard's condition. The cough was very troublesome, and the matter expectorated was constantly streaked with blood. The pulse ranged from 90 to 100; the number of inspirations from 36 to 48 in the minute. Crepitation was heard over both lungs behind.

On the 9th of January, she spat up nearly half-a-pint of blood, mixed with viscid mucus; and for some days afterwards the pulse and inspirations were less frequent, the cough was less harassing, and the breathing somewhat easier.

On the 27th of January, she spat blood again, in less amount.

It was noted on the 29th of January, that she keeps up her strength, and does not lose flesh. From this time she continued much in the same condition:—distressed by difficulty of breathing and by cough, and spitting up mucus, generally tinged with blood. The difficulty of breathing varied considerably on different days. In the space of a fortnight—from the 26th of January to the 9th of February—the number of inspirations ranged from 30 to 48. The pulse was constantly small, but its rate varied in the same time from 72 to 90.

On the 19th of February, it was noted that the breathing at the base of the lungs was nearly clear, and on the 24th of February she left the Hospital.

On the 28th of February, she again spat a considerable quantity of blood, and her distress of breathing increasing, she was taken into the Hospital again on the 3rd of March.

It was then remarked that there was a rough respiratory murmur over the upper part of the left lung in front, and over the lower lobe of the right lung behind.

On the 14th of March, œdema of the legs, which had disappeared for some time, came on again. The urine then contained no albumen.

On the 7th of April she became affected with sore-throat, and a deep ulcer formed on the left tonsil. The soreness of the throat ceased in ten days or a fortnight.

On the 12th of April she complained much of pain shooting through the left side of the chest.

From this time she often complained of intense pain in the præcordia. The præcordial space, dull on percussion, was unusually extensive; but no unnatural bellows-murmur was heard. The impulse of the heart was tolerably strong, and its action throughout was regular. The sounds of bronchitis were heard over the upper part of the left lung in front, and over both lungs behind; but in no part of the chest were respiratory sounds altogether absent. The dropsical swelling of the legs increased, and ascites also came on. The distress of breathing amounted at times to extreme orthopnœa; and the countenance, which had throughout a purplish tint, was expressive of great distress. The legs and thighs and abdomen became at length tensely œdematous.

On the afternoon of the 4th of May Dr. Duffin, the Physician's assistant, on being summoned to her, found her pale, gasping at long intervals, and with a scarcely perceptible pulse. About five minutes afterwards she died.

On examination of the body both lungs were found united to the pleura costalis by old adhesions. The pericardium contained about an ounce of serous fluid. Its layers posteriorly were glued together by tolerably old adhesions. The heart was of a very irregular shape, flattened anteriorly, and bulging posteriorly. Its irregular shape was owing to an hydatid tumour, about the size of an orange, situated in the apex of the right ventricle, and projecting into its cavity. The right auricle and ventricle were filled with clotted blood; the left chambers of the heart were empty. There was no disease of the valves.

Under one of the laminæ of the tricuspid valve a small flaccid hydatid was found, unattached. In the pulmonary artery, immediately above the valves, an unbroken hydatid, rather more than half an inch in diameter, was found; and in the further course of the artery, before its subdivision, there were several other smaller hydatids.

On tracing the branches of the pulmonary artery, several clusters of hydatids and the collapsed skins of hydatids—ranging from one-eighth to one-fourth of an inch in diameter—were discovered in them. These hydatids were exclusively confined to the left lung, and chiefly to the upper lobe, one small cluster only being found in the centre of the lung, and one in the lower lobe. These clusters of hydatids were enveloped in pale fibrin, but not contained in organized sacs. The lower lobes of both lungs were carnified, but still crepitated slightly under the fingers. The pulmonary veins and the bronchial tubes contained no hydatids.

The liver, spleen, kidneys, stomach, uterus, and brain, and the principal venous trunks of the lower extremities were next carefully examined; but, with the exception of slight fatty degeneration of the liver, some irregularity of the surface of the right kidney, and general venous congestion, nothing abnormal was detected.

On examining one of the small hydatids taken from the pulmonary artery, I found it to contain very perfect echinococci.

The hydatid tumour in the apex of the heart was stuffed with hydatids, and it was evident that the hydatids found in the right ventricle and in the pulmonary artery had escaped from it.

A review of the course of Sheppard's illness leaves little doubt that the hydatid tumour had existed in the heart for several years. Four years before her death she was laid up with pleurisy and what was termed inflammation of the kidneys, and ever afterwards was troubled with cough, shortness of breath, and palpitation. Two years before her death she had a second attack of pleurisy, and subsequently to this frequent spitting of blood. After her death, old adhesions of the lung to the pleura costalis—such as would have resulted from attacks of pleurisy at the dates specified—were found.

Now, the poor woman was of vigorous conformation, and to the last was stout and florid. There can, therefore, be little doubt that these attacks of illness are attributable to the hydatids; but more than one other case may be cited to show that an hydatid tumour in the heart, provided it be unbroken, although it may cause terrible disturbance of the heart itself, ending in death, may not set up inflammation of the lung or pleura. It is, consequently, probable that the attacks of pleurisy were caused in Sheppard by the blood becoming contaminated by the hydatid liquor,—which, from the occasional bursting of an hydatid tumour into the sac of the peritoneum, we know to be highly irritating to serous membranes. In a case that fell under my care some years ago, in which an hydatid tumour in the liver opened through the lung, and a great number of broken hydatids were coughed up, inflammation of the pleura was excited by the passage of the hydatids, and after death the right lung was everywhere united to the reflected layer of the pleura.

Two cases of hydatid tumour in the heart are recorded in the *Transactions of the Medico-Chirurgical Society*.

The first of these is related in a letter from Mr. David Price to Sir Astley Cooper, which was read to the Society January 20, 1820. The subject of the case was a well-grown boy, 10 years old, who was in the habit of going daily to a charity school. On the morning of the day on which he died he appeared at the school with dirty hands. "The master sent him home, requesting that his mother would wash him. This request, it appears, was not complied with, and, in the afternoon, he returned again with unwashed hands. The master ordered one of the boys to take him into the yard and wash him; but the boy exceeded his instruc-

Digitized by Google

tions, and, instead of simply washing him as directed, took off his shirt and splashed him with cold water. The poor fellow, however, seemed very well after this ablution, and left school, with the rest of the boys, in apparent good health and spirits." When he had proceeded a short distance from the school-house he suddenly fell on his hands and knees on the pavement, and a few minutes afterwards was dead. It is stated that he never had any difficulty of breathing, and never complained of palpitation; that he did not experience the smallest inconvenience from the exertion of going quickly upstairs; and that he always entered with alacrity into all the amusements of children of his age. In consequence of the suddenness of the boy's death, a coroner's inquest was held and the body examined. Mr. Price says, "In compliance with the instructions which I received, I minutely examined the brain, the abdominal viscera, and the contents of the thorax; and I found every part perfectly healthy, with the exception of the heart and a portion of pericardium, which was adhering to it. In the latter were two ounces of dark-coloured fluid. In the muscular substance of the heart was found a large hydatid" (a). Mr. Price does not say in what part of the heart the hydatid was lodged, or whether it was ruptured or not.

In 1832, a full and interesting account of another case of the same kind was sent to the Medico-Chirurgical Society, by Mr. Herbert R. Evans, of Hampstead, and was published in the 17th volume of the Society's Transactions.

The patient was a single woman, about 40, and for some months before her death had shortness of breath, and occasionally felt a sharp, darting pain in the region of the heart. On the 20th of April, after running down stairs and up again rather quickly, she was seized with a violent paroxysm of dyspnœa, attended with throbbing and pain of the heart, which compelled her to go to bed. From this time she was constantly in bed, suffering greatly from faintness and from palpitation and dyspnœa, which were much aggravated by the slightest exertion. Occasionally, without any exertion, paroxysms of difficult breathing so severe as to threaten dissolution came on, and lasted for hours. There was little sleep, and that little was disturbed and unrefreshing. The urine was scanty, but the extremities did not swell. The legs were often affected with severe cramps. Her strength gradually failed, and on the 1st of June she died. On examination of the body, the apex of the right ventricle was found to be occupied by a globular hydatid tumour three inches in diameter, which contained a number of floating hydatids. The tumour projected into the right ventricle, so as to occupy about one-fourth of the ventricular cavity, and was there smooth and polished, and covered by the lining membrane of the ventricle.

On the outside, the tumour extended beyond the muscular substance of the heart, and the outer layer of the pericardium was there adherent to it.

The heart is preserved in the Museum of the Bartholomew's Hospital.

In situation and size, and in adhesion of the pericardium to it, the hydatid tumour in this instance exactly resembles that of Sarah Sheppard. The only difference between the two cases is, that in Mr. Evans's case the tumour was unbroken.

Two instances in which an hydatid tumour became developed in the muscular substance of the heart have been briefly recorded by Rokitansky, and in each of them the sudden and unexpected death of the subject led, as in the case recorded by Mr. Price, to a judicial inquiry. The subject, in the first of these instances, was a young woman, 23 years of age, and the hydatid sac, which was larger than a hen's egg, was lodged in the upper part of the ventricular septum, protruding into both ventricles, but more especially into the right. The sac had burst, and the cyst which had escaped from it, was wedged into the pulmonary artery. There were three other hydatid tumours in the liver.

The subject in the second instance was a soldier, 35 years of age. "The posterior and uppermost part of the ventricular septum, and the contiguous portion of the posterior wall of the left ventricle were occupied by a round sac, the size of a duck's egg, having callous walls of a line in thickness, which projected into the cavities of the right ventricle and auricle. The sac contained a pulpy brown fluid, intermixed with crumbling and shaggy fibrinous coagula, and the soft gelatinous remains of acephalocysts (b)."

Scattered in Medical journals and in systematic works on Pathology, are notices of a few other cases of the same kind: but the account of most of them is brief and imperfect (c).

The cases just related show—

1. That an hydatid tumour may become developed in different parts of the muscular substance of the heart.

2. That in some situations it may attain a considerable size, without causing illness or disturbing the action of the heart in a sufficient degree to attract attention, and may then, by bursting or otherwise, cause sudden and unexpected death.

3. That in other situations, or when it has attained a larger size, it may cause severe pain, and distressing palpitation and dyspnœa, and gradually destroy life by obstructing the course of the blood, and impeding respiration.

Hydatid tumours in man are very much more common in the liver than in any other part of the body; but the liver does not seem more favourable to their development than other parts. They are occasionally found in the mesentery (and, as these cases show, in the substance of the heart), and in various other parts of the body, as highly developed as they ever are in the liver. In the summer of last year a lady died, under my care, with hydatid tumours in the mesentery, and after death five large hydatid tumours, attached to the mesentery, were found in different parts of the belly,—all of them stuffed with secondary hydatids. The greater frequency of hydatid tumours in the liver appears to be owing to the circumstance that the hydatid germs find readier access to it than they do to other organs, where their development can take place. It has been established by the researches of Siebold and others, that hydatids and other forms of cyst-worm are developed from the ova of tape-worms, and that, in turn, the living heads of the cyst-worms, when taken into the intestines of certain animals, become there developed into tape-worms. The greater frequency of hydatid tumours in the liver lead then to the inference, otherwise probable, that the germs of the hydatids enter the body, at least in most instances, by the intestinal canal. From the intestinal canal they must pass either up the gall-ducts or into the radicles of the portal vein to the capillary branches of one of these sets of vessels in the liver, and there become developed into hydatid tumours.

Generally, hydatid tumours in man are found in the liver only; but sometimes, with one or more hydatid tumours in the liver, an hydatid tumour is found in the mesentery, or in the lower lobe of one of the lungs. The germ of the hydatid tumour in the mesentery or lung in such instances probably entered the intestinal canal with the germ of the co-existent tumour of the liver, but did not reach the liver, and formed a tumour in the mesentery, or passed through the liver, formed a tumour in the lung. An hydatid germ might pass from the intestine into a radicle of the portal vein or into one of the lacteal vessels, and through either of these channels it might pass (through the liver or through the thoracic duct) into the vena cava. By either channel it would come first into the right chambers of the heart; and it is therefore probable that, when more instances of an hydatid tumour in the heart have been collected, the tumour will be found in the majority of instances, as it was in the case of Sheppard, in the right side of the heart.

(a) Med.-Chir. Trans. vol. xi.

(b) Rokitansky, Path. Anat. Translation of Sydenham Society, vol. iv. p. 208.

(c) The latest case that I can find recorded in this country, was related by Dr. Barlow to the Pathological Society, in Dec. 1854, and is published in vol. vi. of the Society's Transactions.

TEN CASES OF RUPTURED PERINÆUM.—CURED BY OPERATION.

By I. BAKER BROWN, F.R.C.S. (By Exam.)

Surgeon-Accoucheur to St. Mary's Hospital, etc. etc.

Case 48.—O. S. aged 25.—*Ruptured perinæum—four years' duration—operation—cure.*

About four years ago was delivered with forceps of her first child, a boy, after a long and tedious labour. Two years afterwards her second child was born. Since her first confinement she has always been an invalid, suffering

Digitized by Google

from bearing down pains and back-ache; and, contrary to her usual habits, has been unable to ride on horseback or walk, or take any active exercise. Whenever the bowels were relaxed, or she took an enema, she possessed no control over the anus. Having thus suffered for four years, and becoming very thin and generally ill, she consulted Sir C. Locock, who at once discovered that the perinæum was completely ruptured. Sir Charles kindly sent her on to me, and I found the anterior half of the sphincter gone, and in its place a thin band of mucous membrane.

On March 21st, 1857, I operated in my usual way, in the presence of and assisted by Dr. Handfield Jones, Messrs. Britton, Staples, and Philip Harper, Dr. Snow administering chloroform. One rather large arterial branch was wounded when the sphincter was divided, but it was easily tied. She was some time in recovering from the chloroform, and remained in a highly hysterical state for some hours. Opium was given as usual.

23rd.—At half-past five p.m. removed the deep sutures. The catamenia appeared just previously to their removal, being ten days before their normal period.

26th.—Removed the superficial sutures.

April 2nd.—Everything healing well, and the bowels were allowed to act, being assisted by castor oil and enemata of warm water. It was now discovered that there was a small recto-vaginal fistula, through which escaped a good deal of liquid fæcal matter. On the following day I applied to the opening some acetum lyttæ, and repeated it from time to time for five or six days, and then when the bowels acted it was found that the fistula had quite healed, and she possessed control over the sphincter. From this time she gradually recovered, and at the end of a month returned to the country, where she resumed all her habits of riding and driving, and rapidly recovered health and strength. A short time since I saw her husband, who told me she was in robust health.

Remarks.—This case illustrates well the constant constitutional disturbance with bearing down of the uterus that attend rupture of the perinæum; and it is not a little singular that she had no idea of the nature of her sufferings, nor had it been pointed out to her till she saw Sir Charles Locock.

Case 49.—S. L., aged 28.—*Complete rupture of the perinæum—operation—failure—second operation—success.*

Was admitted into St. Mary's Hospital, with complete rupture of the perinæum through the sphincter. The notes of the state in which this patient was upon first admission, and of the first operation, are unfortunately lost; two of my case books having been clandestinely taken away by some person. However, the first operation did not succeed, and only a superficial perinæum was formed; so on May 13, 1857, I passed a bistoury up the rectum, and divided the septal band, which had formed after the last operation, between the rectum and vagina. Having done this I performed my usual operation. Two grains of opium immediately, and a grain every four hours.

14th.—A restless night, and much sickness. Pulse 110, very compressible. To have ʒiv. of brandy.

15th.—Better night. The deep sutures having begun to ulcerate, were removed in the evening.

16th. — Parts do not look healthy — slight discharge. Chicken and a pint of stout.

17th.—A good deal of throbbing pain in the perinæum, which looks red and unhealthy. To apply nitric acid lotion, and to take acid nit. dil. ɱxv. tc. cinch. ʒii., aq. ʒi. M. every four hours.

19th.—A good deal of discharge. Pulse very weak, 108. Superficial sutures removed.

21st.—Parts still look unhealthy, and the anterior half not uniting.

24th.—Bowels moved by castor oil and an enema.

26th.—Better. Parts clean and granulating. To repeat the castor oil.

29th.—Less discharge. Parts filling up. Pulse 90.

June 12th.—Improved much. Parts granulating up nicely. Can retain her motions much better than she has done.

27th.—Continues to improve much. The control over her motions has still more increased. The parts are healing and closing up a good deal.

1858, February 23rd.—She called and saw the Sister of the Ward, and stated that she was perfectly well, and expected shortly to be confined.

Remarks.—This case did not progress satisfactorily because the general health was not good; still it resulted much better than could have been expected.

(From notes taken by Mr. STAPLES, the Resident Obstetric Medical Officer.)

Case 50.—M. H., aged 27.—*Laceration of perinæum completely through the sphincter—four years' duration—operation—cure.*

Admitted into St. Mary's Hospital under Mr. Baker Brown, on June 15, 1857, and gave the following history:—

"In November 1853 was delivered by a midwife of her first child; was only in labour about five hours, and had not much pain. The succeeding day she suffered from pain in the perinæum, for which the nurse gave a dose of castor oil, which operated very much, and from that time she has never had any control over her bowels. Three months after her confinement she applied to a Medical man, who gave her injections to use, which did no good. In 1855 she was delivered of her second child, and was then recommended to apply to Mr. Baker Brown."

On examination, the perinæum was found torn completely through the sphincter. The uterus and bladder much prolapsed. Quite unable to retain her fæces at all. Her general health being bad she was placed on a course of iron tonics and generous diet. This much improved her, and on July 1st Mr. Baker Brown operated in his usual manner. Two grains of opium immediately after the operation, and one grain every four hours.

3rd.—Deep sutures removed.

4th.—A good deal of discharge from the suture tracks which smells rather fœtid: mutton chops, etc.

6th.—Parts look healthy. Discharged lessened and better in character.

11th.—A good deal of pain in the perinæum. To apply a poultice, and take a draught of Liq. opii sedl. ɱiij., spr. æth. nit. ɱxv., mist. amm. acet. ʒi. M. every four hours.

12th.—Better. To have an enema.

13th.—Bowels well moved. Parts more healthy. To take ʒi. of decoct. cinchon. three times a-day.

20th.—Superficial sutures removed.

She continued steadily improving until August 26, when she was discharged with a sound perinæum, and quite well in every respect.

Remarks.—This case was rather more troublesome and tedious in consequence of the very impoverished state of the patient's health. It would be difficult to meet with a case in which altogether the person could be more unfavourably placed, and yet in the end she made a good recovery. Her diet during the whole time was highly nourishing, and the opium, as well as wine, were more than usually freely given.

(From notes taken by Mr. STAPLES, the Resident Obstetric Medical Officer.)

Case 51.—A. P., aged 55.—*Complete laceration of perinæum through the sphincter—30 years' duration—operation—cure.*

Admitted into St. Mary's Hospital under Mr. Baker Brown on October 15, 1857.

When in labour with her first child, thirty years ago, the perinæum was ruptured, and she has never been able to hold her motions since. Indeed, she has been almost entirely prevented from leaving her room. Her life was a perfect misery both to herself and her friends.

On examination, the perinæum was found completely torn through, and all the anterior fibres of the sphincter quite gone.

On October 21st Mr. Brown performed his usual operation. A grain of opium every four hours.

24th.—Deep sutures removed. Pulse weak. To take acid nit. dil., decoct. cinch. and tr. opii three times a-day.

30th.—Superficial sutures removed.

November 1st.—Bowels moved with castor oil and an enema; she passed her motions the first time for thirty years perfectly under her own control.

She rapidly recovered, and was discharged on November 21st with a firm and good perinæum.

Remarks.—This case came from Wells, in Norfolk, and was kindly sent to me by my friend, Mr. Hugh Rump, who, having heard of her recommended her to place herself under my care. Although of such long standing and so very severe in its form, this case was cured in less than a month, and altogether a more satisfactory case can scarcely be conceived, especially considering the age of the patient. I sub-

Digitized by Google

sequently heard from Mr. Rump, who wrote in warm terms of the complete success and consequent happiness of the poor woman.

Case 52.—Mrs. K., aged 40.—Complete laceration of perinæum and two inches of rectum—ten years' duration—operation—successful result.

She was delivered of her first child ten years since by forceps, after a long labour of three days and nights, and the perinæum then gave way. She has had four children since, but from the time of the accident she has had but slight control over the bowel, and occasionally none at all, nor has she been able to walk about, except in the house, because of the sensation of bearing down of the womb. She has also frequently suffered from profuse menstrual discharge and leucorrhœa, and been again and again treated for ulceration of the os uteri. As she had never been told that she could be cured she was surprised in July, 1857, on consulting Sir Charles Locock, to hear that there was any hope of a successful result to an operation. He kindly recommended her to me.

On examination I found the perinæum torn and half the sphincter quite gone. The recto-vaginal septum itself was torn away to the extent of two inches in a triangular form. The mucous membrane of the bowel was very lax, and lapped over the torn edges a good deal. These points rendered it very doubtful whether by one operation the parts could be so brought together as to ensure union without any recto-vaginal fistula remaining. I therefore determined to attempt the cure of the torn septum first, and with this object on November 3, 1857, I proceeded, with the assistance of Messrs. Nunn, and Philip Harper (Mr. Edwards administering chloroform), to carefully pare the edges of the rent, at the same time separating the mucous membrane slightly, so as to increase the extent of raw surface. I then inserted three hare lip pins at short intervals, and wrapped silk over them in figure of 8 form, so as to bring the edges together. I thus got the raw surfaces in good apposition without strain or puckering.

November 6.—I carefully withdrew the needles. There was slight bleeding, but the parts appeared united. They went on well until the bowels were moved, when they again gave way, but certainly leaving the triangle in the septum less acute. As the menstrual period was at hand I determined to do nothing until that had passed, but I took the opportunity to pass a ligature round a large mass of relaxed mucous membrane. This much facilitated the future operation.

24th.—She was placed under chloroform by Mr. Edwards, and in the presence of Messrs. Nunn, Herbert Wilkin, and Philip Harper, I proceeded to pare the mucous membrane from the sides of the vagina and the surface of the recto-vaginal septum—doing the latter very cautiously, on account of its tensity. I carried the lateral denudations more backward than usual, on account of the large size of the rupture. Having passed the two deep sutures I put another one through the mucous membrane of the septum, which latter I fastened to the posterior deep suture. The effect of this was that when the deep sutures were tied it supported the denuded portion of the recto-vaginal septum, and ensured its contact without any of its loose mucous membrane falling between. I divided the sphincter deeply. I put three grains of opium into the rectum, and gave one grain by the mouth, and as she was very sick and faint some hot brandy and water. She afterwards had ice to suck.

25th.—As the solid opium still produced sickness, I gave her some laudanum and chloric æther.

26th.—Passed a good deal of flatus from the rectum, which she had not done for ten years previously. As the parts looked pale with some sanious discharge appearing, I ordered a glass of port wine every three hours, and in the evening removed the deep sutures.

27th.—Parts looked well. A little pus from the tracts of the sutures. To continue the wine to the extent of a bottle in twenty-four hours.

From this time she progressed satisfactorily, and the perinæum became firm, with a very contracted anus; but a small opening existed between the rectum and vagina covered over by a sort of valve formed by the mucous membrane of the bowel. This I treated by touching with acet. lyttæ, and it gradually lessened; but occasionally, if the bowels were very relaxed, a little coloured fluid accompanied with flatus would escape through; but as I did not think anything more was needed at present, I advised her return home on January 1st, 1858.

On February 11th I received a letter from her, from which I extract the following:—

"I am happy to tell you I am very well, and feel so much stronger in walking; and I am very seldom reminded now of the little hole, and I think I should never be aware of it if it were not for still wanting a sufficient power to expel. Then what lies in the passage will sometimes force its way a very little through the small opening, as I am often inclined to be relaxed without any medicine. What lies there in a relaxed state worries me sometimes; but that is not so bad as escaping too easily, as was the case before. I do not really find it of much consequence, and perhaps it is getting better of itself. I quite enjoy walking, and feel so much better in the morning than I used to."

Remarks.—This is a very instructive case, and by far the worst I have yet met with where it was fair to perform any operation. The great depth to which the septum was torn and the relaxed state of the mucous membrane of the bowel were great barriers to the success; but I think the note I have given above describes a state which, under the circumstances, must be considered a very good result; and as the expelling power of the sphincter gradually returns, I have no doubt the very small opening will, by a subsequent operation, if necessary, be completely cured. This lady appears to be daily gaining health, and all the old symptoms of bearing down have disappeared. She appears much surprised to find that she can stoop, as she never could do so before without feeling that the womb was coming out.

P.S.—Since the above was drawn out I have received another letter in which she speaks very strongly of her present state. "I am scarcely aware of the presence of any opening now. I have never the slightest inconvenience."

Case 53.—Mrs. B., aged 40.—Laceration of perinæum and rectum—10 years' duration—operation—cure.

This patient was brought me by Mr. Ellis of Sloane-street, at the recommendation of Dr. Henry Bennett. Ten years ago, when in labour with her first child, the perinæum gave way under the use of forceps. She has had four children subsequently. Since that period she has been under treatment for several months at a time for uterine mischief, chiefly ulceration and enlargement of the neck. The application of caustics healed it, but it always rapidly returned. She has never had perfect control over the rectum for the whole ten years, the fæces frequently coming away involuntarily.

On examination I found the perinæum not only torn through, but that the tear also extended more than an inch right up the rectum.

November 4, 1857.—She was placed under chloroform by Mr. Ellis, and in the presence of Messrs. Nunn and Philip Harper I proceeded to operate. The depth to which the rectum was torn rendered it necessary to pare the parts much more deeply than usual, and by inserting the quill sutures well and deeply through I managed to bring the parts into good apposition without any fistulous opening remaining. She was then placed under the influence of opium.

6th.—Slight appearance of ulceration. The deep sutures removed.

7th.—A strong erysipelatous blush came out all over the parts. I rubbed them over with nitrate of silver, and ordered ʒiij. of port wine every two hours, and a mixture of acid nit. dil. in decoct. cinchon. every four hours. The opium to be continued.

8th.—The erysipelas has not extended, and the parts look healthy.

11th.—The superficial sutures removed. Parts firmly united.

17th.—Bowels moved to-day satisfactorily.

26th.—The parts are very firm. Perinæum sound, deep, and strong. Perfect control over the sphincter.

Dr. Henry Bennett saw and carefully examined her, and expressed himself much pleased with the perfect restoration of the perinæum.

Remarks.—This case is very interesting, as proving very strongly the fact upon which I have so often commented, viz. that it is no use healing up the ulceration of the os uteri which is present in these cases, unless the perinæum itself be restored. It also shows the necessity for very free administration of wine and general support when from any cause there is a disposition to erysipelas or other unfavourable symptoms of want of general tone. She has steadily progressed in health

Digitized by Google

and strength, and returned to North Wales in excellent spirits with perfect control of her sphincter, and with no bearing-down sensations, and able to walk daily; whereas, for the previous ten years she had been obliged to spend her time in the recumbent posture. I should observe that this lady was only under Dr. Bennett a few days before he recommended her to come to me: the treatment for her uterine troubles having been followed by another Physician for some years without his knowing that the perinæum was ruptured.

(From notes by Mr. STAPLES, the Resident Obstetric Medical Officer.)

Case 54.—S. C., aged 42.—*Laceration of perinæum through the external sphincter—two years' duration—operation—cure.*

Admitted into St. Mary's Hospital on November 23, 1857, under Mr. Baker Brown. Is the mother of ten children, the last of which was born two years ago, when the perinæum was ruptured. From this period she began to suffer from great bearing down, and found the uterus coming into the vagina. This gradually increased, though it never appeared externally, and it caused her so much pain as to compel her to retain the recumbent position during the greater part of her time. She has a certain amount of control over her motions, and can retain them when not relaxed.

On examination the perinæum and the superficial half of the fibres of the sphincter were found to be torn through, and the uterus was just impinging upon the external parts. Mr. Brown, on November 25, performed his usual operation. A grain of opium every four hours.

28th.—Deep sutures removed.

December 5.—Superficial sutures removed, and the bowels opened with ol. ricini.

7th.—Bowels quite under control. No bearing down.

20th.—Discharged with a sound and perfect perinæum.

Remarks.—Another case of rapid recovery. The amount of prolapsus was very great before the operation, and I have no doubt was especially caused by the uterus having lost its natural vaginal support.

(From notes by Mr. CHISHOLM, the Obstetric Clinical Clerk.)

Case 55.—E. E., aged 33.—*Laceration of perinæum through the sphincter—seven weeks' duration—operation—cure.*

Admitted into St. Mary's Hospital on March 13, 1858, under Mr. Baker Brown. Seven weeks ago was delivered of her eighth child, with instruments, after having been in labour for thirty-one hours. A few weeks before delivery she fell down and broke three of her ribs. The child was still-born. She had never required the use of instruments at any previous labour. Ten days after delivery she found that her motions passed away involuntarily, and since then everything has come from her as she stood at her work.

On examination it was found that the perinæum was torn through the sphincter, and the rent extended about an inch up the recto-vaginal septum.

March 17.—Mr. Brown performed his usual operation. One small artery required a ligature. A grain of opium every four hours.

19th.—The deep sutures removed.

24th.—Superficial sutures removed.

26th.—Bowels opened with castor-oil and an enema. She has perfect control over her motions.

30th.—Two or three piles, which irritated the anus a little, were cut off.

April 3rd.—The parts are quite healed, and she has a very thick and firm perinæum, with perfect control over her sphincter.

16th.—Quite well in every respect.

Case 56.—Mrs. G., aged 24.—*Laceration of perinæum—seventeen days' duration—operation—cure.*

She was confined, seventeen days since, after a tedious labour, of her first child. No instruments were used. The child's head was large, and at the moment of its passage the perinæum gave way up to, but not through, the sphincter.

March 16th, 1858.—I performed my usual operation in the presence of Messrs. Quinton and Philip Harper. As the parts had been so recently torn, they did not require paring quite so much as usual, neither did I consider it necessary to divide the sphincter.

18th.—Removed the deep sutures. All well.

21st.—Removed the superficial sutures. Parts nearly healed. This case progressed and ended satisfactorily.

Case 57.—Mrs. W., aged 28.—*Laceration of perinæum through the sphincter—two years' duration—operation—cure.*

Was delivered with her second child two years since, and since that time has never been able to restrain her motions. She also suffers very much from constant vomiting. This, as well as her miserable state, have very much affected her general health. She was recommended to apply to me by Dr. Scanlan. On examination, I found a complete rupture of the perinæum. There was a mere mucous band in place of the anterior half of the sphincter.

On March 25, 1858, I performed my usual operation, in the presence of Drs. Scanlan and J. Walker, and Messrs. Nunn and Philip Harper. To take a grain of opium every four hours.

26th.—Doing well, but very sick.

27th.—Removed deep sutures. All well.

She went on uninterruptedly well; but I found, at the end of a fortnight, a fistulous opening through the perinæum into the vagina, but not into the anus, so that no flatus or fæces escaped. I touched it with acetum lyttæ, and it gradually healed up. She has perfect control over her motions, and is much improved in health. She is very grateful for being restored to so much comfort.

There are not many additional observations required upon this series of cases, they speak for themselves. Case 49, although leaving the Hospital in a state which could not be considered perfect, yet by the subsequent granulation and healing became so, and she emphatically declared to the sister that she was quite well, and had complete control over her sphincter. Case 52, although she left me with a small recto-vaginal fistula must, from the strong expressions about herself which she uses, he considered a very successful result. I conclude that the opening, originally very small, has become still smaller by contraction, and will not require any further operative procedure.

If my former paper be referred to, it will be seen that I have recorded the history of forty-seven cases; but one of these, for reasons therein stated, cannot be considered as belonging to the series, and therefore in judging of the statistics of the operation must be excluded. My statistics therefore stand thus:—Total number, 56. Perfect and complete cures, 52. Partially successful, 2. Unsuccessful, 1. Death, 1. The percentage of perfect cures is therefore 92·75. In my former paper it was 91·30. Every additional case which falls under my observation increases my high opinion of the good results of the free administration of opium and nourishment subsequently, and affords a most complete answer to the objections of those who think all surgical interference in these distressing cases unnecessary.

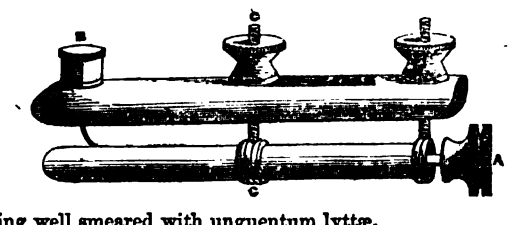
17, Connaught-square, Hyde-park, May, 1858.

RADICAL CURE OF INGUINAL HERNIA ON A FEMALE.

By REDFERN DAVIES,
Surgeon to the Birmingham Workhouse.

Clara Bull, aged nine years, has been the subject of an hernial protrusion into the right labia for the last four years. The origin and cause of the rupture were unknown. It was discovered accidentally by the child's mother. In size it is about as large as a pigeon's egg. It is easily and completely reduced and as easily comes down again. The act of removing her truss whilst standing upright suffices for the gut immediately to descend.

On June 6th, the patient on her back and the hernia reduced, I applied the instrument described in my former communication (a) (June 12), and here again figured, the plug



being well smeared with unguentum lyttæ.

The instrument was removed on June 14th, when the parts

(a) I should here state that the mechanical improvements in this instrument were executed by Mr. T. P. Salt, instrument maker, Birmingham.

Digitized by Google

presented the usual appearances, viz. some superficial ulceration at the point of exit of the needle—a little larger in area than a split pea—the edges of the doigt de gant in a state of ulceration, and around the invagination the parts were a little swollen, red, and tender on pressure. A wet compress and spica bandage.

On July 9th, the patient was carefully examined by Mr. William Hoare, Surgeon (to whose kindness I am indebted for the case), and myself; we found that the site of exit of the needle was cicatrised, and the edges of the invaginated plug had firmly united and all but healed.

A firm plug could be felt in the inguinal canal, and upon coughing, etc., no descent of the intestine could be felt.

Observations.—Owing to the youth of the patient, considerable difficulty was experienced in applying the instrument, the calibre of whose plug was equal to a No. 12 catheter. I should say, I was at least twenty minutes in attempting to invaginate the integument before I could confidently assure myself that the end of the plug was well within the external ring, and that nothing intervened between it and the abdominal parietes; as, however, it occasioned only a little discomfort to the patient, the time was an object of no importance.

Owing to the great suppleness of the parts, notwithstanding that a portion of the integument invaginated was borrowed from the labia, which in consequence was, to a slight extent, pulled upwards and a little outwards, no deformity now exists whatever, the lips are in perfect and natural apposition.

During the whole of the period which the instrument was applied, the absence of pain and the freedom from all suffering save from that of being confined to bed, was remarkable; in fact, it was with difficulty the child could be restrained from getting out of bed to play.

The chief point of interest in this case is the practical assurance of the applicability of Wützer's method to the radical cure of inguinal hernia on the female, this being as far as I am aware from the published reports of cases, the first instance in which it has been attempted.

Birmingham, July 1858.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

BRONZED SKIN OF THREE YEARS' DURATION—DEATH—AUTOPSY.

(Under the care of Dr. ADDISON.)

[Reported by Mr. WASHINGTON LOVEGROVE.]

The following is, perhaps, the most important case which has yet been recorded in connexion with Dr. Addison's discovery. The bronzing of the skin had existed for three years, and it is therefore in the highest degree probable that the man had lived for more than that period with both capsules utterly disorganized. A confident opinion had been pronounced as to the nature of the visceral disease two years before the man's death. Thus, then, we have a Physician venturing to record publicly his belief that a patient suffers from disease of certain concealed viscera, and that he will certainly die. The conclusion is long delayed, but it comes at last, and the prediction receives its full verification. Can more be desired, we would ask, either as regards diagnosis or prognosis? In the face of such evidence, can there remain a doubt as to the symptomatic value of bronzing of the skin, when carefully estimated by a well-trained eye? We commend the case to the consideration of those who, on the strength of the fact that rats have been known to live a few months after their extirpation, have ventured the conclusion that the supra-renal capsules are not essential to human life.

The following are the notes of the case as furnished by Mr. Lovegrove:—

Thomas L., aged 32, was admitted into Guy's Hospital, under Dr. Addison, on July 2, in an extremely debilitated state, and died rather suddenly three days afterwards. The case was well known, as the patient had been under observation for more than two years. He lived at Walworth, and was employed as driver of a stationary engine in a seed bleaching factory. He was first admitted into the Hospital on October 10, 1856, under Dr. Habershon, having already been an out-patient under that gentleman's care for five months previously. He stated that he had been rather a free liver, and had suffered from gonorrhœa and syphilis, and that about twelve months before (the last date), he observed that he was losing strength, and that his skin was becoming of a dark hue. He sought Medical advice in consequence, and was said to have liver disease; he also had at that time pain in his side. On admission he had a haggard, worn expression of countenance; he was of spare frame, and his skin was of a dark colour, resembling that of a mulatto, and almost black on the scrotum; the mucous membrane of lips and gums also darkened in hue. Heart feeble; pulse sixty-four, weak; chest healthy; urine natural; his eyesight was dim, and he suffered from faintness after the least exertion. The case was at once recognised as one of Addison's Disease; and Dr. Habershon, in discussing what could be done for him, considering that the symptoms of asthenia were due to some loss of function of the semilunar ganglia and solar plexus (these parts being intimately connected with the supra-renal capsules), proposed the use of electricity. This was adopted, with the internal administration of iodine of potassium and bark, and the man left relieved after a few weeks. After leaving the Hospital he stated that he was better, and was able to follow his employment, until three weeks before his last admission, when he took cold and became much worse. He then returned on July 6, the present month. He stated that his strength had been good, but it was evident that he had become accustomed to an unnatural condition, for he would not admit his extreme weakness even then, although he could scarcely stand. The skin was of a dark brown colour, and of a deeper tinge at navel, nipples and scrotum; mucous membrane of gums and mouth stained with patches of a leaden hue. He had dizziness and failure of vision on attempting to walk; no appetite. He after this got still weaker, and died rather unexpectedly on the morning of the 5th of July.

More particulars might be added to the first report from the memories of those who saw this man on his first admission with respect to his feebleness, his remarkable colour, and the absence of all symptoms referrible to disease of any of the larger organs of the body whose functions are better known; but it is thought desirable not to alter the original history, although short, as it was taken a year and nine months before his death, and which, it may be remarked, is styled in the Hospital books a case of "Melasma supra-renale." It may be mentioned that no odour was observed; but this was not especially regarded.

Post-mortem inspection—taken from Dr. Wilks's report.—External appearance of body:—Spare, but not at all wasted; an average amount of good subintegumental fat, and also fat in usual amount in the abdomen. Muscles red, and of good size, as if they had been exercised of late. The colour of the body was most remarkable, resembling that of a mulatto or one of dark blood, and contrasting strongly with the white skin of another body which lay at its side, and which it had resembled three years before. The colour was of a slight greenish brown; and the subject would undoubtedly have been taken for a man of colour, had not the previous history been known. The brown hue was universal, except on the lower parts of the legs, which were lighter, and was remarkably uniform, there being no darker or lighter patches on any parts, excepting two black specks on the face. The axillæ, umbilicus, and genital organs, however, were of a darker shade. No distinct patches of pigment on the lips, but the margin next the skin of a dark hue. Hair darkish, but not black; eyes grey. Brain healthy. Pituitary body healthy. Lungs healthy. The apex of the right lung contained a dry cretaceous mass the size of a pea. This lung adherent by old cellular tissue. Heart, weight 8 oz, small; muscle firm, red, and healthy; a small loose coagulum on the right side; veins full of blood. Stomach: mucous membrane highly injected, and the surface covered with tenacious mucus, as if an irritation or low form of gastritis has existed. Intestines healthy, with the exception of remarkable prominence of Peyer's patches and solitary glands at the lower end of the ileum. Mesenteric and other lymphatic glands healthy. Liver (weight 3 lb. 5 oz.), spleen (weight 6 oz.), and pancreas healthy. Kidneys healthy, with exception of the top of one presently to be mentioned. Supra-renal capsules: both organs quite destroyed

Digitized by Google

in structure by adventitious deposit—an albuminous-cretaceous material. There appeared also to have been an inflammation of their investing capsules, as they were firmly united to the surrounding parts, and were with difficulty dissected out; thus the right was adherent to the liver and top of the kidney, and the surrounding fat could not be stripped off in the ordinary way, but being adherent the organs could only be rendered clean by scraping. The right supra-renal capsule was about the size of the healthy organ, but the left was puckered into a roundish mass about the size of a walnut. When cut through they presented the usual appearance of the disease which so frequently attacks these organs, being converted into a whitish amorphous matter which was formerly called scrofulous. This consisted mainly of two parts—a white brittle cretaceous matter, and a semi-translucent soft drymatter resembling a dirty coloured blanc-mange. The latter was probably the original or primary deposit, and the former the same having undergone degeneration. The right capsule in addition was softening in its middle, and contained about a drachm of a cream-like fluid. The disease on this side had slightly encroached on the kidney, the top of which contained a soft whitish spot. The microscope showed the adventitious material to be almost structureless; the softer semi-translucent parts consisted of an amorphous substance mixed with granules, the latter being collected in small groups, put on the appearance of cells and nuclei, and probably they were such degenerating, but no cell or fibre structure could be distinctly made out. The yellower friable matter consisted of little else than fatty and cretaceous granules. The white spot at the top of the kidney in contact with the right capsule contained some nuclei and nucleated fibre, and appeared to consist of a simple inflammatory product.

The semilunar ganglia appeared healthy, but its nerve branches ran quite into the diseased capsules, and were lost in them. The skin, when a section was made, showed most admirably the position of the pigment. It was situated beneath the epidermis in the rete mucosum, following the course of the papillæ, and thus exactly resembling the integument of a black man.

HOSPITAL NOTES.

THE ophthalmoscope is rapidly proving itself of equal value with the stethoscope, each in its own domain. In proof let us cite the following case:—Eliza M., aged 36, a pale, feeble-looking woman, applied among Mr. Dixon's out-patients at the Ophthalmic Hospital, complaining that for four months back her sight had been failing. She carried in her arms a stout baby, and stated, on inquiry, that it was her ninth, that it was ten months old, and that it still lived almost solely upon the breast. She had suffered no pain whatever in her eyes, and there was not the slightest congestion of any part to be seen. The pupils were of moderate size, and freely mobile; indeed, as far as the unassisted eye could discover, the eyes were perfectly normal. The account was that for four months the sight had been dim, as if smoke were before the eyes; muscæ volitantes had also been troublesome. At no time had there been either pain or redness. She could still see large print, but not sufficiently well to read it; and she could not tell the time by a large clock at the opposite side of the room. With such a history and such symptoms could any one have been blamed for pronouncing the origin of the disease to be asthenia lactantium, ordering the woman to wean her baby, and take stout and quinine? Five years ago we question whether one surgeon in a thousand would have arrived at any other conclusion. It was deemed best, however, to employ the ophthalmoscope before prescribing; and with the light which that instrument threw upon it the case assumed a totally different aspect. In each eye the vitreous humor was seen to be hazy, and to have numerous white flakes and films floating about in it. This condition having been previously often noticed in conjunction with secondary syphilis, the woman was at once questioned, and as quickly admitted that in November last she had contracted sores from her husband, and that at the present time she had a rash on her chest and shoulders. This rash proved to be syphilitic psoriasis. Here then was a case in which the stress of the syphilitic inflammation had fallen upon the vitreous, and the iris had wholly escaped. The obscurity of the vitreous prevented the state of the choroid from being accurately ascertained. The patient was ordered to wean her baby, and a course of mild mercurials was prescribed.

We have selected this case on account of the pointed lesson which it conveys. It is, however, scarcely more than a fair example of what the ophthalmoscope is daily doing in the hands of those well trained to its use.

UNUNITED FRACTURE OF THE FEMUR.

On Saturday last Mr. Fergusson operated on a case of much interest, in which a middle-aged, but feeble-looking man, was the subject of a non-united fracture of the left femur. The original accident had occurred on shipboard about twenty months ago. The man had been under various measures of treatment, of which the last was that Mr. Fergusson practised about a month ago a subcutaneous scraping of the ends of the bones by means of a long-bladed tenotomy knife. None had, however, been attended by any degree of success, and the two portions of bone remained freely moveable on each other. On the present occasion the operation consisted in freely laying bare the parts, and then sawing off the lowest half-inch of the upper fragment. Holes were also drilled into the bone in various parts, and finally a seton was passed through the wound and brought out at the under part of the thigh. Mr. Fergusson remarked afterwards that his own experience of the treatment of these cases was far from encouraging. He had repeatedly known operations more or less of the kind he had just adopted fail to procure the wished-for result. That they were not free from risk was proved by a case he had treated in the Hospital about two years ago, in which a previously healthy man had finally sunk under an attack of low fever, which had supervened some time afterwards. The operation, indeed, consisted in converting the case into one of compound fracture, an injury which, when occurring to the femur, is well known to be attended by much danger. Nevertheless, now and then both patient and Surgeon were rewarded, by the change of an useless incumbrance into an excellent limb.

LACERATION OF THE KNEE-JOINT.

An elderly man was admitted into St. Bartholomew's, under Mr. Lloyd's care on Thursday last, having torn open his right knee from side to side. The joint had been anchylosed for some years, and the patella of the opposite limb was broken, and its fragments widely separated. These conditions had for long rendered the poor fellow a cripple, and it was owing to one of his sticks slipping under him that the present accident had occurred. The laceration was a most extensive one, laying completely open the whole front of the joint. All who saw the case advised immediate amputation, though the feeling in several minds was not very strong, and the man expressing a positive dissent from the recommendation, it was not pressed. An opportunity of much interest will, therefore, be afforded for watching the progress of such an injury when not interfered with. Mr. Lloyd remarked that, seeing that the joint had been long destroyed, we might fairly expect a less severe inflammation of its structures than would otherwise have been sure to follow. The only similar accident which we recollect ever to have seen, was one in which a Surgeon using extra force to bend a stiff knee had torn through all the soft parts just below the patella. In this case nothing was done, and good union followed. We saw the patient a year or two afterwards with a fairly useful limb.

EXCISIONS OF JOINTS, ETC.

There are just now in one of Mr. Bowman's wards at King's College several interesting cases in which joints have been excised. In one, a boy of 14 is out of bed within six weeks of excision of his left knee, the progress having been remarkably rapid. In another, an adult man has been the subject of excision of the head of the femur for diseased hip-joint, and is doing exceedingly well. He states that, from the day of the operation, he has been free from the wearing pain which formerly existed in the joint. His case is of the more interest as almost all the previous subjects of this operation have been children or young persons. In a third case, Mr. Bowman succeeded on Saturday last in removing, by operation, several fragments of loose necrosed bone from the left hip of a lad of about 13. They appeared to have separated

Digitized by Google

in part from the femur, and in part from the edge of the acetabulum. As the limb is already stiffened and in a good position, it is to be hoped that this removal of irritating fragments may be sufficient to procure a complete recovery.

USE OF SUTURES AFTER ABSCISSION OF STAPHYLOMA.

We mentioned a few weeks ago two cases in which Mr. Critchett had adopted the plan of closing the wound by sutures after abscission of staphyloma of the cornea. A third case, since treated in the same manner, has not done so well, inasmuch as profuse suppuration, with great swelling of the lids, followed. It will remain for time to show whether the plan possesses any advantages. Since our notice of it we have been informed that a similar procedure was adopted by Mr. Solomon, of Birmingham, some months ago, and we believe with very satisfactory result.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from page 10.)

The subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

OPERATIONS FOR THE REMOVAL OF NECROSED BONE.

In this class we have 36 cases reported, all of which, with one exception, are recovered, as far as any danger from the operation is concerned. The majority are really well, but in several, other operations will be needed before the whole of the sequestra are got away.

With regard to the particular bone affected, it was the femur in 5, the tibia in 15, the scapula in 3, the humerus in 4, the radius in 3, the ulna in 2, the lower jaw in 2, the cranium in 2.

The single case, which ended fatally, was that of a woman, aged 30, under Mr. Bickersteth's care in the Liverpool Royal Infirmary. Almost the entire shaft of the radius had been removed, and the wound was nearly healed, when she was attacked by small-pox, of which she died.

TREPHINING FOR ABSCESS IN BONE.

The subject of this case was a little boy, aged 11, under Mr. Smith's care in the Leeds Infirmary. The head of the tibia was the part affected. The trephine was used and pus evacuated. He recovered well.

OPERATIONS FOR THE REMOVAL OF NON-MALIGNANT TUMOURS.

In the list of operations for the removal of tumours not of a malignant nature, we have 25 cases, in which the tumour was fatty, 15 in which it was cystic, 5 cases of epulis, 2 cases of enlarged and thickened bursæ, and 3 of fibro-cartilaginous growths. In a singular case, under the care of Mr. Godfrey, in the Bristol General Infirmary, amputation through the thigh was necessary, on account of a fatty tumour surrounding the knee-joint. It had been growing for five years, and had attained a circumference of two feet four inches. The patient was a man, aged 52.

In several cases attacks of erysipelas, etc. followed the operation, and put the patient's life in jeopardy for a time. It does not appear, however, that in any one of these 51 cases death resulted.

PLASTIC OPERATIONS.

For single harelip operations appear to have been performed in 8 cases, with 7 successes and 1 failure. For double harelip in 5 cases, with 3 successes and 2 failures. Operations of different kinds for the relief of deformities resulting from the contraction of cicatrices left by burns, have been performed according to the returns made to us in 26 cases. In most it is stated that some benefit had been obtained, and in many it had been very marked. No patient appears to have died in consequence of an operation of this class. Four cases of staphyloraphy, 2 successful, 1 not so, and 1 imperfect, are on our list, and 2 of Taliacotian operations, the results of both of which are stated to have been exceedingly satisfactory. In 1 case an operation for the closure of a vesico-vaginal fistula was performed, but no union resulted, and the woman left the Hospital *in statu quo*. The plan pursued was that by quill sutures. In 2 cases, both under Mr. Teale's care in the Leeds Infirmary, the usual perineal operation was successfully performed for the relief of prolapsus uteri. In a third case, under care in the same Infirmary, but little union followed, and the advantage gained was correspondingly slight.

OPERATIONS FOR NÆVUS.

Probably the majority of these operations have been classed as minor surgery, and not mentioned in the returns made to us, a remark which most likely applies also to harelip and some other of the less important operative procedures. Ten cases only of nævus treated by one or other of the plans in use are included in our lists. In most of these the morbid growth appears to have been unusually large. In none did fatal results ensue.

OPERATIONS FOR CANCER OF THE TONGUE.

Case 1.—The York: Mr. Husband.—A woman, aged 47. The diseased part was ligatured, and sloughed away. She left the Hospital apparently well. *Case* 2.—The Bradford: Mr. Parkinson.—A man, aged 32, was admitted with a large cancerous ulceration of one side of the tongue. It was treated by strangulation with three ligatures, and the wound healed. Six weeks after the healing he was seen, and there were no signs of recurrence.

EXCISION OF THE TESTIS.

Case 1.—The Liverpool Royal: Mr. Long.—A healthy-looking man, aged 26, the subject of "strumous disease" of the testicle following a blow. Excision. Recovery. *Case* 2.—The Derby: Mr. Johnson.—A man, aged 26, the subject of medullary cancer of the right testis. Excision. Peritonitis occurred on the third day, but it passed off, and the man recovered.

AMPUTATION OF THE PENIS.

A man, aged 64, by trade a baker, was admitted under Mr. Sayle's care into the West Norfolk Hospital, on account of a growth of epithelial cancer, involving the whole prepuce and the integuments of the penis. The penis was amputated close to the pubes. The patient left the Hospital in good health, and able to pass water freely.

TRACHEOTOMY.

Case 1.—The Bristol General: Mr. Lansdown.—A woman, aged 25, the subject of syphilitic ulceration of the larynx. She was moribund on admission, and although tracheotomy was at once resorted to, did not rally. At the autopsy a small piece of carious bone was found in one laryngeal pouch. *Case* 2.—The Dundee: Dr. Williams, H. S.—A man, aged 36, was in a state of impending suffocation from syphilitic disease of the larynx. Tracheotomy was performed, and with temporary relief; but death followed fourteen hours afterwards. No autopsy.

LIGATURE OF ARTERIES.

In 3 cases, on account of wounds, the radial artery is mentioned as having been tied, in 2 the ulnar, and in 1 the posterior tibial. In all three, after a more or less protracted convalescence, the patients ultimately recovered. We cannot suppose that these 6 cases include nearly all those in which the arteries named, or others of equal size, have required ligature on account of wound, in the practice of the Hospitals included in our list. In all probability, many have been omitted as not being capital operations, and not worthy of statistical

Digitized by Google

record. *Case 7.*—The Liverpool Royal: Mr. Bickersteth.—A spare made man, aged 35, in good health, was admitted on account of an aneurism in the left popliteal space. It had been noticed about a month, and had attained the size of half an orange. Ligature of the femoral was performed, and the limb afterwards wrapped in cotton-wool and flannel. He complained of severe pain extending from the foot to the hip, very shortly after the operation, which he described "as if some one were twisting the limb round." In the evening the toes were quite cold, and destitute of sensation. Gangrene gradually extended, and on the fifth day it was determined to amputate above the knee. The man, unfortunately died from the effects of chloroform administered prior to the amputation. The case has already been recorded as regards the chloroform accident. *Case 8.*—The Liverpool Royal: Mr. Bickersteth.—A healthy young labourer, aged 24, who had always enjoyed good health. About ten days' before admission he had noticed a small lump in the left ham, which had gradually increased and become painful. An aneurism was found filling the popliteal space, and extending upwards. The whole limb was œdematous, and its girth around the tumour between three and four inches greater than that of its fellow. After some preparatory treatment, ligature of the femoral was performed. The case progressed most favourably. The ligature came away on the twenty-third day, and the patient left the Hospital well within six weeks of the operation.

These cases conclude our Provincial Statistics for the year 1857. A few cases which, owing to irregularity on the part of one or two of our correspondents in making their returns, were omitted in their proper places, will stand over for a future report. The publication of this has been unusually delayed on account of its great length and the claims of other matters on our space.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.*	A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.*	A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, JULY 17.

NETLEY HOSPITAL.

It has happened on more than one occasion that we have defended men and measures attacked in Parliament, and by both the Medical and general press; and we have been enabled to show, in the long run, that the course we took was the right one. Netley Hospital affords us another case in point. From the very moment of its projection this Hospital has been the object of unceasing attacks. Poor Stafford and Mr. Sidney Herbert led the way in the House of Commons. The Medical Officers of the Middlesex Hospital were not behindhand. The Press followed suit, and the Medical Journals joined the cry—the *British Medical Journal* being especially vehement in its denunciations. At length, in December 1857, the Barrack and Hospital Improvement Committee were requested by Lord Panmure to report on the Hospital. Their report was delivered in March, and on the 10th of April last a Special Committee was appointed to inquire into all the objections raised against the site and plans of the Hospital. This Committee consisted of Colonel O'Brien, President; Captain Laffan, Dr. Sutherland, and Dr. Mapleton. Colonel Owen replaced Captain Laffan in June; and the Report of the Committee to the Under-Secretary of State for War, dated July 1, 1858, is now before us.

The manner in which the Committee proceeded to carry on the inquiry is worthy of all praise. They determined to submit the points at issue to gentlemen of acknowledged eminence in the several branches of science involved. Professor Phillips, the Geologist, and Dr. Thomson, the Chemist, were requested to proceed to the spot, "the former to examine and report on the geological formation of the ground; and the latter to analyse the sea-water, the mud, the gases, if any, that escaped from the mud, and the amount of sewage in the water opposite the site of the Hospital." Mr. Ranger, the Civil Engineer, also furnished a report as to *facts* which, with those of the Geologist and Chemist, was submitted to Dr. Babington, Dr. Milroy, and Mr. Simon, for their *opinions* as Medical men, to Dr. Mouat and Mr. Cooper, as Army Surgeons, and to Drs. Bullar and Orsborn, and Mr. Cooper, Medical authorities at Southampton. Inquiries were also made of Sir John Liddell, Meteorological returns were procured from Mr. Glaisher, and Mortality returns from the Registrar-General. No *joint* report was asked for from the gentlemen referred to, so that the Committee obtained the full advantage of individual views.

The general conclusion at which they arrived after this searching inquiry is thus stated in the report:—

"1. That the site is unobjectionable.

"2. That the building is well adapted to the purposes for which it was designed.

"3. That it is not the sort of building best adapted for a Medical school on the scale contemplated by Mr. Sidney Herbert's Committee, nor was it designed for such a purpose.

"4. Considering the large expenditure already incurred at Netley, and the importance of making early provision for the sick of the Army, we do not certainly recommend that an otherwise good Hospital should be converted into a Barrack.

"5. If a Medical school is to be established, it appears to us that the best place for it would be at some large military station."

This is the opinion of all the members of the Committee except Dr. Sutherland, who has expressed his own conclusions, as follows:—

"1. That the Royal Victoria Hospital, including the sanitary improvements introduced into its plans by this Committee last year, is suitable for its original intention as an Invalid Hospital, so far at least as concerns pulmonary and certain classes of chronic disease, of whom only a small proportion, as appears by the returns laid before this Committee, will be in bed.

"2. That it is not adapted for a General Hospital for sick, in which administrators and attendants can be trained economically and efficiently for service, wherever they may be required; and that it is not adapted for clinical instruction.

"3. That for these purposes, for which, as stated, the Royal Victoria Hospital was not originally designed, a General Hospital, constructed on another plan and in another locality, will have to be provided."

Now we maintain that on either of these conclusions, those concerned in the selection of the site of the Hospital and in the preparation of the plans are fully justified in the course they recommended. The site was selected, and the building designed as an Hospital for invalids arriving from abroad. It was not intended as a Medical school, nor as a model General Hospital, but for an Invalid Hospital, and as such "the *site is unobjectionable, and the building is well adapted to the purposes for which it was designed.*" It would be well if as much could be said for all other Government establishments.

But it may interest our readers to look over some of the reasons which have led the Committee to the above conclusions. We therefore take a few of the objections raised and the replies made, relating first to the site, and secondly to the building.

Digitized by Google

The Soil.—"Mr. Sidney Herbert's Committee object to the subsoil, as being 'clay' as opposed to being 'dry and self-draining.'

"Major Ravenhill shows, as the result of well-sinking, that there is no bed of what geologists call clay at less than fifty-five feet from the surface, and that is but one foot in thickness.

"About the soil of the *district* there can be no question whatever. Professor Phillips says 'a layer of flint gravel spreads over a large tract of country round, and gives it for the most part a dry healthy character.'"

Malaria.—"Mr. Sidney Herbert's Commitee state that 'it is well known the admixture of fresh water with sea water in tidal estuaries is a common source of malaria, especially in hot weather.'

"As to the quantity of fresh water, Professor Thompson shows that the fresh water opposite Netley, at low tide, is in the proportion of 1 to 8, and at high tide 1 to 18.

"Mr. Ranger states:—'In the discharge of my official duty I have examined sixteen towns on the sides of the large estuaries in England and Wales, in fourteen I was unable to trace the least injury to health from the mixture of the waters; in two instances, however, owing to extensive marshes, with *stagnant* salt and fresh water combined, fever and ague especially prevailed.'

"Professor Thompson also says:—'I am not aware of any facts that can be cited as evidence of any injurious reaction by the simple mixture of fresh and salt water;'" and other referees give evidence to the same effect.

But the best test of malaria is the health of the inhabitants exposed to its influence. Now the minimum annual mortality of any district in England is 15 per 1000, the maximum being 36, whereas the mortality of Hound parish, in which the Hospital is situated, is 18 per 1000. A statement is also appended of the causes of death in the same parish from 1853 to 1857 inclusive, which does not show a single fatal case of ague or remittent fever. Dr. Babington remarks, that "there is no fatal disease whatever during the whole of that period which can fairly be attributed to any special defect of climate."

As to facility of access by water and landing of the sick, the report of Captain Heath, as to Netley, is conclusive:—"That the landing from ordinary boats at the existing hard is quite free from difficulty of any sort;" and that "I have been more than a year at this anchorage, and there has been *no* day during that period on which communication by boat between the ship and the shore has been interrupted by gales of wind."

Then as to the construction of the building, the Committee observe:—"One great division of the Medical body entertain strongly the opinions that wards for ten or twelve men are more comfortable and more easily warmed and ventilated in winter than larger ones; whilst another great body of the Profession considers the arrangement of the larger wards, with windows placed opposite to one another, and the beds between the windows, as the only mode of construction that can be made capable of ensuring a proper amount of light and ventilation to the sick."

The whole of the evidence on these points is extremely interesting. That of Dr. Babington is especially worthy of perusal. Of course, on points of detail there will be some difference of opinion, but the general conclusion is that the building "will be found altogether well suited for the purposes for which it was designed."

We trust that this report will put an end to a very unnecessary discussion, feeling convinced that, looking to the purposes for which the Hospital is designed, it would be difficult, if not impossible, to find a preferable site; and that, without pledging ourselves to every detail of construction, the general plan of the building is good and appropriate.

THE WEEK.

In another part of this week's impression will be found the official notification of the honour which it has pleased Her Majesty to bestow on the late Director-General of the Army Medical Department on his retirement from her service. It were ungrateful as ungracious for us to pass by this event without special notice. When we recal the bitter personal attacks to which Sir Andrew Smith was subjected throughout the Crimean campaign by an influential portion of the daily press (renewed this week by the most influential paper in this country) and by the whole Medical press except ourselves; remembering the ill-concealed jealousy with which his administrative conduct was assailed before military and parliamentary tribunals, and the multiform machinations, more or less successful, to disparage and defeat his recommendations for the improvement of the Medical Department of the Army—the distinction thus Royally conferred acquires a peculiar significance and great additional value. It is too seldom that we can honestly indulge in words of eulogy on public functionaries; but, in the present instance, as we veritably believe that the late Chief of the Medical Department did "the State some service," so we wish our estimate of that service to be known, and the justice of our estimate to be generally acknowledged. We now know that much of the semi-official vituperation directed against Dr. Smith in 1854-55 originated simply from the politic desire of diverting public censure from the real authors and sources of our utter unpreparedness for hostile service in the field. This knowledge we derive from the most instructive of all the *Blue Books* which have owed their production to Parliamentary inquiry, the "Report of the Commissioners appointed to inquire into the Regulations affecting the sanitary condition of the Army," with its remarkable Appendix. In this Appendix are included some of the letters which passed between the Director-General and the principal Medical officers of the Army in the East; and we challenge the most prejudiced reader of this correspondence to dispute the conspicuous and comprehensive ability, the industrious and energetic zeal, the self-denying devotion to the welfare of the soldiery and of the Medical Staff, which Sir Andrew Smith displayed from February, 1854, the date of his preliminary inquiries and measures in Bulgaria, until the embarkation of the sick at Scutari, in June, 1856. Tried and proved by this incontestable evidence, we most conscientiously pronounce the subject of this notice to have well merited the grateful and opportune reward conferred upon him by his Sovereign. We are convinced, moreover, that the officers of the department over which he presided so long and earnestly will gratefully accept this honour as one done to themselves. Let us hope that in his well-earned retirement, Sir Andrew will return to, and for many years find enjoyment in, those fields of natural history which he cultivated and enriched by the studies of his early years.

Two cases of poisoning occurred last Thursday week at Shannon Harbour, in the King's County, not far from Ferbane, where the Rev. Dr. Alexander last year lost his life from the sale, by a grocer, of arsenic in mistake for arrow-root. We then remarked at some length on the necessity of preventing the sale of medicines by persons ignorant of their properties. Nothing has, however, since been done on this subject with respect to Ireland; the Sale of Poisons' Bill unfortunately does not apply to that part of the United Kingdom. On the day in question, two men, Patrick Egan and William Fynes, separately purchased as Epsom Salts, crystals of somewhat similar appearance at the shop of a small dealer named William Quaide. In both, unequivocal symptoms of poisoning followed the use of the drug, on which Dr. Peirce of Banagher was called in, by whom the sufferers were

Digitized by Google

treated and relieved. The two men continue, however, in a precarious condition. Specimens of the salts procured both from one of the patients and from the vendor were sent to Dublin for analysis, and in each instance the crystals proved to be sulphate of zinc. It is evident therefore that this, perhaps fatal, accident, has originated in gross ignorance on the part of the dealer; as it is likely that, had he known the difference, he would have given sulphate of magnesia when called on for the specimen.

Professor Simpson has just made his first appearance as a speaker at a great public meeting, and made a decided hit. He defends the Town Council of Edinburgh, thinks they have exercised their patronage well, and that Crown appointments would not have been so good. Here is one of his stories of an appointment to a chair of Astronomy by the Crown in a Scotch University:—

"This gentleman knew so little of the subject of astronomy that he (Professor Simpson) had heard a lady living at that University often tell that, when he was taken to the Observatory to look at the instruments—for it was furnished with a good set of instruments—he turned one round and round and round, and then he began to look through it, to the amazement of the old porter, who quaintly observed—'That, sir, may be your new-fangled way of looking through the telescope, but the twa auld Professors used to keek through the ither end of it.' (Laughter.) This was a specimen of the Crown appointments. He knew the history of another Crown appointment in the same University, which he did not choose to name. It was the appointment of a Medical Professor. A Medical gentleman attended the son of one of the Scotch nobility on the tour of Europe. For doing so he got a pension from the family, which betimes that family, forsooth, began to grudge, and then they made a bargain that if they got as good an appointment for him he would not draw the salary out of their purse. A Professorship of Medicine fell vacant, that gentleman was put into it, and the noble family were saved the infliction of the annual drawing on their purse, while he was inflicted on the unfortunate University."

Thus he asserts the dignity of the middle classes:—

"He had heard it alleged against the Town Council that they were men engaged in trade and commerce, and it was asked, what interest had they in the arts and sciences? He thought that some of the gentlemen who asked that question did not know what o'clock it was in the world at present—(laughter)—because he believed booksellers would tell them that they sold more of the best books in the manufacturing districts than anywhere else. He had heard it stated, and they had all heard it stated over and over again, that love of the fine arts and the patronage of the fine arts was, perhaps, the best test of civilization which they could have in any community. Then let them ask any artists who gave them the greatest number of orders for their pictures or statues, and they would find that there were more orders for objects of art issuing out of the single commercial, trading, mercantile county of Lancashire than out of the whole of England. And not only so, but some of these men engaged in trade and commerce were the greatest masters also in science. Take astronomy as an instance. That Observatory in Regent's-park, London, where so many new planets had been discovered by Mr. Hind, was kept out of the private pocket of Mr. Bishop, a wine merchant. (Hear and cheers.) The new satellite belonging to Jupiter, discovered some years ago, was discovered by a brewer, Mr. Lascelles, of Liverpool—(cheers)—and the man who had done most to give us an insight into the structure of the moon was a citizen of our own, and an iron merchant—Mr. Nasmyth, of Manchester. (Cheers.)" And he held that these three men and the commercial class they represented were far better men than Government officials to elect University Professors; but he did not carry on the argument to its legitimate conclusion, and show that such men were fair specimens of the Edinburgh Town Council.

"As a proof that the street quacks are not well 'up' in anatomy, I may mention that a friend of mine put this question to about twenty of them: 'Is the liver in the chest or abdomen?' About a dozen said, 'the chest;' several replied 'neither;' some were candid enough to say they did not know; one pettishly answered, 'devil a matther where it is, these pills ull get to ut.' And three or four—by accident, I believe—pitched upon the abdomen! Yet, the liver—be it remembered—is, more particularly, a part of the body which these men take under their scientific care!"

These practitioners have not yet invented a patent medicine, but all in good time: they have their bright little manifestations of genius:—"Talk about 'stonishing the people! I'll tell you what I did once in Wales. I had been drinking, and got regularly hard up. I wanted something fresh to take the people's attention, so I got a black leather shoe-lace, suspended it in water in one of them there transparent bottles, and labelled it—'This BLACK WORM was passed from a man's stomach yesterday—aged 45 years!' Crikey! didn't it take? a black 'un had never been heard tell on before; I believe half the poor people in that part of the country came to see it, not one on 'em ever knowd but what it was a worm. I took good care to have the bottle sealed up, and I know I never laid out a ha'penny better in my life, it gave me a good start up again.'"

So says a lively describer of Manchester life.

We pick up the first country paper that comes to hand: let us see what the advertisements say. Here they are, the headings of them, one after the other:—"The victim's friend, the sixty-fifth thousand; N.B. Sufferers are cautioned against a quack who imitates this advertisement." "Every man his own Doctor, or the Science of Health;" hereby, of course, a man may cure himself of every disease without a doctor. "An act of sincere gratitude. 5000 copies of a Medical work to be given away!!! A Clergyman of the Established Church, etc." This fellow also complains of the disreputable quacks, "who have adopted this plan of puffing off their deceptive books." Then comes half a column "On the errors of youth and their consequences," illustrated with fine copperplate engravings, post free for 2s. How curious that all these vagabonds should be outrageous against each other! Here is a "Hospital Physician of 31 years' standing," who heads his precious document "Quackery defeated." Of course he deals in the usual wares: spermatorrhœa, epilepsy, nervous debility, and so on. Another clever party "Cures Ruptures without a Truss." If you desire luxuriant hair and whiskers, you can have them in an incredibly short time by applying to Miss ——. These are specimens of the rest, and this is the sort of food the teachers of the people, the daily and weekly press, supply to their readers.

The effect of the "Local Government Bill," in transferring the functions of the moribund Board of Health to the Home Office, is good as far as it goes; but nothing really good can be done until a State Sanitary Department is established, under a responsible Medical Minister of Public Health. In the meantime, the change now to be effected, as it cannot make the Board of Health more inefficient than it has been will probably be of service. The "Public Health Bill" contains an express provision in favour of Mr. Simon. It vests in the Privy Council the power of appointing and removing a Medical officer, now vested in the General Board of Health, which board expires on the 1st of September, 1858. It provides that the person who, at the time of the expiration of the board, may be its Medical officer, shall become the Medical officer of the Privy Council. It also authorizes the Privy Council to employ, from time to time, such other persons as may be necessary. The salary, remuneration, and allowances of the pegmanent and temporary staff to be paid out of money provided by Parliament. Vaccination is dealt with in one of the clauses of this Bill, which authorizes the Privy Council to issue regulations for securing the due qualification of vaccinators contracted with by guardians nd overseers of unions and parishes, and for securing

Digitized by Google

their efficient performance of vaccination. The same clause also provides that "any money from time to time provided by Parliament, for or towards defraying the expenses of the National Vaccine Establishment, or otherwise providing for the supply of vaccine lymph, shall be applied under the direction of the Privy Council." Provision is made in another clause for the more effectual enforcement of penalties under the "Acts for the time being in force on the subject of vaccination." Great good may be done if these clauses are well carried out; but till there is a proper remuneration given to vaccinators, vaccination cannot be efficiently carried out, and till then there can be no real safeguard against the ravages of smallpox.

The Druggists are doing their best to oppose the "Sale of Poisons Bill" in the House of Commons, but the only plausible objection they can raise is that thus stated by Mr. Hooper at a meeting of the Pharmaceutical Society:—"Under the Bill as it stood, it would be hardly possible for a chemist to sell a man a pennyworth of camphoretted chloroform for the tooth-ache, while the sale of oxalic acid would not be prevented at any oil-shop, perhaps next door, since the Bill only interfered with chemists and druggists. He knew an instance of this kind, in which a chemist refused to sell a person an ounce of oxalic acid, and that person shortly afterwards walked back with three pounds of oxalic acid under his arm, which he had bought at an oil-shop close by, at 1s. 6d. per pound." The simple reply to this is, that the Sale of Poisons, in any form, should be restricted to educated persons, and subjected to certain regulations. Only this week we met with a case in point. We were summoned on Wednesday afternoon to a case in which it was thought tracheotomy might be necessary. A man had swallowed about half-a-pint of a solution of caustic potash, used by the butler of the house in cleaning gold plate. He had mistaken the bottle for a bottle of beer. This mistake could not have occurred had it been imperative on the vendor to sell his poisonous fluid in an angular bottle. But this the druggists would object to as troublesome. The moral is, to look rather to the safety of the public than to the whims of the druggists.

The following are the remarks of the Registrar-General on the mortality of the past quarter:—

"In the thirteen weeks ending July 3rd the deaths in London were 14,541, of which more than half were those of persons under 20 years of age. A rise of nearly 17 degrees, from 38°, which was the mean temperature of the first or winter quarter of the year, to 54·7°, that of last quarter, was accompanied by a decrease of deaths, equal to 2767, or an average of 213 weekly. The heat of last quarter was unusual; the mean temperature was higher by 2·7° than the average of nine previous spring quarters, and in none of these was it so high as that which has been now attained. The meteorological conditions of the season have not hitherto been unusually unfavourable to health, and the mortality has been below the London average, notwithstanding the prevalence of measles and whooping-cough, which were very fatal, and also of scarlatina and diarrhœa, the latter of which has been excited to premature activity. If the deaths in the quarter had been at the rate derived from the *least unhealthy* districts in England, they would have been 10,387, or less by 4154 than the number actually registered."

More "Envy, hatred, malice, and all uncharitableness" in Edinburgh! Dr. Bennett seems to be the culprit this time. Here is a copy of the resolution of the "Senatus Academicus" at a meeting held last week:—"The attention of the Senatus Academicus having been called to a printed paper, entitled 'Universities (Scotland) Bill—Statement for the University of Edinburgh,' and signed 'John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine in and delegate from the University of Edinburgh,' and bearing date 30th June, 1858, the Senatus, in the absence of Dr. Bennett in London, resolve and declare that the statement of Dr. Bennett is wholly unauthorized by them, and they reserve any further observation on this matter till Dr. Bennett, by personal presence, have an opportunity of making any explanations he may have to offer." The meeting was a large one, there being seventeen members of the Senatus present. It was also agreed to hold another meeting for the purpose of recalling Dr. Bennett from London. So says the *Witness* of Saturday last. There is a great fight as to the mode of election of Professors, whether by a Court of Curators, or by the Town Council, the new Bill as amended taking the power from the Council and giving it to the new Court. Dr. Bennett is delegated to London, and he sends a circular among members of the House of Commons, in which, after arguing that the Council had exercised their patronage badly, and that the University had suffered in consequence, he thus alludes to a colleague:—"Since municipal reform has changed the constitution of the Town Council, the total number of students has diminished one-half. That this, if not wholly, is mainly due to the improper exercise of the patronage, is shown by the circumstance that, in 1854, the number of medical students was 510, but that, since the election of the present Professor of Physic, they have fallen to 460. His own class contains less than half of its former members, whilst that of clinical medicine, which he also teaches in part, has been reduced in three years from 103 to 60." It is not for us to enter into this dispute, nor to add that Dr. Laycock has offered a very satisfactory reply to the statement made against him; but we do protest, in the name of our common Profession, against such an unworthy attempt of one Professor to injure another of the same University. It is really a painful spectacle of unscrupulous jealousy, and the misfortune is that it lowers us all in the eyes of men of education. It is not the single delinquent who is pointed out as one whose great talents and useful labours are marred by unhappy defects of temper. It is not even the common cry, "What a nest of hornets poor —— has fallen into in Edinburgh!" but it is the sneer, too often well founded, that science in general, Medical science especially, instead of bringing "peace and good-will among men," engenders bitter contention and unscrupulous animosity. Science herself is thus degraded by the conduct of her sons.

JOHN MÜLLER.

The Berlin Medical journals have observed an inexplicable silence in respect to the events of the life of their renowned physiologist. The following particulars are derived from an interesting sketch by Professor Brücke, of Vienna.

John Müller was born at Koblenz on the 14th July, 1801. It is said that he was brought up amidst limited circumstances; but these at all events did not prevent his parents, as he himself states, paying the most anxious attention to his education. He studied during eight years at the gymnasium of his native town, and after serving as a common soldier in the army for a year, as compelled by the Prussian military law, he repaired to the university of Bonn. His attention was directed to subjects of study far beyond the mere Medical curriculum, for we find him attending lectures of celebrated professors on poetry and rhetoric, on the German language and literature, on Shakspeare, and on Dante. Besides his purely Medical studies he found time during his studentship to prepare a prize essay, *De Respiratione Fœtus*, which, when his age is considered, exhibited a most unusual amount of learning; and at the age of 21 he had completed his no less learned inaugural dissertation, *De Phoronomia Animalium*, treating of the mechanism of locomotion in all classes of

Digitized by Google

animals. He obtained the doctorate at Bonn in 1822. For the next year and a half he resided at Berlin, where, received by Rudolphi with a parental kindness, he chiefly occupied himself in zootomy, paying attention also to experimental physiology. Indeed, he was already engaged in investigating the functions of the spinal nerves. In 1824 he established himself as *privatim docens* at Bonn, and commenced that career of exciting and unwearied activity, that in the course of a few years brought him to the edge of the grave. He became the subject of a serious attack of illness, which his own strong constitution and the skill of P. F. Walter could scarcely bring him through. The chief fruits of these exertions were his works on the sense of sight, viz. his *Vergleichende Physiologie des Gesichtsinnes*, and his *Phantastischen Gesichtserscheinungen*, both published in 1826. These works drew the attention of a wide circle upon the youth, who shone forth as a meteor upon the firmament. Even those who were unable to follow him in his anatomical investigations and optical deductions, were much struck with the richness and profundity of the ideas he unfolded, and with the boldness with which he laid open the innermost mysteries of our life of sense. In the same year he was appointed extraordinary, and in 1830 ordinary professor of Medicine at Bonn. During this second period of his scientific activity, numerous treatises, for the most part anatomical, appeared, foremost of which may be named his *De Glandularum Secernentium Structura Penitori*, the *Bildungsgeschicte der Genitalien*, and the *Untersuchungen über das Blut*, published in 1832 in the 4th vol. of Burdach's Physiology.

In appreciating the first of these works, we must not judge it from the point of view derived from the present position of general anatomy, due essentially to the improvements which have been effected in the microscope. We must know what Müller found prevailing, what was taught from all chairs, and to what extent even correct observations were perverted by wild hypotheses, in order to be able to correctly measure the extent of realized progress. In his researches on the blood Müller returned to the true path trod by Hewson and his followers, but later deserted by celebrated inquirers; and his researches and observations essentially contributed to impart a better direction to this important chapter of physiology. During this period of his life also his *Lehrbuch der Physiologie* was commenced, although it was not completed until a later period at Berlin. This book produced such an effect that it not only at once supplanted all other manuals and systems of physiology in Germany, but was translated into almost every European language. This effect was due simply to the solid value of its contents, for all the external aids by which the public voice is often won for inferior productions, were on this, as well as all other occasions, disdained by Müller. The work represented the entire sum of the physiological knowledge of the period as no other did, and was enriched by the author's own observations. He had himself worked in every section of it, and was enabled to deliver his judgment in every section; and throughout the whole book no work was quoted that he had not himself perused. These were the circumstances to which it owed the extraordinary authority and the wide extension which it acquired.

In the year 1833, Müller was summoned to Berlin to occupy the chair left vacant by the death of Rudolphi. This nomination, so fortunate for Berlin, was brought about not only by the good sense of the Government, but at the instance of some of the notabilities of the medical and philosophical faculties, who were anxious to see joined with anatomical instruction that knowledge of physics and chemistry, the necessity of which in physiology had already become evident. Notwithstanding his numerous official duties, as professor and as director of the three anatomical museums, Müller exhibited (besides the completion of his *Lehrbuch*) an extraordinary amount of activity. Even by 1834 he had laid before the Academy a great work, which excited the justifiable admiration of his colleagues. This was the comparative anatomy of the Myxinoids, and this was succeeded by a series of physiological, anatomical, and zoological treatises, among which those on the Malpighian corpuscles of the spleen, on the *arteriæ helicinæ*, on the nerves of the penis, on the functions of the roots of the spinal nerves, and upon digestion, are of great interest to the Medical practitioner.

Of especial importance to medicine, however, was a work of his that saw the light in 1838, viz. his work on the minute anatomy and forms of tumours. His assistant, Theodore Schwann, working under his own eye, had discovered a leading principle in histology, which has ever since dominated the whole doctrine of development. He brought to light the long-sought elementary organisms with which the human frame is built up, as with so many living building-stones. The entire idea of growth and nutrition had therefore undergone an essential change; and Müller, from whose penetrating glance the wide application of this new demonstration could not be concealed, immediately turned it with restless industry to the examination of tumours, and thus became the creator of Pathological Histology. In 1839 he published a very important treatise upon the compensation of physical powers in the human organs of the voice, in which he treats of the mechanical production of the human voice. In future, however, the range of his scientific efforts became more limited, devoting his energies almost exclusively to the field of comparative anatomy and zoology.

The question has often been asked why Müller, after acquiring the highest renown for his physiological works, should have confined himself to anatomical and systematic studies; but it should be remembered that ever during his student-life he had laboured as much in comparative anatomy as in physiology, while his appointment at Berlin suddenly placed opportunities in his hands which surpassed the boldest dreams of his youth. Even putting aside the influence which these rich Museums would be likely to exert over him, the strict sense of duty which he manifested in all positions of life, would suffice to explain the change in the direction of his energies. The Museums called for his most earnest exertions, in their arrangement and increase, and the scientific utilisation of new material, rendering it impossible even for a man of his working powers to devote himself to prolonged physiological experiments and investigations. There rapidly succeeded one after another, however, a series of brilliant anatomical and zoological treatises, of which we will here only mention the systematic description of the Plagiostomi, brought out in conjunction with Henle in 1841, and the account of the structure and limits of the Ganoid Fishes in 1846; this last constituting a new turning-point of Müller's scientific career, inasmuch as it contained his Icthyological System, the fruits of many years' study of the subject.

Müller had now worked his way through all the classes of the vertebrate kingdom, had placed his Museums in order, and had followed out the various new ideas that had presented themselves to him, and submitted them to the test of both the past as well as the present, inasmuch as he comprised in his investigations the most interesting and important fossils he could gain access to. It is true that work yet remained for many men's lives in the completion of the anatomical and systematic details of the vertebrata; but this others were as capable of as himself, now that Cuvier and himself had indicated the paths to be pursued. It is, therefore, nowise surprising that his thirst for science now became turned to other subjects, concerning which a new light had begun to dawn in the northern horizon. The discoveries of Sars and Steenstrup excited in him the most lively interest, and he hastened to the sea-side to witness for himself. After he had brought his ichthyological labours to a close, he always passed his holidays at the coast, engaged in investigating the anatomy, generation, and development, of the invertebrata; and when his duties kept him at Berlin, the greater portion of his leisure was employed in working up the material he had accumulated during his vacations. In early life he had, indeed, been engaged with the anatomy of the invertebrata, and at no period had entirely lost sight of it. In 1842 he had produced, together with Troschel, a system of the asteridæ. That hand was well able to grapple with the marine invertebrata that had prepared itself in so masterly a way upon the vertebrate kingdom. Now, therefore, commenced that series of classic investigations which continued to the end of his life, and saw the light in the shape of his brilliant treatises on the Metamorphoses of the Echinodermata.

If we inquire what were the circumstances to which Müller, independently of his high intellectual endowment, his gigantic power for work, the energy and massiveness of his character, and his active and vigorous bodily constitution, owed the commanding position he incontestably held among men of science, we must admit, that before all things this was due to the breadth and depth of the foundations upon which his intellectual cultivation had been built. From the very commence

Digitized by Google

ment, not only did he penetrate into the very depths of all the provinces of the anatomical sciences, of anthropotomy, zootomy, development, and histology, but he was also a chemist and a physicist, as far as it was necessary for a physiologist to be so. Thus furnished, he soon reached the summit in physiology; and the same endowments, at a later period, so rapidly raised his reputation as a comparative anatomist. He was the first comparative anatomist, because he was the first physiologist,—because the idea of the organism was never absent from his mind, and because, with the subjects under his knife, he lost himself neither in mystical speculation nor æsthetic contemplations, but had in view only paradigmata which should exhibit the various forms and kinds in which the fundamental conditions of animal life might be realized. As his worth as a physiologist raised him as a comparative anatomist, so did his acquisitions as a comparative anatomist raise him as a zoologist. Cuvier has defined the natural system as that by which we are, when aware of the place of an animal in that system, made acquainted with the greatest number of its peculiarities possible. But who is better able to say what are essential peculiarities than the accomplished physiologist?—and who can better tell which outward differences are, and which are not, conjoined with innermost differences of organization than the comparative anatomist? These qualifications, joined to the exactitude and scrupulousness in all that he did, secured for his labours in systematic zoology such remarkable success. May all those who dedicate their lives to the pursuit of zoology be guided by the example of Müller!

The period of Müller's professorial activity continued over a space of thirty-four years, during which he was continuously employed, except when interrupted by short intervals of sickness. He had tempted from Bonn two of the most accomplished anatomists, Windischmann and Henle, one of whom unfortunately met an early grave. After his removal to Berlin his class largely increased, his lecture-room being frequented, not only by the youth of all nations, but frequently by celebrated persons, as for example, by Leopold von Buch. While usually, with the progress of years, the desire for seclusion increases, it was precisely during the last fifteen years of his life that John Müller rendered himself more accessible to his pupils than formerly, and numbers have had to congratulate themselves upon their close personal relations with him during their introduction to the practical study of comparative anatomy and zoology. They attached themselves to him with a passionate admiration, and did not leave him even during the vacations; but accompanied him even to the most distant coasts, there to continue their investigations under his superintendence. Thus went on his incessant influence until death put a sudden and unexpected termination to it.

John Müller died on the morning of the 28th April, 1858, without any presentiment of his coming end. He had felt wearied for some days past, but nothing announced portending danger. At five o'clock in the morning, just awake, he told his wife he had slept well; but when she returned to his bedroom, about seven o'clock, she found him a cold corpse.

REVIEWS.

Over het Fijnere Zamenstel en de Werking van het Verlengde Ruggemerg, en over de Naaste Oorzaak van Epilepsie en hare Rationele Behandeling. Door J. L. C. Schroeder van der Kolk. Uitgegeven door de Koninklijke Akademie van Wetenschappen. Met drie Platen. Amsterdam, C. G. van der Post. 1858. 4to, pp. 204.

On the Minute Structure and Influence of the Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. By J. L. C. Schroeder van der Kolk. Published by the Royal Academy of Sciences in Amsterdam.

Since the publication, in 1826, of his "Observationes Anatomico-Pathologici et Practici Argumenti," Professor Schroeder van der Kolk has deservedly ranked among the very first of European physiologists and pathologists. The work before us proves him to be no less a sound, practical Physician. In it he presents us with the fruits of thirty-five years' experience of the treatment of epilepsy, for the observation of which formidable disease he has had special opportunities.

After having entered at considerable length into the anatomical and physiological examination of the medulla oblongata, its nerves and accessory ganglia, the author brings forward a number of very interesting and important cases, illustrative of the different lesions on which the loss of the mechanical power of speech and of the memory of words severally depend; the former being connected with lesions in the corpora olivaria, the corpora striata, or the nuclei of the lingual and accessory nerves, all which several causes he fully analyses; the latter with affections of the brain itself.

The author makes some very interesting remarks on those cases in which, from a persistent or constantly present cause, as a splinter of glass in the hand, an *intermittent* effect, such as fits of epilepsy or of tetanus, will be produced; and he infers that "the special seat and starting-point of these convulsive movements is situated in the ganglionic cells of the medulla oblongata, which, as reflex ganglia, possess the peculiar property that, when once brought into an excited condition, they may, more or less suddenly, discharge themselves, and communicate their action to different nervous filaments. After their discharge, a certain time is again required to bring them into their former degree of excitability, and to render them capable of fresh discharges, just as we see to be the case with electric batteries, or in the phenomena of an electrical fish.

"Hence a second attack usually follows more quickly on a slighter attack of epilepsy, whereby these cells are not completely discharged; while a longer free interval generally succeeds to a severer fit."—Pp. 193, 194.

The author publishes tables of very accurate measurements made by himself, of the diameters of the capillary blood-vessels of the medulla oblongata in cases of epilepsy, whence he draws some important inferences, which are briefly summed up in the following proposition:—

"Epileptics may be divided into two classes: those which bite their tongue during the fit; and those in whom this never or extremely rarely occurs. In the former, the capillary vessels are usually wider in the course of the hypoglossus and corpora olivaria; in the latter, in the course of the vagus. In these last the disease is, on account of the greater tension in the organs of respiration, more dangerous, and the patients die mostly from arrest of respiration in a fit, which appears to occur less frequently in patients of the first class."

On the question of the treatment of epilepsy, Professor Schroeder van der Kolk is particularly practical and clear. The two great indications are, according to him:

"To diminish the excessive sensibility of the medulla oblongata, and to moderate, where this is necessary, the superabundant determination of blood to this part.

"2. So far as possible to expel or remove the remote cause, which by its action on the medulla oblongata, keeps up the increased capacity for morbid reflex movement and discharge of the ganglionic cells."

The author gives some useful hints on the subject of local depletion in epilepsy.

"If the patients are at all plethoric, the repeated use of cupping with scarification is very necessary, and is to be preferred to the application of leeches. By this means alone I have often seen the attacks remarkably diminished. If the employment of cupping glasses is difficult as in children, or sensitive women, I apply in two or three places, high in the neck, two leeches near one another; and after they fall off I exhaust the blood by placing over the bites elastic cups, which particularly in children, on account of the slightness of the neck, must be provided with openings not too wide. In this mode I have as much as possible avoided the more strongly derivative action of the cupping glasses, and the soaking and consequent increased determination of blood occasioned by warm poultices."

We have merely glanced at a few points in this great work in order to enable our readers to form an opinion of the whole. We think it less necessary to enter into a systematic analysis of the volume, as we trust shortly to see it before us in an English dress.

A Manual of Photographic Manipulation, treating of the practice of the Art, and its various applications to Nature. By Lake Price. London: 1858. 8vo. Pp. 256.

This is not exactly the book for an amateur who knows nothing of Photography and wishes to learn something; but it is exactly the book for the amateur who knows a little, and

Digitized by Google

wishes to learn more. There are hundreds of dabblers in Photography who have watched the manipulations of some expert friend, have been delighted by the beautiful results attained with such apparent ease, and have at once procured a camera, chemicals, glass, and paper. For a month or two the purchase has been a source of constant interest; but beyond the fact of blackened fingers, the result is too often a subject rather for a caricature by *Punch* than an object of admiration to the experimenter or his friends. Vexation follows disappointment, and the camera is consigned with the box of chemicals to the limbo of many another of those failures in life which are sure to follow any want of accuracy, precision, or perseverance. Our friend whose film of collodion will not adhere to his glass, whose albumenised paper is streaky, whose salted paper is spotty, whose negatives are opaque, whose common positives are mere blotchy masses of light and shade, and whose best are so ill-preserved as to fade away in the portfolio of their admiring parent, wants just the sort of guide in his manipulations that Mr. Price offers in this manual. He details the causes of failure so clearly, and points out the exact precautions necessary to ensure success so accurately in each stage of the manipulation, that his work can be strongly recommended as likely to prove very useful in removing the difficulties and furthering the progress of the student of Photography.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. July, 1858.

The present number of this Review fully maintains the high character it has gained, and will be found unusually full of interesting matter. The first article is on the Blood-letting Controversy, founded upon the controversial works which have been lately published on this kind of depletion, and especially on those of Drs. Alison and Bennett, of Edinburgh. The reviewer adduces the statistics collected from a variety of sources in favour of bleeding or non-bleeding, but shows that, from the extreme discordance and the great improbability of some of the results, little reliance can be placed upon such testimony. After a careful collation of facts, he arrives at the conclusion, in which probably he will be joined by the majority of the Profession, that the extremes of excessive bleeding and of no bleeding at all ought carefully to be avoided, and that this mode of depletion, cautiously and seasonably performed, is of the greatest service in arresting the progress of inflammatory disease. It should be mentioned that pneumonia is the only disease on which the statistics and the conclusions of the reviewer are founded; and that, while advocating moderate depletion in this affection, he warns the practitioner that in the adynamic form, if in old subjects, to avoid bleeding altogether. There is a very interesting article on the Food of the People, in which the importance of organic chemistry is urged upon the attention of legislators, and various suggestions are offered for improving, from existing sources, and without entailing new expenses, the dietary of the lower classes. The use of horse-flesh as human food in periods of scarcity is favourably mentioned, and it is suggested that sea-weeds might be usefully employed as an article of diet. The propriety of improving and increasing the breed of fishes, which may be done at very little cost of money or labour, is also strongly and properly insisted upon. In another article, headed Recent Advances in Medicine, a very fair and impartial notice is taken of several books which have lately appeared upon the general principles of our art, especially the fourth edition of Dr. Watson's Lectures on the Principles and Practice of Physic, the Pathologische Physiologie of Dr. Spiess, of Frankfort, Dr. Barclay's Manual of Medical Diagnosis, Dr. Aitken's Handbook of the Science and Practice of Medicine, and Dr. George Robinson's Contributions to the Physiology and Pathology of the Circulation of the Blood. In this article, most of the recent novelties in medicine, such as the distinctions of typhus and typhoid fever, the diseases of the supra-renal capsules, the leucocythemia of Virchow and Bennett, the new views of the pathology of rheumatism and gout, and the fatty degeneration of organs, are briefly but lucidly reviewed. Another article is devoted to a review of Dr. Richardson's essay on the Cause of the Coagulation of the Blood; and while the reviewer bestows the highest praise upon the ingenuity and the conclusiveness of Dr. Richardson's experiments and researches, the coagulation of the blood is still regarded as a vital act, and the evolution of ammonia only a necessary condition, and not the essential cause of the process. Among the original communications is a very interesting one by Dr. Hyde Salter, on asthma, in which that Physician confirms the generally received opinion, that the disease is caused by the muscular contraction of the air-tubes, and is essentially nervous in its origin. Another original communication is by Mr. Hunter, on the theory of inflammation, which the author regards as an abnormal species of nutrition. In the *Bibliographical Record* there are notices of several new books, and among others of Peacock on Malformations of the Human Heart, Brown-Séquard's Researches on Epilepsy, Labatt's Observations on Venereal Diseases, and several others. The *Chronicle of Medical Sciences* contains the usual half-yearly reports on physiology and materia medica, by Dr. Weber and Dr. Semple; and the quarterly reports on medicine, surgery, and midwifery, by Dr. Sieveking, Mr. Chatto, and Dr. Barnes.

From the above summary of some of the contents of the number, it will be seen to present particular attraction to the Professional reader.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE SUCKLING AND FEEDING OF INFANTS.

By Dr. WEGSCHEIDER.

Dr. Wegscheider read an interesting paper before the Berlin Midwifery Society, of which the following is an abstract. He is a strong advocate for the mother suckling her child, a practice, he says, the Berlin mothers are usually willing enough to follow. He has often found it practicable, when in former pregnancies it was not so; and even when the mother has to give up the attempt, she still derives the contentment and pleasing feeling of having tried to do her duty. We should not always allow the condition of the breasts prior to delivery to deter her, as the action of sucking develops these, and a supply, defective at first, may hereafter become abundant. As early as the third or fourth month the breasts should be washed twice a-day with cold water, and the nipples bathed with astringent washes, and rubbed with a velvet or tooth brush. These means are, however, not always successful in preventing inflammation, especially in primiparæ. A moderate amount of this need not prevent suckling, and certainly not when confined to one breast. Even if the suckling has to be given up, advantage will have accrued from some weeks' attempt, in relation to the next confinement, when suckling will be rendered much easier. A trusty and persevering nurse is of the highest value; for relatives, by their impatience and false compassion, lead to the attempt being given up too soon.

When the mother cannot or will not suckle, the question arises as to the preference to be given to artificial feeding or a wet nurse. The author, after having observed the operation of the former in more than 750 cases, and of wet-nursing in more than 100 cases, gives the decided preference to the nurse. Children brought up by hand are always, during the early months, smaller, thinner, and paler, more liable to disturbance of health, and possessing less power of vital resistance, their mortality is at least double that of children brought up at the breast. After the first year, the difference becomes more equalized, and the child brought up by the bottle may overtake the suckling, especially when the latter is exposed to injudicious diet after weaning. Such equalisation is, however, seldom quite complete; and we are able in many families, at a later period, to distinguish the children when differently brought up. The employment of a hired nurse still has its inconveniences and dangers. A person of healthy condition and of simple habits should be selected; and as change of air and habits of life sometimes exert an influence on her milk, it is often more prudent to choose a woman who has become somewhat acclimatized in the locality she is to be employed in. The author always prefers a woman who has suckled her own child for four or six weeks; and he thinks the

Digitized by Google

employment of old milk for young infants is of very doubtful propriety—both the quantity and quality of the fluid undergoing changes with the period of suckling. Experience has convinced him that the difference between the nurse and suckling should not be at most more than four or five months. Many practitioners give the preference to brunettes and robust-looking nurses over fairer and more delicate women; but the author's experience has led him to an opposite conclusion; and in choosing among individuals otherwise alike he prefers the fair and not too muscular nurse to the robust brunette. This conclusion is also supported by the researches of Becquerel and Vernois; and among animals the best milch-cows are not those exhibiting powerful muscular and osseous systems, but having a smooth skin, and a more delicate build. Certain it is that children have often thriven better under women of delicate constitution, chosen only because stronger did not present themselves, than under more robust nurses. Take what care in the choice we may, disappointments may still occur; for every nurse will not suit every child, and the same milk upon which the nurse's own child or another child throve well, will not sometimes suffice for a new child; a breast that yielded enough milk to a strong child will not do so to a weak one, and so on. The want of success of a nurse may frequently depend upon erroneous diet, too abundant a diet being just as mischievous as too spare a one. It should be simple and adapted to the woman's habits and digestive powers. According to Langheinrich menstruation comes on in twenty-two per cent. of suckling women, but the author believes it does so much more frequently. It is now pretty generally admitted that of itself it is not an indication for the cessation of suckling. The author's experience of the subject agrees with that of Dr. Tilt, except that he has found the child's bowels become disordered during the menstrual period oftener than in five per cent. of the cases. When, indeed, the child becomes unwell in this way the nurses should always be questioned as to the point; but they often reply untruly for fear of losing their posts. A diminution of the milk sometimes occurs if the menstrual discharge has been very abundant, or when suckling has been continued for eight or more months. On the occurrence of a new pregnancy it is the rule to prohibit further suckling. It is true that there are many examples of women having continued to suckle without any injury resulting to themselves or children, but there are also frequent examples to the contrary. It is not rare to find the child soon after the new conception becoming feeble and emaciated; and its defective nutrition may be the first and only sign of a new pregnancy. The mother suffers also from this double drain on her system, and a child so suckled often differs markedly in constitutional powers from the other children who have been normally suckled.

Although the bringing up a child by hand is unadvisable, it is often unavoidable. When the child is mature and strong, and born of healthy parents between the months of August and January, so that it is not exposed to so much danger of intestinal affections as during the summer months; and especially when no accident has occurred in bringing up former children, we may give our consent to the experiment. It is essential, however, that the mother or some trustworthy person should superintend the feeding; and if the mother will not do so, and a good dry-nurse (far more difficult to obtain than a good wet-nurse) cannot be had, the attempt should be abandoned. The task will be much lightened if the mother or some suckling woman can let the child suck a few times a day during the early months. By inquiring, women can be often found who are willing to suckle a child two or three times a-day on very moderate terms. In the case of illness of the child, the having had such aid is of consequence, for never having lost the habit of sucking entirely, it will at once take a breast that is then procured for it; while a child that has never sucked may, on an emergency, not be got to take the breast. The author has found this mixed plan of procedure highly advantageous, in some cases employing the milk of the mother, and of a nurse, and the bottle alternately. It is a mere prejudice to say that different milks will not agree with a child.

The difficulty of bringing a child up by hand may be judged of by the variety of plans which have been recommended. Ploss has prepared a table of sixty-eight of these methods, often differing materially from each other, and yet advocated by well-known practitioners. The author confines his attention to the most important points. Cow's milk he regards as the best substitute for human; but there seems as much difficulty in obtaining this free from water in Berlin as in other cities. Milk, indeed, from cows fed in towns he thinks radically bad from the unhealthy conditions amidst which the animals exist, and it should always, where practicable, be procured, by means of railways, from large country establishments. For the sake of its better keeping it should be boiled, and the pellicle removed; but when it can be had fresh several times a-day it needs not boiling. Although the comparative analyses of different kinds of milk are contradictory, yet it is shown that cow's, as compared with human milk, is much more concentrated, richer in casein and salts, and poorer in sugar. It follows from this, and experience confirms it, that it should be diluted and sweetened. For dilution, pure boiled water is the best, for without boiling some waters would contain too many salts, especially lime, the milk being already too rich in these. During the first eight days, one part of milk to three of water is a good proportion, and from thence to the third month one part to two of water, to be increased to equal parts in the fourth month. After this, according to the constitution of the child and the goodness of the milk, the dilution is gradually decreased, until about the ninth or tenth month it may be given without water. As a general rule the author makes no other addition to the milk; but when there is colic or disturbance of the digestive organs, he adds some weak infusion of fennel, and in the case of cutaneous eruptions some very weak violet tea. Formerly he was in the habit of adding weak decoction of arrowroot, but has left it off of late. Although the conversion of the starch into sugar and fat is probably too difficult a task for the infant's stomach, he has not observed any essential mischief follow its employment. In some cases in which disorder of the digestic organs was produced these might have been originally feeble; but such disturbance ceased when the arrowroot was left off. Some of the children who seemed to fatten on arrowroot also exhibited a very pallid aspect. He now recommends it only in the fifth or sixth month, when there is inclination to diarrhœa, the arrowroot then retarding the peristaltic actions. With the second year, or earlier with feeble children, broths together with a little salt may be added to the milk once or twice a-day; veal broth, where chicken or pigeon broth cannot be obtained, being preferable. Although for the purpose of sweetening the milk, sugar of milk would seem the most suitable form of sugar, yet as it dissolves with difficulty, sweetens but little, and is dear, ordinary sugar may be used. Mayer lays great stress upon the due alkalinization of cows' milk, as the healthy human milk is always alkaline, and that of the cow almost always acid. The author, who also once followed this practice, now doubts whether it adds to the digestibility of the milk; and he now merely adds some soda or chalk during the heats of summer, and when there is a disposition to diarrhœa, together with a sour smell of the stools, or the passage of undigested lumps of casein. All our efforts guided by chemistry and experience still fall short of producing a nutritious fluid exactly like the human milk. Independently of the less thriving condition of the child, and the frequent disturbance of its digestive organs, the condition of the secretions (as the acrid, ammoniacal urine, and bad-smelling, whitish, pasty stools, commingled with lumps of undigested casein) show how great is the difference of the actions exerted by the assimilatory organs upon these respective fluids. As a sucking-instrument the author prefers a sucking bottle, with a stopper of decalcined ivory. It is clean and elastic, and compels a sufficient amount of sucking action to obtain a sufficient supply of oxygen from the air and saliva to effect the necessary metamorphoses in the food. Prepared goats'-teats are also very useful, while those made of vulcanized caoutchouc are, on account of the sulphur they contain, objectionable.

The practitioner must himself watch carefully the effects of feeding, for the statements of either the mother or nurse as to the thriving of the child cannot be implicitly relied upon. The mother, from love to her child, whether suckling it or not, is often the subject of imaginary ideas. When the child is suckled, the observation of proper intervals must be insisted upon, both for the due secretion of the milk and for its digestion. The number of times at which suckling should take place has, however, to be regulated both with regard to the condition of mother and child. As a general rule, the author recommends that suckling should be per-

Digitized by Google

formed every two or three hours during the day, and once or twice in the night. If the child sleep longer than three hours in the day it should be waked and suckled, but during the night it should be allowed to sleep as long as possible. If this plan be followed out during the early months, it will be generally found to succeed; and then it can be gradually managed that the child from the sixth to the ninth month is fed but six times in the day, and not at all during the night. —*Monats. für Geburtsk.*, Band x. pp. 81—112.

GENERAL CORRESPONDENCE.

BLEEDING IN ACUTE INFLAMMATIONS.

LETTER FROM DR. A. P. STEWART.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have read with great interest the paper of my friend, Dr. Markham, in the *Medical Times and Gazette* of to-day, "On the Action of Bleeding in Acute Inflammation." But, however plausible, or even indisputable, the general principles laid down by him may appear, I suspect his illustrative facts may stand more in need of establishment and confirmation than he and most of his readers may imagine. For instance, he remarks:

"In simple endocarditis, leechings, etc., over the heart are useless; but in pericarditis they are almost invariably found to be of great benefit, and the reason is because they draw blood directly from the seat of inflammation."

Now, the result of an extensive series of experiments and observations, which I have been carrying on for some time, but from which I shall not attempt to draw any conclusions till my data are much more numerous than at present, would lead me exactly to reverse the statement of Dr. Markham. I have found the beneficial effect of leeching in the mammary region in simple endocarditis in every case immediate and very striking, while in pericarditis it is much longer deferred, and always gradual in its development. Of the ingenious attempt to explain the presence or absence of pain in pericarditis, by the presence or absence of contiguous pleurisy, I shall only say that I have facts in my possession which cast grave doubt on the soundness of this hypothesis. To cite only one of recent occurrence. In a case which was under my care some weeks ago, and in which, without any rheumatic or renal affection, a very extensive pericarditis was consequent on a circumscribed pleurisy of the left side, the patient was absolutely unconscious of having anything the matter with her. The physical examination which detected the mischief was suggested by a request on her part to be allowed to leave her bed, to which she was still confined, more by way of precaution than from necessity, the urgent symptoms of the original malady having passed away.

I am, &c. A. P. STEWART.

74, Grosvenor-street, W., July 10, 1858.

CEREBRO-SPINAL FLUID.

LETTER FROM ARCHIBALD DYMOCK, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I happened to analyse, for another purpose, a specimen of "the clear limpid fluid poured out from the mucous membrane of the nostrils," alluded to in Mr. Hewett's last published lecture. It contains no trace of albumen, but is rich in chloride of sodium: hence its irritant action on the upper lip.

I am, &c.

ARCHIBALD DYMOCK, M.D., Edin.

Westgate, Louth, Lincolnshire, July 12th, 1858.

AT a Meeting of the Royal Institution, on the 5th inst., Lord Ashburton, F.R.S., Vice-President, in the chair, James Don was duly elected a member of the Institution, and Mr. Robert Tait was admitted. Thanks were voted to Mr. Farady for his discourse on June 11th. The Secretary announced that the Managers had appointed Professor Richard Owen to be Fullerian Professor of Physiology.

HOMŒOPATHY.

THE following admirable letters are taken from Greyson's Correspondence, just published by Messrs. Longman:—

To a Homœopathic Friend.

My dear Friend,—I thank you for your kind inquiries after my health. I am happy to say that I am much better, without going to consult the Homœopathic doctor, whom you so ardently recommend. But I have—pray do not be offended—done what is almost the very same thing; that is, *nothing*. Dr. E——, though not a Homœopathist, is, I believe, as well acquainted with his profession as any man in it. Finding the symptoms very obscure, he declined, like a wise man, poking about in the dark, and possibly doing me more harm than good; and advised me, after giving me a few simple directions as to diet and regimen, to put myself under all the natural conditions of health among the mountains. I did so, and *voilà*! I have returned, I do believe, as well as if I had taken, if I could be ever sure I had taken, sundry trecillionths of a grain of that infallible specific you were so kind as to prescribe for me.

Your zeal on behalf of Homœopathy amuses me; but you quite mistake matters, when you tax me with forgetting the Baconian philosophy. You say it does not become me to reject well-ascertained facts "because they are mysterious and inexplicable."

I have no objection in the world to *facts*, be they ever so mysterious and inexplicable. But I must be sure that they *are* facts on a just induction. I assure you that if I found, from a report of a "Joint Committee" of Allopathists and Homœopathists (and it must be so constituted, else the two factions would have no effectual check on each other's prepossessions), that of a thousand patients labouring under a certain complaint, say scarlatina, 80 per cent. were cured under allopathy—70 per cent. without any treatment at all, (though I should not wonder if Dame Nature did just as well as any of the Faculty), and 90 per cent. under homœopathy; and if the experiment, several times repeated, gave each time the same or approximate results, I should at once become a homœopathist—all the mystery and incomprehensibility of its "facts" notwithstanding. So that, you see, I am, after all, a very consistent Baconian. But I cannot receive *quasi* "facts" as facts, without just evidence, and certainly cannot take their "mysterious" character as an antecedent presumption of probability. As to the *general principle* of homœopathy—"Similia similibus curantur"—I have nothing to say about it; I am an incompetent judge—as incompetent as yourself, who are an excellent lawyer, I believe, but, so far as I know, as little of a physician as I am.

I must leave the Faculty, therefore, to wrangle about this principle. But as to the minute doses, for the physical efficacy of which you vouch so manfully, I have a few things to object. You say that it is as well-ascertained a fact that the ten-thousandth part of a grain of antimony will produce an appreciable effect, as that a scruple will, or as any fact in the range of inductive science. I doubt it; I can and must judge, principally, from my own consciousness, though not from that alone. I take your prescribed globule, and cannot find that it produces the slightest effect on me. I have taken—I am willing to take any of your decillionths of grains (only bargaining that I may be sure of the necessary dilution or trituration by performing the process for myself, but under your eye if you like), from one to fifty. I have done so, and I do not find that the effects you assign follow from these minute elements. I have known many other people say the same. What am I to think of the matter?

You say that the experience of others is different: that they find the minute doses palpably "potential;" that the effect of even a decillionth of some substance has been appreciable. No such averments can annul the *negative* instances I have mentioned; for your inference, on the positive side, may easily be the fallacy of "Non causa pro causâ." For example, the peristaltic action is often slightly increased by the mere imagination that medicine has been taken, when it has not; many other processes are similarly quickened by fancy; in many, again, all that is required is, instead of taking medicine, to use a little patience; and nature will perform her wonted task without the globules, and will doubtless perform it none the less *because* of the globules.

I have known a person, troubled with sleeplessness, take

Digitized by Google

his invaluable "minutissimum" of a soporific,—his narcotic atom,—and congratulate himself next morning, that, after only two hours or so of restlessness, he fell into a calm sleep—all owing, of course, to the viaticum of a globule! I, on the other hand, equally troubled with sleeplessness, perform the same feat perpetually—without any globule at all. Two or three hours of sleeplessness are not spent altogether in vain. The simple solution is that both parties are wearied out, and at last go to sleep.

Now, I can account for the effects in many such cases, without supposing your globule has had anything to do with them; but I cannot account for the *want* of effect in the negative instances; that is, where your globules, to all consciousness, produce none.

You may reply, perhaps, that there are cases in which large doses fail of their effect. I grant it; there are, no doubt, cases in which the effect is intercepted by special causes: but we must go by general *induction*, and five grains of opium or two scruples of rhubarb will effectually convince nine hundred and ninety-nine out of every thousand that they *have* taken something. The difference in the two cases is, that those who venture to say they are *conscious* of the effects of your decillionths are, so far as I can find, very rare exceptions; while of those who take the larger doses, the rare exceptions are those who are *not* affected; that is, the general rule and the exceptions change places. Again, even when the larger doses fail of their general effect, they leave, I fancy, potent signs to consciousness that *something* has been taken; whereas I can take one or ten of your decillionths of a grain every hour for four-and-twenty hours together without any conscious effects whatever; and other folks have similar obstinate experience. Once more, then, what am I to think of the matter as a Baconian?

You tell me, and truly, but to no purpose, that the most minute elements of nature are often of the most potent character; that a drop of the cobra's poison is fatal; that in certain localities we breathe subtle forms of death, which we cannot detect. But here is still the difference: we know these agents by their effects, which are the very things which I do not find in the exhibition of your infinitesimal doses. About the bite of a rattlesnake (or even of a mosquito, for the matter of that) there is no mistake; and if I could discern by any facts, whether of sense, consciousness, or reasoning, that the millionth part of a grain of belladonna had produced any appreciable effect on me, I should just as easily credit it. My difficulty is that I cannot find the effects.

You say that there are some substances so potent, that exceedingly minute doses—as of strychnine—have a sensible effect. I admit it; but still if you keep to the same scale of minute doses,—minute proportionably as the medicine is potent,—the same objections apply. A fraction of a grain of strychnine is doubtless equal to many grains of nux vomica; but if you give only a quadrillionth or trecillionth of a grain, I shall still have no objection to take it.

If you say there may be substances so potent that even such a dose may be appreciable, I should think the wisest way would be to have little to say to such dangerous poisons, since you cannot, I fancy, control them.

Another doubt I feel as to your infinitesimal doses is this: How can you be sure that you have administered them,—that they have got into the patient's stomach at all? If they have not got there, I admit that they will produce no more effect than—they usually do when they *have* got there. But I know not how to be sure that they have reached their destination. They may, like the globule which was arrested in the hollow tooth of Hahnemann's patient (his solitary fatal case!) be waylaid by a million obstacles, each too much for the poor little atom. Like the elements of nature, which you truly say are too subtle for our inspection or control—the contagious air, for instance, whence we inhale poison without knowing it,—these infinitesimals are too minute for your manipulation. You had better leave them alone.

Moreover, I cannot comprehend, on such a theory as yours, how it is that we can remain in health for a day, since we must be taking all day long through our lungs and in our food (especially in these days of adulteration), your minute doses of the most deleterious substances. If you say, according to the usual assumption (and it is nothing more), that they will only affect the man in disease, and not in health,—then when he is *out* of health, positively ill, and under treatment, these potent, though inappreciable agents, must come into play, and, one would think, must confound your *therapeutics*. If you say that they all happily neutralise one another, I suppose your little globule will be but another element among them, and must, one would think, get neutralised too; certainly you know as little what becomes of *it* as of them. At all events, it is clear that if such a chance-medley of potent "infinitesimals" *can* thus happily neutralise one another, anything like a calculable administration of your solitary "infinitesimal" is out of the question. One need not be surprised that the homœopathist, the contents of whose chest his children got hold of, played with, and jumbled together (all unknown to him), went on practising with the same success as before! In short, I cannot away with your hypothesis—or rather, I *must* away with it.

Yours truly, R. E. H. G.

To the Same.

My dear Friend,—I begin to suspect the logic of your legal maxim, "De non apparentibus et non existentibus eadem est ratio;" so valorously do you contend for your infinitesimal doses. I cannot get myself to go further into them, but they shall be very welcome to go into me instead.

You have far outdone the generality even of the homœopathists themselves in the defence of Hahnemann's strange theory of "dynamisation," that is, that infinitesimal doses are not only potent, but potent in the ratio of their minuteness; really I am unable to say one serious word to you.

According to this, the "second, third, fourth, . . . nth orders of infinitesimals" (as mathematicians would say) are progressively powerful; in proportion, it seems, as an atom becomes nearer to nothing, it becomes so much more efficacious! Just as it vanishes, I presume, it must be—omnipotent!

Nothing can exceed your doctrine except Hegel's philosophical paradox—Nothing=Being. If your theory be true, I marvel at the usual language of Homœopathists, who speak of the higher dilutions in the order of feebleness, not of potency, and tell a patient not to venture in such and such a case on anything *stronger* than No. 30! They ought rather to enlarge than diminish their doses, when they wish to diminish the effect! Nay—surely a scruple of strychine ought to produce less effect than a grain, and a grain than the trecillionth of it!

But there is one argument in your last letter I cannot let pass. You say that, at least, the public is indebted to the theory of minute doses for a modification in the practice of Allopathists; that it has abridged that wholesale exhibition of drugs which used be the fashion, and which turned many a poor patient's stomach into a druggist's shop. I am really pleased to believe that the rivalry between the medical factions *has* been attended with some such effects. At the same time do not flatter yourself that the revolution is greater than it is.

Too much physic *used* to be given, that is certain; but do not suppose that all was physic that was taken. Rely on it,—as many a Medical man's confession, if ingenuous, would show us,— that it was not left to the Homœopathists to find out the art of doing nothing under the appearance of doing something, just to amuse a patient; "vixerunt fortes ante Agamemnona;" millions of bread pills, millions of innocent draughts of infusion of roses and a dram of syrup, quite as harmless as your globules, used to travel down the throats of patients, simply because they *would* have something, and because the doctor must be paid.

The only difference between the two classes of Practitioners often is, that the one charges in the *direct* proportion of the innocent bulky nothing, and your friends charge in the inverse proportion of the innocent infinitesimal nothing. It was, I grant, a rather absurd practice; but, on the other hand, it was hard to know what to do, since many patients would not be cured unless they swallowed all this nothing, and, what is much more important to the doctor, would not pay, unless they had, as they thought, "value received" in the shape of the material drugs, instead of reckoning their true debt to be to his visits and his skill.

Strangest of all, the law allowed the General Practitioner his claims only in the shape of so much medicine from his—shop! For aught I know, the law remains as it was; but the sense of the people is beginning to see that a professional man is to be paid for his knowledge and his time, and not according to the "weight avoirdupois" of the goods he supplies

Digitized by Google

from his warehouse. But, be assured, the essence of this branch of the art,—of doing nothing under imposing forms,—was understood long before Homœopathy was born, and will be understood as long as the credulity of patients shall demand that something be done when the Medical man thinks that nothing need be.

Nor can I admit your sarcastic remark, that "if the globules do no good, they at least cannot on my theory do harm; and that this is more than can be said of allopathic doses." I fear there are many cases, and I have seen some, where your globules have done much harm by preventing anything good being done;—where symptoms that required prompt treatment, were dawdled with till disease got strength, and it was too late to do anything. I must also express my conviction that your doctors have an incomparable knack at making hypochondriacs; and, as I must think, very naturally. How should it be otherwise? Your system teaches a patient to believe that his life is ever at the mercy of infinitesimal elements and infinitesimal changes. Can he be other than fidgety about matters which never trouble other people's sleep?

Certainly, as far as I have observed, there are no folks in the world who require the doctor or take physic so often as the Homœopathic patient; hardly a day passes without the medicine-chest being opened; well for him that it contains nothing! Similarly, nobody is so sensitive about all sorts of innocent changes of air and diet. For my own part, it would be a torment to live on the terms of some of the votaries of your infinitesimal doses whom I have known.

However, I freely admit that such people are to be met with often enough among the patients of Allopathists; though I must think that your system is especially adapted to befool a nervous temperament and stimulate a morbid fancy.

I handsomely concede that there are classes of patients to whom your practice may be beneficial. 1st. I think it is of admirable use for those patients—and there are many—who have nothing in the world the matter with them; for, as they will take physic, but require none, it is better they should take nothing, though they think it something!—at the same time, it must be said that the bread pills, and the infusion of roses might, on the other system, do the work of nothing just as well. 2ndly. For those who suffer from anomalous conditions of the nervous system, amenable, in a measure, to the fancy (as they often seem to arise from it), but whose symptoms baffle all rational treatment. It is often very important that these patients be amused with the appearance of something being done,—though here again the more bulky vehicles of nothing may do as well, for aught I can see, as the infinitesimals. 3rdly. For those who have, indeed, something the matter with them, but whose symptoms are so obscure that a wise doctor is afraid to do anything lest he do mischief; while yet (the general case) the patient insists that something shall be done. Now, here the globulets (if I may venture on the double diminutive) are admirable, I admit; though, again, the more corpulent pill of bread may be just as efficacious.

I am afraid you will consider these large concessions of the utility of your doses rather an insult than a compliment; but if so, you will please to recollect that it is extended with much impartiality to the opposite practice. In good earnest, as long as men are so credulous in their reliance on medicine, as to insist that when the doctor knows that nothing need be done or can be done, or knows not what is to be done, he yet shall do something, I see no help for it. If it be gravely argued that it is unworthy of a Physician to administer a system of delusion, and that he had better leave his patient uncured than cheat him into health, it is a pleasant question of casuistry which the doctor may, if he will, discuss in a clinical lecture, and see what his patient says to it. If the system be one of deception, I fear, nevertheless, that the Physician must, to some extent, practise it or—starve.

But,—pardon me for saying so,—excepting the above cases, that is, when disease and its indications do not summon to prompt and decisive treatment, I for one, had rather not trust to the globules.

Yours truly,

R. E. H. G.

To the Same.

My dear Friend,—It is in vain that you reiterate that you have "seen the good effects" of your darling globules—that you have seen your children recover under their use. I have already told you I have no difficulty in believing any "facts," merely on account of their "mystery;" and that if, on a fair induction, more patients were discovered to be cured by your system than by any other, I should believe in it, were it (if that be possible) ten times as mysterious. But a single case or two, or, indeed, any man's private experience, is not worth a rush in the controversy either way: and for this simple reason—that every system of medicine might be proved equally efficacious on the same ground, inasmuch as it is the general rule that the sick get well, whether you do anything or not. Now, if I found, as I often should, that of three cases of (say) measles, all recovered, though one was treated allopathically, and one homœopathically, and one not treated at all—(mind, I say not that it is of little consequence which system, or whether any, be adopted, for nature may be wisely aided even when she is quite competent to the case)—what right should I have to assign the cure, in the one case, to the infallible globule? You will say,—"As much as the Allopathist to assign his cure to the more bulky drugs." I answer, just as much,—that is, none at all; for the third cure, it seems, is to be attributed to—nothing! In fact, such individual instances are of no value: nor anything less than the wide and patient inductions I mentioned in the outset.

A very common fallacy is that of "Non causa pro causâ," and especially in medicine, where a plurality of causes or apparent causes may perpetually mislead. To the generality of men, it is enough if a certain antecedent has preceded a certain consequent, to satisfy them that there is the relation of cause and effect.

Hence numberless fantastical remedies which different ages and nations have prescribed as useful in disease, merely because their employment has happened to be nearly coincident with the cure, though they have no more caused it than the cock's crowing causes the sun to rise. This credulous association of a mere antecedent of the cure with the cause of it (which is all but universal with patients), is, it must be allowed, too much encouraged by Doctors of all kinds. Nothing is more common, in reports of cases, than to find an improvement attributed undoubtingly to the administration of such a medicine, when the difficulty really is to establish the connection. If a patient gets worse after the medicine, I never find this sequence insisted on; though, for anything that we know, it might be just as reasonable. "Ah!" says a patient, "it was a good thing I called in the doctor; he cured me." If he is cured without any doctor at all, he thinks nothing of it! If a patient recovers, it is always the doctor that cures; if he dies, ought it not often to be the doctor that kills? But it is then always—Nature. When the patient recovers, the doctor gets rid of the disease in spite of Nature; when the patient dies, Nature gets rid of the patient in spite of the doctor! How do we know how often the statement ought to be reversed—how often Nature saved the patient in spite of the doctor, and how often the doctor killed the patient in spite of Nature?

You will say, perhaps, that I speak like one who is "sceptical" as to the use of medicine altogether; you will infer falsely then. I do indeed believe that attacks of ordinary disease would, in the immense majority of cases, be cured, though every physician in the world were poisoned; and that the great agent of cure is the "vis medicatrix" with which God himself has fenced the human organism, and by which it stoutly resists every incursion of disease. But I believe there is a noble sphere for the Physician too; though I frankly confess my fear, that, from the extreme difficulty of a really comprehensive induction,—of establishing the true connexion of "antecedents" and "consequents," and from the infinitely variable, evanescent phenomena the science has to deal with,—it will yet be many ages before it attains much certainty, and will always be, to a great extent, a science of guessing. Nevertheless, even now the wise Physician has plenty to do,—especially if he will not promise or attempt too much; if he will but be content to be the cautious "nature's minister," and stand by with the hope of aiding those processes within us, so many of which transcend all his art, and which, if he be rash, he may much more easily hinder than help; if, in a word, he takes that view of his position to which "old experience does attain," and which, in the language of Dr. Forbes, will lead him to acquiesce "in a mild tentative or expectant mode of practice;"—certain to appear wise "in old age, whatever may have been the vigorous or heroic doings of youth."

Digitized by Google

Surely we must allow that even if the Physician only alleviates pain, and abridges processes which might otherwise be tedious, he is well worth all his fees. Nor less if he takes charge of us in health, and, studying its general physiological conditions, endeavours to keep us well. In truth, paradox as it may seem, it is when we are in health that we ought chiefly to look to the Physician, and to avail ourselves of his skill. We should hear what he says (usually wise enough) about how we are to keep out of his hands; about regimen, diet, hours, occupation, and so forth: and the next best thing is to consult him, not when we are, but when we are going to be ill; when we are "getting out of health," as the phrase is. Then he has a chance of doing much more for us than in actual disease, and can often ward sickness off or break its force. We are told that the Chinese Emperor's plan is to pay his Physician while he is in health, and stop his pay when sick: the plan is ingenious, but can hardly be safe; for if, as the Celestials allege, it will stimulate the doctor's diligence, it is equally probable that, should his Empérorship be labouring under a chronic or incurable disease, which might keep the doctor starving for a twelvemonth, it might stimulate his industry a little too much, and usher in the reign of a younger and a more healthy monarch! Nevertheless, it is quite true that while the Physician keeps us in health he best deserves his fees, and if we knew our own interest, we should then most willingly pay them.

In sickness, as I surmise, his art becomes darker and its success more dubious; his study of physiology is calculated to do more for us than all his study of pathology.

I have, you see, kept to my word, and said little or nothing of your system, except in relation to that point in which you have, to speak honestly, rather bored me,—the infinitesimal globules.

As to the "universal principle" of Homœopathy, I leave it to professional people to fight it out, though I must say, for one, that the assertion of some one "universal principle," on which all diseases are to be cured (like "Similia similibus curantur"), has a mighty occult quackish sound, and looks much more worthy of Paracelsus than Bacon. Neither does it seem quite fair of Hahnemann to charge all other Practitioners with uniformly proceeding on some one opposite principle, as "Allopathy or Antipathy;" for neither "Homœopathy" nor "Allopathy" was ever heard of till he chose to invent the terms, and taking one himself, gave the other to all the rest of the Medical world; whereas, I suppose, there is hardly any practitioner that would deny there are some cases in which his "similia similibus" would apply well enough, though they would be loth to make it a "universal principle."

By the way, I perceive, with much satisfaction, that these infinitesimal doses, which you are so anxious to vindicate, are no longer insisted on as necessary to the system, by your Homœopathic friends,—many of whom are abandoning them in practice. Most, I observe, are in open revolt against Hahnemann's principle of "Dynamisation," which affirms that drugs are potent in proportion to the attenuation of the dose; according to which a pinch of arsenic equably diffused in the Atlantic might prove fatal to all the fish in it!—The curative property of a medicine is, according to Hahnemann, developed in a far higher degree by an inconceivably small than by a palpable dose!

Will you be angry if I tell you of a curious instance of the power of fancy in relation to your globules? One of the "faithful" on a certain night had taken two globules instead of one;—perhaps three! Alas! what was to be done in a case so imminent? The unhappy man lived in a small town near Edinburgh, in whose benighted precincts no Homœopathic practitioner was to be found, and in desperation deigned to consult an Allopathic doctor, whom, in a tremor, he called up, to know whether he could do anything for him. The mystic tube was placed in the doctor's hands. The ignorant doctor looked at the globules in despair. At length he poured a dozen or two into his palm and said, "My friend, I cannot save you, but I can die with you!" He swallowed them; and nothing coming of it, the patient took heart of grace, departed in peace, slept soundly, and was cured of his nervous fancies and his dread of the despotic globules at the same moment.

Forgive me, in conclusion, if I just hint that the bold exhibition of your medicines, and the writing of "Defences" of Homœopathy by utterly unprofessional folks, give your system an undeniably empirical appearance to the world in general. It looks as if you thought medicine the only thing that may be understood without study or experience; that instead of being the most difficult, it is nearly the easiest of the sciences. Here are you, for example, a good lawyer certainly, but ignorant of the very elements of all those sciences which lie at the basis of the successful practice of Medicine,—of Anatomy, Physiology, Botany, Chemistry,—yet becoming quite a Homœopathic knight-errant or evangelist;—prescribing at any distance, and sending your all-saving globules by post! I think, if I were a Homœopathic doctor, I should say of all such amateurs—"Non tali auxilio."

Yours truly, R. E. H. G.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Dr. Watson, President, in the Chair.

Mr. Hutchinson showed specimens of

DISEASED BRONCHIAL GLANDS FROM A CASE OF INFANTILE SYPHILIS.

The patient, an infant, aged five months, had died under the care of Dr. Fowler, of Bishopsgate-street, after an attack of bronchitis occurring during the course of syphilitic rash, etc. It had been a healthy child for the first two months of life. Dr. Fowler had attended its father and mother for primary syphilis three months prior to its birth. Its death was somewhat sudden, and was preceded by syncope as if from hæmorrhage. At the autopsy the pericardium was found distended with coagulated blood. The source of the hæmorrhage was not explained. Many of the bronchial glands were infiltrated with the form of fibrinous deposit so often met with in connexion with syphilis. Mr. Hutchinson stated that he was indebted to Dr. Fowler for the account of the post-mortem, in consultation with whom he had seen the child about a fortnight before its death.

Dr. Fowler gave some further particulars as to the original disease in the parents. Both had been treated by mercury, and in neither as yet had secondary symptoms shown themselves.

Dr. Ainstie next showed a specimen of

EXTRA-UTERINE FŒTATION.

The specimen had been taken from the body of a woman, aged 39. The history obtained was, that she had been delivered of a healthy child in 1843, and had supposed herself pregnant for a second time in 1845. The second pregnancy was attended by nothing unusual, excepting that the left side was noticed to be much the fuller, and the site of much pain. At the end of the nine months she was seized with labour-pains, and was attended by a Medical man, who administered opiates. A considerable discharge of dark-coloured fluid continued for some days, the pains gradually subsided, and she got about again. Within three weeks of this, menstruation, which had been suspended throughout the supposed pregnancy, returned. The abdomen had not materially diminished in size, and to the end of her life there remained a very evident tumour in the left side. Her general health had since been good, but on account of the tumour she had been seen by Dr. Lever and Dr. Bird, both of whom having heard her account, had diagnosed an extra-uterine fœtation. Early in 1853, she again became pregnant, and in due time was delivered of a healthy child, and made a good recovery. After this she enjoyed excellent health until March of the present year, when, without apparent cause, severe peritonitis set in, and after about five weeks ended in death. At the autopsy, the intestines were found matted together by lymph, and the peritoneum contained a considerable quantity of purulent fluid. In opening the abdomen, a large cyst had been torn into, which almost filled its cavity, and adhered closely to the parietes in front, and to the uterus below. In this cyst the body of a fœtus was found. It was of full size, but rolled up into a nearly spherical shape. There were no remains, either of placenta or membranes to be found, but about two inches of the umbilical cord were still attached to the fœtus. Dr.

Digitized by Google

Ainstie remarked that the case most nearly resembled one the preparation from which was in the College of Surgeons, in which a woman who had died from natural causes at the age of 82 had carried an unputrified and full-grown fœtus for fifty-four years. In that case the fœtation had plainly been abdominal, as in all probability it had been in the present instance.

Mr. Hutchinson next showed a

MULTILOCULAR OVARIAN CYST REMOVED BY OVARIOTOMY.

The subject of this case was a young lady from the country, aged 23, whom Mr. Hutchinson had attended in consultation with Dr. Ramskill. The tumour had been forming for more than two years, and was on the left side. It had at length attained a bulk which gave to its bearer the appearance of being in the last month of pregnancy. After many careful examinations it was believed that the tumour was without adhesions, and as by tapping it had been proved to be multilocular, excision appeared to be the only resource left. The fluid drawn off was exceedingly viscid, and did not materially diminish the bulk of the tumour. The risks of the radical operation had been fairly represented to the patient, and it had been adopted at her own earnest wish. Previous to its performance Mr. Baker Brown had examined the case, and confirmed the opinion entertained as to its suitability for the operation. In the operation the tumour was, on account of its multilocular character and the viscidity of its contents, removed without any material diminution of bulk, a very long incision being consequently necessary. No adhesions existed, and the pedicle was long, though broad. The pedicle was transfixed, tied, and then secured in the wound. The wound was closed by silver sutures. The tumour was shown in a recent state, having been removed only the day before. It illustrated the ordinary form of multilocular cysts, the dissepiments being very numerous. It appeared to involve the entire ovary, and at the lowest part was a cluster of congregate cysts of much smaller size than the others. Thus the diagnosis was completely confirmed, and it was very satisfactory to find that no other radical plan of cure, or even of temporary relief, could have been adopted. Mr. Hutchinson stated that it was only in the conviction that no other treatment was admissible that he had undertaken the operation (a).

THE HARVEIAN ORATION.

The annual oration in honour of Harvey was delivered in the spacious Library of the Royal College of Physicians, on Saturday, the 10th inst., by Dr. Wood, one of the Fellows of the College.

Notwithstanding the unfavourable state of the weather, there was a good attendance of the Medical men both of the metropolis and provinces, including a considerable number of the Fellows and Members of the College. The chair was occupied by the President, Dr. Mayo.

The oration, as usual, in Latin, secured the sustained attention of the audience. The following were among the subjects referred to.

Harvey, independently of the discovery which had given an unfading lustre to his name, might be looked upon as the pattern of a thorough and liberal Physician, as well as a great and good man, and his merits were only now beginning to be appreciated. The orator congratulated the Profession and the College on the increased attention bestowed at the present time to the blood, more especially with reference to its physiology, contending that this, combined with sound and matured experience, was the only true and rational basis of the practice of physic.

Alluding to some of the events of the past year, in their relation to Medicine, a well-deserved meed of praise was awarded to those members of our Profession who had shown such courage and endurance, and had ever been ready in the exercise of their skill, during the dangers and almost unparalleled difficulties of the war in India. A feeling allusion was made to the Fellows of the College who had been removed by death from their respective spheres of usefulness during the past year, mention being made of the late Sir James Fellows, Sir C. M. Clarke, Sir J. McGrigor, and Dr. Marshall Hall.

Having denounced some of the prevailing "——pathic" absurdities of the day, and expressed his disapprobation of certain "specular" practices of some "regular practitioners," the orator concluded with a high tribute to Jenner, who, like him they would honour on that occasion, had, under Providence, conferred such lasting and invaluable benefits upon mankind; and, lastly, to the illustrious Prince, who had shown his appreciation of true greatness by presiding, in that room, on the occasion of the recent inauguration of the Jenner Monument in Trafalgar-square. The oration was concluded amid warm and hearty applause.

(a) The patient made an excellent recovery, and has since returned home in good health.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

On the vote of £2717 for public Infirmaries in Ireland,

Sir D. Norreys suggested whether it would not be better, as they had a perfect Medical system in Ireland, to transfer these Infirmaries to the Poor-law Board?

Lord Naas explained that this vote was for allowances to officers, which would be discontinued under the Medical Charities Act, when the recipients at the time of the passing of that Act ceased to hold their offices.

The vote was then agreed to, as were also the following votes for the Dublin Hospitals:—Westmoreland Lock Hospital £2600; Rotunda Lying-in Hospital, £700; Coombe Lying-in Hospital, £200; House of Industry Hospitals, £7600; Cork-street Fever Hospital, £2500; the Meath Hospital, £600; St. Mark's Ophthalmic Hospital, £100; Dr. Steevens's Hospital, £1300; £285 was also voted for the Board of Superintendence of the above Hospitals.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Saturday, the 10th inst., the following members of the College were admitted into the fellowship:—

Bristowe, Dr. St. Thomas's-street, Borough.
Coote, Dr. Gloucester-place, Hyde-park.
Radcliffe, Dr. Henrietta-street, Cavendish-square.
Robinson, Dr. Newcastle-upon-Tyne.
Scott, Dr. Stratton-street, Piccadilly.
Thompson, Dr. Harley-street.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 9th inst., viz.:—

Braithwaite, James, Leeds.
Cowell, George, Ipswich.
Gascoyne, George Edward, Army.
Hall, Nathaniel Francis, Southwick, near Brighton.
Inman, Joseph Hayton, Ledbergh, Yorkshire.
Newington, Robert S., Goudhurst, Cranbrook, Kent.
Oliver, Richard Owen, Dolgelly, North Wales.
Powell, William Peter, Liverpool.
Turner, Thomas, Leeds.
Wingate, Robert, Hareley, Spilsby, Lincolnshire.
Wyer, Otho Francis, Leamington Priors.

Royal College of Surgeons.—At a meeting of the Council on the 8th inst., Mr. Joseph Henry Green, F.R.S., was elected President of the College, and Messrs. James Moncrieff Arnott and John Flint South, Vice-Presidents for the ensuing year. This is the second occasion these gentlemen have been similarly honoured by their colleagues. At the same meeting Mr. Alexander Shaw, of the Middlesex Hospital, who was elected a Councillor on the 1st inst. in the vacancy occasioned by the decease of Mr. Travers, was sworn in and took his seat.

Digitized by Google

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 8, 1858:—

DRAKE, JOHN JEFFERY, Newton Abbot, Devon.
FORD, JAMES, Sandford, Devon.
GRACE, HENRY, Kingswood-hill, Bristol.
HEGINBOTHAM, EDMUND, Headcorn, Kent.
WALKER, HENRY, Malton, Yorkshire.
WALKER, THOMAS SHADFORD, Burslem, Stafford.

As an Assistant—

PRATT, ALBERT EDWARD, Bury St. Edmunds.

DEATHS.

COLE.—June 15, on the Red Sea, on his passage to England, Surgeon George Cole, of the Bengal Army, F.R.C.S.

KING.—On the 17th April, at Fernando Po, of fever, Joseph King, Assistant-Surgeon H.M.S. *Myrmidon*, aged 29.

APPOINTMENTS.

WAR-OFFICE, July 9.—The Queen has been graciously pleased to give orders for the appointment of Andrew Smith, Esq., M.D., late Director-General of the Army Medical Department, to be an Ordinary Member of the Civil Division of the Second Class, or Knights Commanders of the Most Honourable Order of the Bath.

At the election, on the 10th inst., Dr. Meadows received the appointment of Physician-Accoucheur to the St. George's and St. James's Dispensary.

A Promenade Concert, in aid of the funds of the Royal Medical Benevolent College, will take place on the 21st inst., in the pleasure-grounds of Dr. Wise, of Banbury.

ONE of the victims of the Cagliari infamy is still, it appears, insane; £1500 compensation money has just been invested for him in the name of two trustees.

ANOTHER MEDICAL CORONER.—After a sharp contest Mr. T. Sharpley, M.R.C.S., L.S.A., has been elected coroner of the Louth Division, being opposed by W. T. Kime, Esq., Barrister. Nos.: for Sharpley, 1061; for Kime, 960; majority for Sharpley, 101. We congratulate the Profession on this result.

LONGEVITY.—By the last *Times'* letter from New York, we learn that an old lady, Mrs. Elizabeth Parker, born in 1743, 33 years before the Declaration of Independence, had died in Durham, Cumberland county. Up to about 110 she is said to have possessed bodily vigour sufficient to enable her to work in the garden.

DR. BERNAYS, speaking of disinfecting the sewers, says, that lime alone is of no use. He recommends M'Dougall's disinfectant to be distributed through the aid of the water-carts in street watering; also, he advises the soot from the chimneys to be turned into the sewers—a manœuvre recommended to him by an old wife; and that the ashes should be rummaged out of the dust-bins and sprinkled over the mud-banks of the Thames.

ON June 8th the Sale of Poisons Bill was read a third time and passed; and on the same evening the Medical Practitioners' Bill, as amended, was agreed to, and passed its third reading. We understand that many of the opponents of this last bill are endeavouring to do it an ill-turn in the House of Peers. General Peel stated that a new scale of payment for Medical Officers of the Army had been framed and submitted to the Treasury.

MR. RAREY'S secret was published by him three years ago in Ohio; "it contains, however," he says, "but a meagre and imperfect description of it as now practised by me." Dr. Fell has done a smart stroke of business in London, notwithstanding the cancer cure had been "blown" in America many years before he commenced affairs here. Decidedly the yankees know "how to put a Yorkshire blade on a Halifax handle," as Sam Slick says.

MARSHAL VAILLANT has presented to the Academy of Sciences some bullets brought back from the Crimea perforated by an insect—the *urocerus juvencus*. The animal was conveyed to the Crimea in the wood of which the boxes containing the cartridges were made. The insect does not, we are gravely told, eat the lead; it works a hole with its mandibles into the bullet for the purpose of there depositing its eggs; but the lead is a pabulum, in which the larvæ flourish not; they all perish.

THE Association of German Naturalists and Physicians have just issued a circular stating that the twenty-fourth meeting of the Association will be held this year at Carlsruhe, from the 16th to the 22nd of September, under the presidency and direction of MM. Eisenlohr, Professor of Physics in the École Polytechnique and Professor Bolzert. The circular adds that the Grand-Duke of Baden, who takes considerable interest in science, will do all in his power to render the meeting pleasant and useful, and holds out the promise of a cordial welcome and hospitality from the inhabitants of Carlsruhe.

A man at the Assizes at Cardiff was charged with manslaughter, and acquitted. The Magistrates in those parts are parsimonious, and would not allow a post-mortem examination of the deceased; so the Coroner's jury, without a post-mortem, convicted the prisoner of manslaughter; but it turned out after all, by the evidence of Mr. Arthur, who subsequently examined the body, that death was caused by the effects of excitement on a diseased heart. Judge Crompton directed the prisoner's release, and was very angry with the Coroner's mode of doing business.

A TESTIMONIAL WHICH SOME OF OUR GREAT CRIMEAN PSEUDO-HEROES DID NOT OBTAIN.—Her Majesty's steam-sloop Hecate was paid off last week. After the crew of the Hecate were discharged, they assembled at the Ship Hotel, opposite the dockyard gates, when a deputation waited on the Surgeon, Mr. W. T. Wilson, and presented to him a handsome gold watch, of the value of £27, which bore the following inscription:—"Presented to Dr. W. T. Wilson by the ship's company of her Majesty's ship Hecate, as a mark of their admiration for his unremitting attention and kindness to the sick during the late fever that visited the ship on the coast of Africa."

DRAINAGE OF THE CITY OF LONDON.—Mr. Haywood the engineer to the City Commission, said in his evidence before the Thames Committee, that "In the city of London alone there were 45½ miles of sewers large enough for men to enter. To these sewers there were about 2810 gullies of every description, and 1065 air shafts with ventilators, making 3875 openings to the sewers from the public ways. The total length of horizontal drain was 54,718 feet. The total number of inlets of all descriptions was 2696. Taking 16,300 as the number of houses within the city, the length of the house drains must be about 891,903 feet, or 168 miles. Again, taking the *data* furnished by the examination of 1000 houses, there must be 43,944 different inlets to the house drains, so that there would be within the city of London 48 miles of sewer, and 168 miles of house drain; and the number of air shafts, of gullies, and of inlets, would amount to a total of 47,819."

OUR oculists and other readers will be surprised to hear that France possesses no ophthalmic institution. The *Union Médicale* informs us that "one of our friends complained to the Director-General of the Central Bureau (where there is a *service* of eye-diseases) that the Surgeons were only allowed one month each to practise on the eye. His answer was, 'We want no specialists here. If a Surgeon treated bad eyes for a whole year, he 'd take a fancy to the thing, and do nothing else.' Now this," the *Union* says, "is all moonshine; for we have our Ricords, Cazenaves, Dubois, Depauls, and so on; and we have venereal Hospitals, and skin-disease Hospitals, etc. Eye diseases, at present, are necessarily treated in the general wards of our Hospitals; and see how a patient with cataract is managed in consequence:—the curtains of his bed are doubled, and hermetically sealed up with endless pins; sometimes he is shut up in a veritable box of cloth, with his two cubic metres of air, taken from a ward with seventy beds and many suppurating sores in it. Is not this the key to Ronx' want of success in operating for cataract? The consequence is that, with the exception of the names of Sichel and Desmarres, ophthalmic surgery has no illustrations to point to in France—not an author—not a work! In England, London alone has eight establishments. Belgium,

Digitized by Google

Russia, Italy, and Spain all possess like institutions. In France, 'tout est encore à faire.'"

PHYSIOLOGY OF THE NERVOUS SYSTEM.—The general conclusions which Dr. Brown Séquard aimed at establishing in his lectures at the College of Surgeons have been very well stated in the following general recapitulation by Dr. Henry:—

1. The grey matter of the cord is the principal channel by which sensitive impressions are conveyed to the brain.

2. The anterior columns have a share in the transmission of sensitive impressions.

3. Injury of one lateral half of the cerebro-spinal axis produces certain well-marked features, according to the following table:—

a. Injury of the brain produces—

On same side.	*On opposite side.*
Anæsthesia.	Normal sensation.
Paralysis.	Normal motor power.
Increased temperature.	Normal heat.

b. Injury at any point from the tubercula quadrigemina to the medulla oblongata above the decussation in the pyramids produces—

On same side.	*On opposite side.*
Anæsthesia.	Hyperæsthesia.
Paralysis.	No paralysis.
Diminished temperature.	Increased temperature.

c. Injury of the medulla oblongata at the crossing in the pyramids produces paralysis of motion on both sides: otherwise the symptoms are the same as in *b*, when the pons Varolii is injured.

d. Injury of the spinal cord on one side produces—

On same side.	*On opposite side.*
Anæsthesia.	Hyperæsthesia.
No paralysis.	Paralysis.
Diminished temperature.	Increased temperature.

Anæsthesia and diminished temperature almost always accompany each other; but an exception is observed in Class *a*—injury of the brain proper. This may possibly be explained by the fact, that the nerves with which the blood-vessels are supplied decussate in the cerebro-spinal axis at a higher point than the ordinary sensitive nerves—apparently above the corpora quadrigemina. Hence, if the brain proper be divided on one side, dilatation of the blood-vessels on the opposite side will be produced. The occurrence of increased temperature on the paralysed side in injuries of the brain has frequently escaped notice; although Cheyne, Portal, Morgagni, and others, observed it. Though frequent, it can scarcely be said, as far as has been ascertained, to be a constant phenomenon.

CO-OPERATION WITH HOMŒOPATHS.—The following is the conclusion of a speech by Dr. Ranking at the Annual Meeting of the East Anglian Branch of the British Medical Association:—I will apprise you of the fact that curiosity tempted me to discover the antecedents of several of those who have seceded to homœopathy. You have doubtless generally been told, as I have, when some new accession to the ranks of the homœopaths has occurred, that the neophyte has sacrificed a previously good position, and has been constrained by conviction to adopt the new views; with, perhaps, the addition of lamentations that the inspiration of the "divine Hahnemann" had not sooner illuminated his benighted mind. In fact, if we are to believe all we hear on this head, and which the public take for granted, there never was a diplomatised homœopath who had not resigned a splendid practice on the old system, and who, disinterested man that he was! had not preferred to begin life anew, rather than continue longer in the errors taught by a Cullen, a Gregory, a Prout, a Bright, and a Watson. Unfortunately for the disinterestedness of many at least of these gentlemen, the inquiries I have made entirely bear out the assertion of our associate Dr. Barker, "that no instance has occurred of a man with a good practice becoming a convert to homœopathy." In those instances I have inquired into, including one which has recently made some noise, I have ascertained that the individuals did not in any case enjoy the confidence of the community—in fact, that, as regards practice, they were disappointed men. Here, I think, we have a ready solution of their apostasy. I will now propose the following resolutions:—1. That the system of treating disease called homœopathy has been subjected to close scrutiny and unbiassed investigation, not only by individual Physicians, but by Medical commissioners of undoubted credit, and has been pronounced to be destitute of probability as a theory, and when applied to real and serious disease, of success in practice. 2. That, in the land in which it originated, it has nearly become extinct; while it is expressly forbidden in the public services of this and other countries, as chimerical and unsafe. 3. That this meeting regards homœopathy as one of the many modes of playing upon public credulity, and considers that any Physician or Surgeon who meets in consultation, or otherwise encourages a practiser of this system, is unfit to remain a member of the British Medical Association. 4. That the members of the East Anglian Branch of the Association pledge themselves to refuse consultation or other professional communication with homœopathic practitioners. These resolutions received the signature of the President, and twenty other of the members present.

DR. LETHEBY ON THAMES WATER.—In his last quarterly report Dr. Letheby says, "The high temperature of the last month, together with the continued absence of rain, has caused the Thames to assume an appearance and to undergo a change which has never before been witnessed. I have been engaged for the last fortnight in making daily examinations of Thames water at different points between Teddington-lock and Greenwich, and the results of those examinations are, that the river is unusually charged with sea-salt and organic matter. The oceanic tide in the river has risen as high as Wandsworth, and has thus contaminated the water with saline and other impurities of the sea. As a rule, the soluble inorganic constituents of the river do not exceed 45 grains in the gallon at high tide at London-bridge, and the organic impurity is not more than 4 grains to the gallon; but during the last fortnight the saline elements have amounted to 131 grains in the gallon, and the organic to 12. Even at Westminster-bridge they have reached to 69 grains per gallon, and the organic matter to 5—6. The proportions at other places at high and low tides show that the sea-water has risen to a great height in the bed of the river. Now, all experience proves that whenever such a mixture as this occurs at high temperature, putrefaction of a most offensive character is set up. The sewage and the organic matter and sulphates of the sea-water have acted on each other, and have produced the state of things with which for the last fortnight we have been so familiar. The inky appearance of the river has been caused by the fixation of the sulphuretted hydrogen by the iron of the clay. This has been the salvation of our lives, for, offensive as has been the vapour evolved from the river, it is as nothing in comparison with what it would have been if the much-abused clay from the lower shores of the river had not fixed the miasm in a solid involatile form. As it is, however, the gases evolved from the water amount to about fifteen cubic inches per gallon. They consist chiefly of carbonic acid, with ammonia, nitrogen, and a trace of oxygen. They do not contain sulphuretted hydrogen, but they contain a stinking vapour, which is in the highest degree offensive, and which inhaled produces slight headache, giddiness, and nausea. The water at midstream is charged with the higher forms of animal and vegetable infusorial life, but that at the shore is so lethal in its qualities that nothing exists in it but the lowest forms of fungi, and the simplest of living creatures."

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 10, 1858.

BIRTHS.

Births of Boys, 721; Girls, 749; Total, 1470.
Average of 10 corresponding weeks, 1848-57, 1414.

DEATHS.

	Males.	Females	Total.
Deaths during the week	589	602	1191
Average of the ten years 1848-57	509·5	467·2	976·7
Average corrected to increased population	...	...	1074
Deaths of people above 90	...	...	...

Digitized by Google

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	9	9	5	31	
North....	490,396	2	15	9	16	33	10
Central ..	393,256	..	5	3	7	18	9
East	485,522	..	16	18	18	28	6
South	616,685	1	26	25	17	19	11
Total..	2,362,286	4	71	64	63	129	43

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·653 in.
Mean temperature	55·9
Highest point of thermometer	78·0
Lowest point of thermometer	47·3
Mean dew-point temperature	48·7
General direction of wind	S.W.& N.E.
Whole amount of rain in the week	1·37 in.
Amount of horizontal movement of air in the week ...	540 miles.

BOOKS RECEIVED.

The Cyclopædia of Anatomy and Physiology. Parts XLIX. and L. London: 1858.

Chapters on Mental Physiology. By Sir Henry Holland, Bart., M.D. Second Edition. London: 1858.

Handbuch der Medicinischen Klinik. Von Dr. R. Leubuscher. Berlin: 1858.

Archives of Medicine, No. 2. The Use of the Microscope in Clinical Medicine. By L. S. Beale, M.B., F.R.S. London: 1858.

The Ophthalmoscope. By Jabez Hogg. London: 1858.

The Diagnosis of Surgical Cancer. By J. Z. Laurence, F.R.C.S. London: 1858.

A Manual of Photographic Manipulation. By Lake Price. London: 1858.

Principles of Animal Nutrition. By G. H. Bolton. Liverpool: 1858.

The Sanitary Condition of St. Pancras. By T. Hillier, M.D. London: 1858.

The Baths and Mineral Waters of Bath. By R. W. Falconer, M.D. Second Edition. London: 1858.

The British Army in India. By J. Jefferys, F.R.S. London: 1858.

TO CORRESPONDENTS.

Dr. Conolly's ninth paper, with an illustration of Religious Melancholy, will appear next week.

M.D. Edin.—Certainly. Edinburgh graduates can register under the Bill.

H.S.C.—The first volume of the present series of this Journal was commenced in July, 1850.

Mr. Lacey will find some account of the Doctor in the last report of the Mendicity Society.

R.T.G.—It is hopeless to attempt to do more in Parliament than obtain a penal clause against those who impose on the public by the false assumption of Medical titles.

Mr. Robert Leffler.—We cannot find the name of John Nichol Watters, Esq. in the list of practitioners published in the London and Provincial Medical Directory, nor have we ever heard before of the Infirmary to which he is said to be attached. Yet Mr. Watters would have us believe that he is in possession of an important secret for making the deaf hear in an almost miraculous manner, for according to the statement given in one of his printed handbills, "patients who are deaf come daily by dozens to his house, and go out hearing with perfect ease." The printed handbill setting forth Mr. Watters' surprising powers in curing deafness, is a curiosity in its way; and the written part signed by Mr. Watters promises to some sufferer the transmission of the magic medicines which will afford immediate relief, on receipt of the small sum of two pounds sterling. A person who is weak enough to transmit the coin in reply to such an invitation would probably afford an exemplification of the saying, "A fool and his money are soon parted."

Caution.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Perhaps you would prevent any more victims by giving publicity to the following:—A man, about 30, with dark hair and moustache, dressed in a grey shooting coat and trousers, of respectable appearance, and who speaks with a strong foreign accent, is at present going the rounds of the Profession in the City. He calls, leaves a card—Mr. M. Higgins, 71, Eaton-square—and if you are at home and he can do nothing else, he sends you on a wild goose chase after some imaginary patient; but if you happen to be out when he calls, he writes a letter asking for advice about syphilis, etc., and after disarming suspicion, walks off with whatever instruments he can lay hold of in the room. In the short space of an hour he has already visited three of my Medical acquaintances, the same tale and card being used. From one house he took a pocket case which was lying on the table where he wrote his letter. In the other instance the gentleman being at home no further inconvenience happened beyond a useless walk.

I am, &c.

July 8, 1858. C. T. C. One of the visited.

Query.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you have the goodness to inform me, through the medium of your correspondence, the best method for taking the cast or model of an upper lip, covered with hair, which is the seat of an impetigenous eruption: in attempting a wax impression, the hair becomes adherent, and the lip, from its yielding nature, does not give a satisfactory impression.

I am, &c. A Constant Purchaser.

Congenital Malformation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have recently met with a somewhat extraordinary case of congenital malformation, or perhaps, more correctly speaking, an arrest of development, occurring in a child at whose birth I happened to be present. As a description of the case may not be uninteresting to some of your readers I send you the particulars, should you deem them worthy a place in your valuable journal. The mother of the child is in every respect perfectly healthy, aged 36, has had three children before the present one, felt quite well during her present pregnancy, never received a fright, nor a fall, nor any other kind of accident since she had been in the family-way, states that she felt the baby quite strong the morning of her confinement, the child (a female), was "still-born," but come to its full time of utero-gestation, and in every respect well-formed, with the exception of the upper and back part of the head, which was quite absent. From a lateral view of the head, it gave one the impression that the upper and back part had been sliced off; commencing just above the eyes, and passing irregularly over the ears to below the occipital protuberance. There appears to be an entire absence of the frontal and parietal bones, together with the squamous part of the temporal, and the larger part of the occipital. Extending diametrically across the head from ear to ear, is a dense fibro-cartilaginous band, about three quarters of an inch in width, of a crescentic shape, with the convexity directed forward; in the hollow of this crescent, normally occupied by the occipital bone, the brain is apparently covered only by its own membranes; there is likewise a similar deficiency anterior to the crescent, extending as far as the skin, which terminates abruptly at the commencement of the hairy scalp, the edge being surrounded by a narrow band of hair. The ears present a most singular appearance, being pressed downwards and forwards over the meatus externus, presenting at first sight an appearance not unlike those of a pig.

I fortunately obtained the consent of the parents to be allowed to bring away the head with me, and have therefore preserved it.

I am, &c. John Gould.

Hatherleigh, June 28, 1858.

COMMUNICATIONS have been received from—

Dr. Budd; Dr. Markham; Dr. Hillier; Dr. Marcet; Dr. Thomson; Dr. A. P. Stewart; Dr. Bryce; Mr. Haynes Walton; Mr. Redfern Davies, Birmingham; Mr. Bryant; Dr. Venables; Registrar General; Dr. Parker; Dr. Douglas, New York; Mr. Price; Dr. Kidd; Mr. R. Graham; Dr. Meadows; Mr. Smith; Dr. Wise; Mr. Lidderdale; Mr. Baker; Mr. Craig; Mr. Copney; Secretary, General Board of Health; Mr. Hartley; Mr. Nash; Dr. J. Laing; Mr. Mackechnie; Mr. T. Hughes; Mr. Teague; Dr. E. Bagot; Mr. Wanklyn; Mr. J. W. White; Mr. W. Wood; Mr. J. D. Crawford; Mr. J. Lewellyn; Mr. R. Leys; Mr. W. Hulke; Dr. Stillman; Dr. E. P. Wright; Mr. E. A. Cooper; Dr. A. Waller; Mr. B. Baker; Dr. J. Macaldin; Mr. C. H. Holman; Mr. J. H. Wells; Mr. C. B. Wiles; Mr. H. Lloyd; Mr. Mant; Mr. H. Duggan; Mr. T. Simpson; Mr. W. M. Thompson; Mr. Sharpley; Mr. W. Adams.

The letter of our Paris Correspondent is unavoidably delayed until next week, with papers by Mr. Holthouse, Mr. Flower, etc.

APPOINTMENTS FOR THE WEEK.

July 17. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

19. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

20. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

21. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, p.m. Orthopædic Hospital, 2 p.m.

22. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

23. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 p.m.:—

Lithotomy; staphyloraphy; removal of tumour from [illegible]in. By Mr. Fergusson.

Digitized by Google

ORIGINAL LECTURES.

LECTURE ON CONGENITAL AND NON-CONGENITAL TALIPES CALCANEUS.

DELIVERED AT THE

Grosvenor Place School of Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

By WILLIAM ADAMS, F.R.C.S.

Surgeon to the Royal Orthopædic and to the Great Northern Hospitals, Lecturer on Surgery at the Grosvenor Place School of Medicine.

TALIPES CALCANEUS.

GENERAL REMARKS.—The deformity which I am now about to describe to you, named TALIPES CALCANEUS, occurs both as a congenital and non-congenital affection; and in these two forms it differs so essentially in its pathology and treatment, that a separate description of the congenital and non-congenital forms of talipes calcaneus is absolutely necessary. In both these forms the compound variety generally described by orthopædic authorities as CALCANEO-VALGUS will be included, for the reasons above stated.

CONGENITAL TALIPES CALCANEUS.

EXTERNAL CHARACTERS.—The only essential character of talipes calcaneus, whether in its congenital or non-congenital form, is depression of the os calcis, so that in the erect position this is the only portion of the foot which would come into contact with the ground; but this, in congenital cases, is always associated with elevation of the anterior portion of the foot, which is generally also a little everted and flexed upon the leg, so that the dorsal aspect is in contact with the anterior surface of the leg, and in severe cases the foot is rigidly held in this position by contraction of all the anterior muscles. The position of the foot is in fact nothing more than an extreme degree of flexion from the ankle-joint, a position which any healthy foot can be made to assume, more especially in infants, and therefore not involving any alteration in the relative position of the bones; but the peculiarity in congenital cases is that the foot is fixed in this position, with more or less rigidity by muscular contraction. This deformity is therefore, as far as external form is concerned, exactly the reverse of talipes equinus, which I have already described to you as consisting of elevation of the os calcis, with depression of the anterior portion of the foot—an extreme degree of extension of the foot.

MORBID ANATOMY.—There are no material deviations, either in the relative position or form of the bones of the foot in this deformity, which as I have already stated is of the simplest kind, the position of the foot being merely an exaggerated degree of one of the natural movements, viz. that of flexion of the anterior part of the foot upon the leg, a movement which is necessarily accompanied with depression of the os calcis. The ankle-joint is the centre of motion, and it is scarcely necessary for me to observe that it is alone from this articulation that the movements of flexion and extension of the foot can take place.

In the great majority of congenital cases the foot is not very rigidly held in this flexed, or as we should call it calcaneous, condition; and by a little manipulation it can be brought down, or extended to a right angle with the leg. By perseverance in manipulation and passive motion the natural degree of extension can generally be obtained in a few months; and this fact alone proves that in such cases neither the muscles nor ligaments have undergone that change of structural shortening, or adapted growth, which produces the rigidity in other congenital deformities, and constitutes the obstacle to the restoration of the form of the foot—an obstacle which we have to overcome either by operative or mechanical treatment.

In some of the most severe cases of congenital calcaneus, however, in which the foot is rigidly held in the deformed position—cases of extreme rarity—there can be no doubt that the ligaments at the posterior part of the ankle-joint, and the posterior portions of the lateral ligaments, are elongated, as I found them on dissection in a case of non-congenital calcaneus of long-standing, although from the nutrition of the tissues not being interfered with in the congenital cases, it is not probable that this change would take place to the same extent. In these severe congenital cases also, the anterior muscles of the leg—the flexors of the foot—doubtless undergo structural shortening, and their tendons are easily to be felt tense and prominent, as they pass over the ankle-joint.

PATHOLOGY.—The cause and mode of production of congenital talipes calcaneus are by no means clearly understood. You will doubtless remember, that in the lecture on the *General Pathology* of congenital and non-congenital deformities of the feet (see *Med. Times and Gazette*, Oct. 20, 1855), when I laid before you the arguments for and against the different theories at present entertained with respect to the etiology and mode of production of all the congenital deformities of the foot, I expressed my opinion generally in favour of the dynamic theory, *i. e.* spasmodic muscular action, rather than the mechanical theory of *position in utero*. I held the dynamic theory more especially in reference to the ordinary form of congenital club-foot, viz. talipes varus, but expressed some doubt with respect to its application to congenital talipes calcaneus and calcaneo-valgus, deformities which may, I think, sometimes be produced by *malposition of the fœtus and pressure in utero*. Apart from the general arguments which I have adduced in favour of the above-mentioned opinion, I cannot but be impressed with the fact, that while in congenital varus the direction in which the bones are displaced exactly corresponds with the direction in which they would be drawn by the action of the strongest muscles, the reverse is the case in congenital calcaneus, in which, if the dynamic theory be maintained, the weaker muscles on the anterior aspect of the leg must be supposed to overcome the stronger muscles of the calf and posterior tibial region.

Slight cases of calcaneus, with very little muscular rigidity, such as we ordinarily meet with in practice, may, not unlikely, be produced by *position and pressure in utero;* but the severe cases, associated with other contractions, as of the rectus muscle when the legs are rigidly maintained in the extended position, etc., are probably of dynamic origin, and depend upon some abnormal condition of the nervous system. I have sometimes thought that the nervous affection in these cases, as also in varus, may be only of a temporary character, and that the deformity once produced may be subsequently maintained and aggravated by growth of the muscles and bones in the deformed position, in consequence of the uterine movements of the fœtus not being adequate to the restoration of the contracted limbs to their natural position. This supposition would remove the difficulty, that while there are strong reasons for believing in the dynamic theory of the production of these deformities, there is certainly little or no evidence of the existence of any abnormal condition of the nervous system at the period of birth.

NUMERICAL IMPORTANCE.—Talipes calcaneus is the rarest form of congenital club-foot. In 764 cases of congenital club-foot, of which I have already given a tabular arrangement (*Medical Times and Gazette*, Nov. 1, 1856), there were only nineteen cases of talipes calcaneus, and these were distributed as follows:—

Affecting the right foot only . . .	3
,, left	4
,, both feet	12

Both feet are, as you perceive, much more frequently affected in cases of this deformity than one foot; a condition which also obtains in congenital varus, but in a less proportion.

PROGNOSIS.—There is no deformity of the foot, congenital or non-congenital, in which you may more confidently give a favourable prognosis than in congenital talipes calcaneus. I have never seen this form of club-foot, when congenital, except in infancy or early childhood, nor do I find any orthopædic authority who has witnessed it as a persistent condition at a later period of life. My colleague, Mr. Tamplin, observes, "I have never yet met with this deformity in the adult." The explanation of this fact seems to be, that the deformity—which I told you is very rarely accompanied with rigid contraction of the muscles or ligaments—undergoes spontaneous cure soon after the period of walking, if it be not previously removed by manipulation and simple mechanical means. The strong muscles of the calf of the leg, together with the other powerful muscles on the posterior aspect of the leg, which act as extensors of the foot, are all in a healthy condition, and by their action tend to overcome the slight contraction of the flexors. If the balance of muscular

Digitized by Google

ction be not thus restored before the period of walking, the weight of the body still further assists the action of the extensor muscles by pressing up the heel, and keeping the foot at a right angle with the leg.

The favourable action of the weight of the body in restoring this deformity of the foot, is worthy of remark, especially when contrasted with the unfavourable influence which it exerts in talipes varus, the severity of which it aggravates to an extreme degree.

Such being the ordinary and natural course of a case of congenital talipes calcaneus, the prognosis must be proportionably favourable. However, I cannot but think that some of the more severe forms of calcaneus, such as I have occasionally witnessed, would remain persistent, unless tenotomy and appropriate mechanical treatment were had recourse to.

Treatment.—After what I have already stated, it is scarcely necessary to observe, that very little treatment is required in the ordinary cases of congenital talipes calcaneus. Frequent manipulations and passive exercise—*i.e.* extending the foot, and rubbing over the anterior muscles of the leg, which may be best conducted by the nurse or mother—will be all that is necessary in ordinary cases. With this I generally combine the use of a softly-padded splint, applied in front of the leg and foot. A splint made of block-tin, which can be gradually straightened as the foot improves, is the best that can be employed. In the exceptional cases, however, of greater severity, in which the anterior muscles are much contracted, and the tendons tense and prominent over the ankle-joint, I would advise you to have recourse to tenotomy, as a means of hastening the cure, and of rendering it more certain and more perfect at an early period of life; a principle which we must recognise in the treatment of all congenital deformities, with a view to the ultimate perfection of the limb, and development of the muscular structures.

The tendons which require to be divided in the severe cases above adverted to are the tibialis anticus, extensor proprius pollicis, extensor longus digitorum, and peroneus tertius. The division of all these tendons may be easily effected through a single puncture made close to the inner border of the extensor longus digitorum tendons, as they pass over the ankle-joint, where they will be felt tense and prominent. The smallest sharp-pointed tenotomy knife may be passed first outwards beneath the extensor and peroneus tertius tendons, which may be divided towards the shin, as we divide all tendons; and then being withdrawn and re-introduced, the knife may be passed inwards beneath the extensor pollicis and anterior tibial tendons, which may be divided in the same way. If care be taken to keep the point of the knife close to the tendons to be divided, there will be no fear of wounding the anterior tibial artery. A small pledget of lint should be immediately applied, and retained in position by a strip of plaster, and the foot bandaged to a bent tin splint in front of the ankle-joint.

The Mechanical Treatment need only consist in the continued use of a well-padded metal splint, which after the third day may be gradually straightened, till the complete extension of the foot is obtained. This should be done very slowly at first, and should not be accomplished in less than three weeks, in order to insure the formation of a direct and well-formed connecting bond of new material, between the divided extremities of the tendons.

The After-treatment will consist merely in the continued use of the physiological means, viz. manipulations and passive motion, upon which we so much rely during the treatment of this deformity. It will very rarely be necessary to employ any mechanical support, or retentive apparatus; but in some cases, after operation, a light steel support may be attached to the boot used in walking.

Relapsed Cases.—There is no tendency to relapse in cases of congenital talipes calcaneus after treatment. I have never met with any case in which the deformity has even partially returned. The causes which tend to produce relapse in other distortions of the foot, such as the complicated anatomical conditions of the deformity; the difficulty of insuring the accurate adjustment and efficiency of the retentive apparatus, or mechanical supports, generally required to be worn a long time after the first treatment; the defective condition of certain muscles, etc., are all absent in cases of congenital talipes calcaneus; and I have already explained that the act of walking itself assists the cure of the case.

NON-CONGENITAL TALIPES CALCANEUS.

Now, gentlemen, I will proceed to give you a general sketch of the pathology and treatment of the non-congenital form of talipes calcaneus; and this, for the reasons already assigned, will include the description of the distortion generally described by orthopædic authorities as Calcaneo-Valgus.

General Remarks.—The non-congenital form of talipes calcaneus differs very essentially from the congenital form of this distortion. In non-congenital calcaneus, the anatomical conditions are more complicated; in the great majority of cases this affection is of paralytic origin, and therefore the prognosis is essentially unfavourable and the treatment only palliative, though the foot may be improved in form and usefulness. Altogether, the non-congenital cases of calcaneus are as unsatisfactory as the congenital cases are satisfactory in their results.

External appearance.—Assuming the case to be one of the ordinary kind, *i.e.* depending either upon paralysis of the muscles of the calf alone, or upon more extensive paralysis of the muscles of the leg, the external characters are, 1st. depression of the tuberosity of the os calcis which, in a severe case, when the patient is in the erect position, is the only part of the foot which comes in contact with the ground as exhibited in Fig. 59, taken from a patient of my late colleague's, Mr. Lonsdale, a girl, in whom both feet were similarly affected, so that she walked entirely upon her heels. 2nd. The anterior portion of the foot is not flexed and drawn upwards so as to touch the anterior surface of the leg, as in cases of congenital calcaneus; but in an early stage is slightly raised, and more or less everted. At a later period the anterior portion of the foot becomes depressed, or falls down, from the transverse tarsal joint, so that the foot presents the appearance of being bent upon itself in the direction of its length, and the sole of the foot becomes deeply arched, as seen in Fig. 59.

Fig. 59.

Non-congenital Talipes Calcaneus in the Adult.

In such cases the leg is always much wasted, in consequence of the long-standing paralysis of which the deformity is the result; and the tendo-Achillis, instead of being tense and prominent, as it generally is in other deformities of the foot, can scarcely be felt. You may, however, recognise it as a thin flat band, closely in contact with the posterior surface of the ankle-joint.

Morbid Anatomy.—In non-congenital calcaneus *the bones* undergo very little alteration in form, but their deviations in position are very considerable. In a severe case, the os calcis becomes quite vertical in its position, and the astragalus very oblique, so much so, indeed, that the greater part of the trochlear of the astragalus is extruded from the ankle-joint, and projects posteriorly, a condition which I have witnessed on dissection of one of these cases. As a necessary consequence of this obliquity of the astragalus, the articular surface of the tibia rests partly on the anterior portion of the trochlear, and partly upon the neck of the astragalus.

The next important deviation in the relative position of the bones takes place in consequence of the foot becoming bent upon itself from the transverse tarsal joint, which in this deformity becomes almost as important a centre of motion as the ankle-joint. The anterior portion of the foot, including all the bones in front of the transverse tarsal joint, is, in a severe case, depressed or bent downwards, so as to approxi-

Digitized by Google

mate more or less towards the os calcis in its vertical position, and produce an abruptly arched and shortened condition of the foot.

Ligaments.—The important deviations which I have described in the relative positions of the bones necessitate some important changes in the ligaments connected with the ankle and transverse tarsal joints. The ligamentous structures at the posterior part of the ankle-joint and the posterior portions of the lateral ligaments become very much elongated and attenuated, this condition being in some degree dependent upon the defective state of the nutrition of the limb. The ligamentous structures in front of the ankle-joint become shortened by a process of adaptation during growth, and, when the deformity has been of some years' duration, largely contribute to the persistence of the distortion. All the deep ligaments in the plantar aspect of the foot and the interosseous bands of ligament I have found, by dissection, to be shortened, in adaptation to the abrupt flexion of the foot from the transverse tarsal joint above described. These ligaments and ligamentous bands are thick and strong, and, as it has appeared to me, offer the greatest resistance to the restoration of the form of the foot.

As allied to the ligamentous structures, I may here advert to the condition of the *Plantar fascia*, which in this deformity will be found to be shortened, or contracted, as it is called, to an extent corresponding to the general shortening of the foot, which, as I have already explained, is produced by the os calcis assuming a vertical instead of a horizontal position, and by the anterior portion of the foot being depressed, or bent downwards, from the transverse tarsal joint.

Muscles.—In cases of non-congenital talipes calcaneus, the muscles are found to be in different conditions, according to the causes producing the deformity; but when this distortion has been produced by paralysis, its most frequent cause, the muscles of the leg and foot are found to be in a wasted and atrophied condition. The calf of the leg is extremely attenuated, in consequence of the complete and persistent paralytic condition of the gastrocnemius and soleus muscles. In cases of long standing these muscles, and sometimes all the muscles of the leg, are found to be in the most advanced stage of fatty degeneration, the muscular structure being completely destroyed, and replaced by fatty tissue, free oil globules, and fibrous tissue, in varying proportions in different muscles. This condition I found to exist in one case, in which I carefully examined all the muscles microscopically, after the foot had been amputated by Mr. Fergusson, who kindly gave me the opportunity of dissecting it. I may here mention that the completely paralytic and useless condition of the foot, which had also suffered much from exposure to cold, and was a constant source of trouble and inconvenience, induced this patient to request amputation.

Vessels and nerves.—There are no deviations in direction, of Surgical importance, in the vessels and nerves, such as I have described in the more complicated distortion of varus; but in adult cases, these structures may become atrophied and diminished in size, as Cruveilhier has described them in a case of adult non-congenital paralytic varus; but this condition did not appear to exist in the specimen I dissected.

Resemblance of this Deformity to the Distortion of the Foot artificially produced among the Chinese.—Dr. Little has furnished us with an "anatomical drawing of the bones of the foot of a Chinese lady, obtained during the late China expedition" (a), which exhibits conditions very analogous to those above described as existing in the severe adult cases of the non-congenital form of calcaneus of paralytic origin. The os calcis holds a completely vertical position, and the anterior portion of the foot is bent downwards from the transverse tarsal joint, so that the foot is folded upon itself in the direction of its length, the ankle-joint, and the transverse tarsal joint being the two centres of motion. In the Chinese distortion, however, which is produced by tightly bandaging the foot in early life, the phalanges of the four outer toes are bent inwards, in a claw-like manner, towards the sole of the foot, and the corresponding metatarsal bones are compressed laterally. The phalanges of the great toe alone remain extended, and give a pointed form to the compressed and distorted foot.

How far this condition may be remediable I do not know; but Dr. Little expresses a confident opinion, that even after thirty or forty years' duration, this distortion of the foot might be cured in a few weeks. I should hesitate to concur in this opinion, from the belief that, in consequence of the early period at which the bandaging process is commenced, several of the tarsal bones, more especially the astragalus, would become much distorted and irremediably altered in form, when the process of ossification was complete; also because I think that the general adaptation of all the ligaments of the foot and of the tibio-tarsal articulation, would be found to present an insurmountable obstacle to the restoration of the form of the foot in this severe grade of distortion—at least at the adult period of life—although I am quite ready to admit that, if the distortion could be removed, the absence of paralysis, upon which Dr. Little appears to base the opinion above expressed, would largely contribute to the *cure* of the case; whereas, in non-congenital calcaneus of paralytic origin, the paralysis of course remains after the removal of the distortion, and *a cure* of the case cannot possibly be effected.

The anatomical resemblance, however, of this artificially produced form of talipes calcaneus to the ordinary non-congenital form of this distortion, which comes under Surgical treatment, is a matter of scientific interest, and therefore I have alluded to it in this place.

(To be continued.)

(a) On Deformities, p. 168.

ORIGINAL COMMUNICATIONS.

THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.
Consulting Physician to the Hanwell Asylum.

No. 9.—Religious Mania.

The beautiful illustrations so graciously accorded by my professional friends for these papers (which I wish I could make more worthy of them), possess, it seems to me, a charm not only for the student, but, perhaps even in a higher degree, for the experienced practitioner of medicine, whose observation and reflection, amidst his daily intercourse with mankind in circumstances peculiarly favourable to displaying character and expression without disguise, must often have been exercised on the incredible changes wrought in the outward man by the succession of hopes and fears, and joys and troubles, and emotions and passions, and all the entanglements of this mingled yarn of the web of life, "good and ill together."

But the difficulty of describing the various changes thus wrought in various faces is very great, and almost insurmountable. Neither painter nor photographer can catch and fix the innumerable shadows passing over the human face, as rapid in succession, and as fleeting in their nature, as the thoughts evolved in the perhaps ever changing molecules of the brain. A writer cannot expect to be more minutely successful. In the image he labours to draw, life must generally be still wanting. There are fugitive impressions that will not be detained at the command of the pencil or the pen, or to subserve the most dexterous snatches of the sun-aided photographer himself. Their course is as rapid as that of the invisible and imponderable influence which flies along the nerves to the obedient limbs.

These difficulties seem to be accumulated in cases where the mind is morbidly active; and for a faithful representation, the painter must await until the storm of malady has partly subsided, or some of its effects have become to a certain degree permanent. Yet we find that the precise art of the photographer and the exquisite skill of the engraver, do succeed in placing before us eloquent representations, and we become fascinated by their perusal. All the character, almost all the history of the individual, seems often to be legible in the features, in the attitude, in the dress, and in the general expression. The strange modifications resulting in each case carry the thoughts from the outward signs to the inward and unseen causes; and even to the wonderful and inscrutable laws by which a mere structure of perishable and common elements, only withheld from decomposition by what we call life, has become first capable of so godlike a gift as intelligence, and then susceptible of such disordered actions in the recesses of the brain, or in

Digitized by Google

the marvellous ramifications of the nerves, as to cease to present usual or normal phenomena, and only to follow fierce analogies unknown among the ordinary occurrences of nature; and representing even exaggerated exceptions of tempest and earthquake, which but destroy commoner things, and leave the immortal untouched.

The portrait accompanying the present paper is most kindly contributed by Dr. Hood, the eminent physician of Bethlehem Hospital; an institution some years ago associated in the mind with much that was most painful in the history of madness; but which is now, under his humane and skilful direction, one of the famous institutions of the world; and which may be visited with instruction and gratification by all who take an interest in the mental griefs of mankind, and their almost marvellous alleviation. To myself, long living under a roof with nearly a thousand poor lunatics, a position which I had desired even in the days when I was just entering on Medical study, and which I still consider as the happiest for Physicians of a certain temperament,—the least instructed patients of pauper asylums are not without interest in my estimation: but it may easily be supposed that the varieties of disordered mental action are more marked in the patients in the wards of Bethlehem Hospital, whose intellectual faculties have been more educated and more exercised by circumstances, and rendered thereby more active and more varied in character and action, and with a wider discourse of thought both in health and disease.

Some of the remarks laid, with this illustration, before the reader, will be perhaps more fully recognised as correct, when the companion portrait is given in a successive number; and in which the contrast between the outward demonstration of insanity and of recovered sanity will be curiously and even beautifully exemplified. The subject of this portrait was the wife of a labouring man,—not of the wretched class of labourers familiar to us round about London, whose habitations, dress, manners, habits, and half naked and rude children, disfigure the waysides of the beautiful environs of the metropolis; but of the labouring class of a province two hundred miles further north in our island, where decent cottages, often picturesque, and always scrupulously clean, are inhabited by hard-working men, attached to the neighbouring farmers and landowners, and to the soil; and who contrive by honest labour to procure wholesome food, good clothing, or clothing kept in careful repair; and have decent beds to lie upon: and who, when God's day returns, a day sacred from muscular toil and worldly care, may also be seen gathered together in humble but decent raiment, in those quiet and beautiful old village churches on which the railway traveller has but time to indulge a passing glance. In the homes of these simple people, Sunday is a day of peace and calm, which in the turmoil of London is almost forgotten, or is remembered among the fragmentary recollections of unambitious youthful days. But the old cottage pictures, seen in our childhood and youth,—the open door, the neat arrangement of a few chairs, the small polished table, the large open bible laid upon it, the small shelf with a few books, and the addition of a few gay, although very humble ornaments, are never quite forgotten, even in the busiest streets of London, by those whose early and modest, and perhaps friendless years were passed in peaceful hamlets, amidst these industrious people, full of northern virtues, blunt, honest, frugal, persevering, patient, and simply religious.

There is, however, no retreat so rustic, no spot so secure, as to be wholly protected from perturbations of the senses, and of the heart, and of the conscience, and of the mind. Even the religion derived from indisputable authority seems too simple, too pure, and too serene for the faculties of human beings to receive and cherish and profit by, unless recommended either by pomps and gauds and vanities on the one hand, or by vain imaginations and nervous excitement on the other. Thus in small villages and in rural churches, the ordinary ritual appearing too dull and too scantily inspiriting, enthusiastic singing, earnest prayers recommended by strenuous physical action, and long sermons, in which the free reins are given to the excited fancy, supply the stimuli apparently welcome in the most secluded districts; and the sounds issuing from humble chapels fill the summer air of evening, and attract the common people with a force quite irresistible.

Born in the county from which are taken the faint sketches of remembrances now indulged in, even Wesley, eminent for his talents, his learning, and his piety, was too pure in his taste, and too spiritual and serene in his views to adapt himself fully to the more sensual condition of vulgar worshippers. Departing from the forms of the Church, he was still too orderly and refined for the commoner sort. He contributed largely to banish coarseness, and low vice, and audacious crime from neglected sections of the population, and perhaps from highways and hedges: but the unlicensed fervour of Whitfield was more welcome to Methodist audiences, whom it rapt in ecstasy or perturbed with convulsions. The sublime views of the clergyman's son, who believed that perfection was attainable on earth, were less attractive to enthusiastic minds than the boundless enthusiasm of his colleague, born at the Bell in the city of Gloucester. Among the gratifications soon deemed necessary, or at least permitted, were prayer-meetings, where each enthusiast prayed and confessed in his or her own wild way; and also what are called love-feasts, meetings where the feelings are even more highly excited by the prayers, by the sweet congregational singing of affecting or of joyous hymns, and by the condensed enthusiasm incidental to such an assembly of fervent human beings, who unconsciously, and almost inevitably, must permit human affections to mingle with divine in such tumult of the soul.

It was at one of these meetings that the subject of the portrait, whose history led to the mention of them, laid the foundations of unreason. She was a married woman, 36 years of age; a time of life when, perhaps, if men are most energetic and capable of great undertakings, women are most susceptible of strong feelings and attachments, and most aspiring in their views. The attractions of earlier days have become narrowed; but the influence of strong or tender emotions is more intense and more permanent. It is certainly often the age at which the various impressions and labours of the great and busy world, and also the profounder thoughts of solitude, put the mind to its severest trials. The patient represented in the engraving No. 6, was an excellent wife, remarkable for industry, for the respectability of her character, and leading a domestic life, free not only from vice but from irregularity; and she was earnestly devout. She was induced, with no great difficulty, to partake of the attractive pleasures of the love-feast, an exceptional variety in the dull and uneventful existence of the village in which she dwelt. The temporary consequences were lamentable. She became much excited during the festival; and for a time the excitement did not subside. The control of the mind was gone; and, although a kind of calm followed on returning to quiet, daily duties, it was not the calm of peaceful promise; but the prelude to stormy disturbance of the feelings and passions, and the wild exercise of all the frantic words and deeds which are among the transformations of mania, and to which no experience can render the observer insensible. We shrink from the spectacle of a being, one of our own nature, featured like us, like us with feelings and faculties endowed, as we humbly trust, for all sweet uses in this world, and for more glorious expansion hereafter, so rudely stripped of all conventional armour, exposed in nakedness and weakness, and becoming, as it were, of kin to creatures lower than any now seen on this fair globe; but consigned, as we believed, to regions too dark for mortal sight to penetrate.

All the character of this afflicted woman seemed to undergo a change under the influence of her temporary insanity. How much her appearance changed, can only be understood when an opportunity is given for comparing her face and general appearance after her recovery with the figure and features now represented. Even when this portrait was taken, some slight return to calmness had begun to be perceptible, so that she could be persuaded to sit still for a short period. But generally she was noisy, quarrelsome, ever on the alert to produce discomfort and disturbance among those by whom she was surrounded. She was destructive of things about her, tearing her own clothing, and breaking all the fragile furniture of the ward; her habits became not negligent only, but dirty; her hands were employed in mischief, and her tongue was the constant instrument of calumny. Her language was coarse, often indelicate, sometimes blasphemous. Her very appearance became so repulsive that the other patients avoided her. This pitiable state continued for many weeks; her almost perpetual excitement appeared to defy sleep and rest, and her fierce excitement and vociferous denunciations of those near her, knew little or no intermission by night or by day. What had once been associated with

Digitized by Google

better feelings became degraded and perverted. She composed and sang doggrel hymns; and she threw out curses both loud and deep on all whom she supposed to be of religious opinions different from what in her distraction she still seemed, in some strange way, to cling to or to cherish.

After being several weeks at Bethlehem, it became practicable to take her portrait; and she was very willing to have it done. In fact, the taking of portraits has become one of the pleasures of which the patients cheerfully partake in our lunatic asylums; and helps, in combination with the various other alleviations studied by humane superintendents, to diversify and cheer the days passed in necessary seclusion from the busier, but scarcely happier world, without. One incidental effect of these artistical amusements is to draw the attention of the patients themselves to their own costume, and sometimes also to their general appearance, as to face and figure; and this direction of their notice may lead to salutary results. In the case in question, the patient made some objection to her own dress, which she evidently thought not very becoming; and she at length made it a condition of her sitting quiet that she should be represented with a book in her hand. The book, indeed, was held upside down; but it did quite as well. Her sense of propriety was gratified, and her face shows that she required no printed page to suggest thoughts to her yet busy mind.

The face deserves some careful perusal. Indeed, both the face and figure have a character above that of the mere station of the patient; presenting one of the examples occasionally seen, in which an air of superiority is given by nature that will bear comparison with the forms and faces more generally developed by education, and care, and refined habits of some antecedent time in ancestors above the vulgar. In some of these cases the form and lineaments of some long-buried progenitor may be repeated; and in others the supremacy of nature is asserted by a physiognomy so marked, and an intellect so surpassing, as to illustrate the existence of some vast mine of beauty and of mental power, beyond mortal thought, where yet lie immeasurable stores of materials, to be from time to time moulded into individual existences for purposes yet unimagined by man.

Those accustomed to the observation of faces will recognise in the portrait No. 8, the wide, high, and thoughtful brow; and the observers of heads will as readily discern, in the lateral regions, the characteristic arch resulting from the full development of the localities marked by phrenologists as the seats of marvellousness and ideality; whilst from the forehead to the crown of the head, or as far as the band of hair permits our tracing them, the forms associated with veneration and firmness are equally legible, with a suspicion of ascending to too exalted a height. The belief in such configurations or their signification is, of course, not general; and although it is interesting to trace them, they are no longer anxiously insisted upon; all the important truths connected with the phrenological doctrine having apparently for some time been quietly established, and found subversive neither of creeds nor governments, or, whether right or wrong, in any way to be looked upon with dread or with anger, or anything approaching to contempt.

Although the patient is really not reading from the book, she seems to be quite as much engrossed with some characters or thoughts written in the brain: looking as if engaged in some fresh and intense study; exclusive of all previous thoughts. The eyes are fixed on the book beneath them, as on a Bible from which texts rise before them; the depression of the inner angle of the eyebrows still more forcibly marks this, and also the compression of the upper lip, and the slight uplifting of the outer angles of the lower: but still the eyebrows are raised, and there are traces of expression, but which words cannot distinctly express, in the upper portion of the cheeks, beneath the eyes, which convey the sense of the mind being moved by some new and delightful conviction. Roundness of chin and strength of the lower law, without angularity, seem to bespeak the earnestness of her character; and are also, it may be presumed, allied with the fervour or the energy usually present with a full developed cerebellum. The eyeballs are directed to the right-hand page of the large book, and all her expression and attitude tends to that direction, as in a reader too wholly interested to move the book; and the heavy book itself is upheld by hands untired by the exertion, yet not at liberty to smoothe down the leaf that floats between the upside down pages and the enthusiast's eyes.

The general aspect of this patient is indeed interesting; the head, the face, the profuse and carelessly arranged dark hair, left at some liberty, but not neglected; the well-formed figure, the general contour of which is discernible notwithstanding the amplitude of a common gown of simplest plan; and, altogether, the womanly character, plainly legible, with no debasing intermixture, render it pleasing to the spectator, who almost forgets that the subject of it was not yet restored to reason. But no adequate idea can be formed of the modification of natural expression wrought even in this patient by mental perturbation, until this present portrait is presented in contrast with the recovered face, which will form the subject of the next illustration. The student who gives to both the attention they merit, will best find excuses for my dwelling on matters often hastily deemed of too small importance for a student's regard.

All the results of observation, whether by the physiognomist or the phrenologist, really have uses for all whose duties render an early recognition of the existence of disease important. Of some of the London teachers, both Medical and Surgical, of our younger days, extraordinary relations were current touching their diagnosis at a glance of the existence even of what are usually deemed obscure diseases. They were men of exercised observation; and the face and attitude of a patient who had not spoken a word would reveal to them a knowledge by which their attempts at cure were safely and advantageously directed. If, as regards bodily diseases, these outwards signs are most generally present in such as are not of a nature to be cured, the same remark is by no means to be so restricted in mental disorders. The most curable of them are perhaps even discernible in the most strongly formed facial characters; and the early detection of mania or melancholia, appearing for the first time, or recurrent, is of so much value that the habit of minute observation of the passing shades of facial expression cannot be too diligently cultivated by those who aspire to practise in this important and comprehensive branch of medicine. In some future paper I hope to devote more especial attention to this subject.

CASE OF A PREGNANT WOMAN, BOTH OF WHOSE MAMMÆ HAD BEEN EXTIRPATED.

By ROBERT LEE, M.D. F.R.S.

9TH SEPT., 1828.—A woman, about 40 years of age, in the last month of pregnancy, applied at the Westminster General Dispensary this morning for a midwife to attend her during her labour. She stated that both mammæ had been removed for a cancerous affection several years ago, and that since their removal she had borne five children, which she had brought up by hand, and that they were all now in good health. Previous to the extirpation of the mammæ, which was performed in Ireland, she had borne two children. She states that her mother and, I think, one of her sisters had been destroyed by cancer of the breast, and that she, becoming alarmed for herself in consequence of the appearance of hard painful tumours in both her mammæ, consented to have them removed, which was accordingly done by a Surgeon in Ireland. The glands had been completely removed, and the cicatrices were distinct. Since the operation she has enjoyed excellent health. During gestation nothing unusual is experienced in the situation of the breasts; but the second day after confinement there is an unusual fulness in the parts, and in the glands of the axillæ, similar to what occurs after delivery, when the secretion of milk is about to take place.

I had nearly forgotten this case, when I received the following note from Sir Benjamin Brodie, which made me refer to my journal, where it had been recorded:—

"Broome-park, near Dorking, Surrey,
Sept. 29, 1843.

"MY DEAR SIR,—Will you be so kind as to inform me whether you have any experience as to what will happen to a woman who, having lost both her breasts, was delivered of a

Digitized by Google

child? Would the constitution suffer from the entire loss of the apparatus for secreting milk under such circumstances?

"Believe me to be, dear Sir,

"Yours always truly,

"B. C. BRODIE."

In reply to this note, I inclosed a copy of the history of the preceding case from my journal. I have not since 1828 met with any other case like this.

16th July, 1858.

ON DILATATION OF THE FEMALE URETHRA BY FLUID PRESSURE.

By T. SPENCER WELLS, F.R.C.S.

Lecturer on Surgery at the Grosvenor-place School, Surgeon to the Samaritan Hospital, etc.

MOST Surgeons of much experience are dissatisfied with the results of dilatation of the female urethra by means of metallic dilators, or by sponge tents. Whether the dilatation be effected slowly or rapidly, whether it be or be not assisted by division of the mucous membrane with the knife, either directly upwards, or upwards and outwards, or laterally, or downwards and outwards—most of all if directly downwards—incontinence of urine may follow, and may distress the patient for life. It is quite true that large calculi and other foreign bodies of considerable calibre have been removed from the female bladder with great ease after dilating the urethra by Weiss's dilator, or by sponge tents, and incontinence has not been the result. But it is also true that this distressing evil has followed a very moderate amount of dilatation, sufficient only for the removal of small foreign bodies: and this has been the more annoying, as it has been impossible to account for the eccentricity. The age of the patient seemed to have little to do with it, for at almost any age cases have occurred setting all prognosis at defiance—rapid dilatation, rough manœuvring, a large stone, and no incontinence—gradual dilatation, cautious manipulation, a small stone, and permanent incontinence. This at least is what I have gathered in conversation from some of the most experienced Surgeons of the day, and it has led to a very general preference for lithotrity over lithectasy in the female.

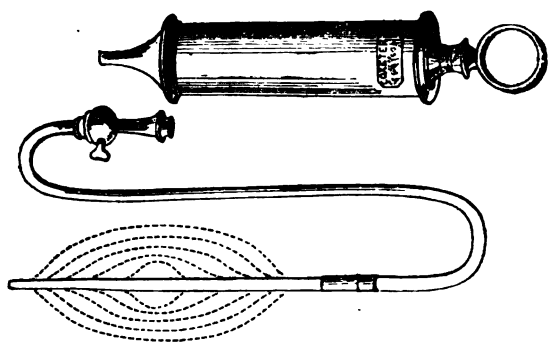
Dilatation by means of Weiss's dilator is a very easy and simple proceeding, and under the use of chloroform, of course, quite painless; but I have often seen that a more uniform dilatation would be better than the partial pressure exerted by the divisions of this instrument when separated. The urethra is dragged into a sort of triangle, and the greatest pressure falls, not upon the whole circumference of the canal, but upon three points. This first led me to use sponge-tents, but their action is too slow to admit of the prolonged use of chloroform, and it is extremely painful without some anæsthetics. A very interesting case occurred in May, 1857, at the Samaritan Hospital, which almost led me to declare that I would never use sponge-tents again for this purpose.

An unmarried female, 23 years of age, applied at the out-patient room, with hæmaturia to a considerable extent. She was sounded, and it was thought that a stone was felt, so she was sent round to my house. I made a very careful examination with a hollow sound, injecting the bladder through it, and examining the cavity at various stages of distension, but I could feel no stone. I felt an unusual roughness near the neck of the bladder, and thought that some foreign body might be fixed in the coats of the organ. I accordingly suggested to the patient that she might possibly have sat down upon something which had accidentally slipped into the urethra, but this she said she was quite sure was not the case. This convinced me that nothing had been introduced.

Gallic acid was given freely, and with some temporary good effect, but the hæmorrhage returned to a rather alarming extent, and the patient was admitted as an in-patient under my care. The blood passed nearly pure. It was not mixed with the urine, which was quite normal, but flowed after the water was passed. There was no vascular growth to be seen in the urethra, or at its orifice; but, on renewed sounding, in consultation with my colleagues, something soft and irregular, like a polypus, was felt at the neck of the bladder. This I determined to remove, and used a sponge-tent to dilate the urethra. In two hours the canal was dilated sufficiently to admit my finger, but the process had been horribly painful. The patient was quite faint, and covered with a profuse perspiration from the severity of the pain. However, the urethra was so much dilated that I could introduce my finger easily, and feel a soft velvety growth attached to the mucous membrane of the bladder, just beyond the opening of the urethra into the bladder. Any one who has ever had his finger within the bladder of a living female, knows how tightly it is constricted at the neck. This constriction led to some difficulty in manipulation, but I was able to introduce, guided by the finger, a pair of fine blunt-pointed scissors, curved on the flat, and with them I cut away what turned out to be a villous growth about the size and shape of a cherry, with a broad base. The result was very satisfactory so far as the hæmorrhage was concerned; but for ten days, I feared that permanent incontinence of urine would be the result, as it flowed involuntarily for that time. But the power of retention gradually returned, and I saw the patient last week in the out-patient's room with some trifling affection of the eyelid, when she assured me that she had had no return of hæmaturia, and that all irritation of the bladder had disappeared. Fortunate as this result was, however, it taught me to look for something better than a sponge tent as a dilator of the female urethra.

About this time Dr. James Arnott lent me one of his instruments, which I used to dilate a stricture of the male urethra, and I determined to adopt the same principle to the dilatation of the female urethra. Towards the end of last year Mr. Henry Thompson showed me a modification of Dr. Arnott's instrument, which he had contrived for the purpose of compressing the prostate by dilating the prostatic portion of the urethra. I at once saw that a very slight modification of this instrument was exactly what was wanted for the female urethra; but it was not until last month that I had need of such an instrument. I was then consulted by a lady in whose bladder I detected a stone. In an ordinary case of the kind I should have crushed it at once, but in this case there was so much irritability of bladder, the urine was so loaded with mucus, and so soon became ammoniacal, that I was doubtful whether it would not be wiser to run the risk of incontinence after dilatation, than increase the irritability of the bladder by the use of the lithotrite, and the escape of the fragments of stone. I, therefore, advised a consultation with Sir Benjamin Brodie, and acted on his advice, which was to inject the bladder with water daily for a few days, and then break the stone, being prepared at any time to dilate the urethra and empty the bladder, should any undue irritation come on. So far all has gone on well. The irritation diminished directly the stone was broken, and very little is left of it after three sittings.

But the instrument I had prepared for this case by Mr. Coxeter I have had an opportunity of trying in another. The instrument is shown in the accompanying woodcut, the dark line representing the instrument before, and the dotted lines after, dilatation.



It consists of a female catheter, a piece of India-rubber tubing fitting closely over the catheter, an elastic tube furnished with a stop-cock, and a syringe. On filling the syringe with water, fixing it to the end of the elastic tube, and injecting the water from the syringe into the catheter, the water is forced through small openings near the end of the catheter, and distends the india-rubber tubing which covers

Digitized by Google

it. When the syringe is emptied the stop-cock can be turned, and the syringe refilled. The india-rubber dilates, as shown by the dotted lines, at first in a globular form, afterwards in a more oblong direction, especially if any lateral pressure be made on it. In this way the urethra may be very gradually dilated with an equal pressure in every direction until its diameter exceeds an inch. The length of the elastic tube permits of the use of the instrument beneath the bed-clothes without the least exposure of the patient.

It is hardly necessary to describe the mode of using it, but I may say that the covered catheter is oiled or covered with some greasy substance. The only thing in common use which appears to spoil the india-rubber is turpentine. When oiled it is introduced as an ordinary catheter; and so held that the centre of the distending portion is kept just within the meatus. There is some little tendency in the bladder to force the instrument outwards, but slight gentle pressure easily overcomes this. After one syringefull of water has been gradually injected, a second may be used, and a third if very great dilatation be required. On ceasing the injection the distended tube is at first held very tightly—at least it was in the only case I have had,—but after a minute or two it may be moved and easily withdrawn. The fore-finger, oiled, can then be inserted at once into the bladder, and followed by any instrument of equal size.

The effect was admirable in my patient. There were reasons against giving chloroform or ether, so that I was able to judge of the rapidity and painlessness of the process as compared with the sponge tent. There was some pain, but it was by no means excessive, and the dilatation did not occupy more than ten minutes, yet I was able to introduce a pair of bullet forceps, and remove an oblong foreign body with great ease, and after the third day the retentive power of the bladder has been perfect.

I intend to take the first opportunity that occurs in the dissecting room of testing the power of a similar instrument on the male urethra, after opening it as for lithotomy. It may not be generally known that lithotomy—or rather lithectasy—on the horse is performed on the principle of dilating the prostatic urethra. The staff is passed along the urethra, an opening is made into its membranous portion from the perineum, and an empty bladder is then carried along the groove of the staff into the horse's bladder. The staff is withdrawn, and the prostatic urethra dilated by injecting the introduced bladder. Sufficient dilatation can be obtained in this way for the removal of very large stones; and I think all that we know of lithectasy in the human male leads to the conclusion that we only want a more perfect means of dilating the prostatic urethra to do away with the most formidable dangers of lithotomy. Some such instrument as that which has answered so well for the female urethra will, I trust, prove useful in this way.

I have only to add, that Mr. Coxeter makes the instrument above described extremely well.

3, Upper Grosvenor-street.

CASE OF INTESTINAL OBSTRUCTION

FROM

STRICTURE OF THE SIGMOID FLEXURE OF THE COLON.

AMUSSAT'S OPERATION PERFORMED—DEATH FROM GANGRENE AND RUPTURE OF THE TRANSVERSE COLON.

By C. HOLTHOUSE, F.R.C.S.

Surgeon to the Westminster and to the South London Ophthalmic Hospitals.

In the *Medical Times and Gazette* of the 3rd of April of the present year, a most instructive case of intestinal obstruction is recorded by Mr. Hutchinson, in which recovery took place after all hope seemed to have departed, and all thoughts of an operation to have been abandoned. The case I am about to relate did not appear a more hopeless one, and the operation was delayed to the last moment at which delay was justifiable; too long, unfortunately, to save the life of the patient.

On Thursday, the 29th of April, I was requested by Mr. J., a highly respectable Medical practitioner of Kennington, to visit his wife, a lady 47 years of age, who had been suffering from symptoms of complete obstruction of the bowels since the previous Sunday, though it seems there had been no proper evacuation since Friday the 23rd. On the Sunday, however, the patient began to reject her food, and for two days there was incessant bilious vomiting; it then ceased, and when I saw her on the evening of the 29th there had been no recurrence of it. The condition in which I found the patient was the following:—She was extremely thin, the countenance expressed exhaustion rather than anxiety, the temperature of the surface was natural, the breathing somewhat hurried, the pulse 110 and feeble, the tongue brownish but moist, the abdomen uniformly and greatly distended from tympanitis, but tolerant of pressure, except over the region of the cœcum; the urine was secreted in normal quantity; no intra-abdominal tumour was discoverable, no hernial protrusion existed, and the patient was in no pain. I ascertained that this attack came on without any very obvious cause, that the lady usually enjoyed tolerable health; but that this was not the first time she had suffered from similar symptoms; that she had on former occasions been attended by Dr. Todd, who detected a tumour in the right hypochondrium, which he diagnosed to be a distended gall bladder. Taking into consideration, then, this history, the slight constitutional disturbance, the absence of pain and sickness, and the free secretion of urine, I came to the conclusion that the obstruction was not very complete, that it was seated in the large intestine, probably the upper part of the ascending, or the commencement of the transverse colon, and that the tympanitis was mostly the result of atony. As a further aid to the diagnosis, as well as a means of relieving the patient, I proposed attempting the introduction of an O'Bierne's tube into the colon, which was at once assented to; but having learnt that Dr. Birkett, of the City of London Hospital for Diseases of the Chest, and Mr. Otway, Surgeon to the South London Dispensary, were in attendance on the case, and as the symptoms were not urgent, I decided on doing nothing till the following day, when it was arranged I should meet those gentlemen in consultation. The treatment which had been pursued prior to my seeing Mrs. J. consisted in the exhibition of purgatives, and the administration of turpentine enemata, at the commencement of the obstruction; but these having failed to bring relief, they were very properly abandoned, and under the judicious advice of Dr. Birkett and Mr. Otway the patient was now taking small doses of opium and ether, from which she experienced great comfort.

April 30.—I met Dr. Birkett and Mr. Otway, who both concurred in the propriety of making a thorough exploration of the bowel by means of the long tube; accordingly the tube of a stomach-pump was introduced, to the extent of about twenty inches, without encountering any obstruction but what could be overcome by a pump or two of the syringe, which was attached. Between two and three pints of warm soap and water were then thrown up, a good deal of which escaped per anum while injecting. On withdrawing the tube it was found smeared with clay-coloured fæces, and on the finger being introduced into the rectum a few lumps of the same coloured fæces were felt and removed. We had now some hope that the case might terminate favourably; feculent matter had been reached, and some come away; but we were destined to be disappointed. On the following day—

May 1, the patient was much exhausted; she had passed a restless night, and was flushed, and depressed in spirits. Pulse 106, small and very feeble; some flatus had escaped, but no motion, and the belly was as distended and tympanitic as before. In addition to the small quantities of nutriment which she took by the mouth, eight ozs. of beef-tea with a table-spoonful of brandy, and two grains of quinine were thrown up the rectum and retained, and directions were given to repeat this every four or five hours, according to circumstances. She objected strongly to any more enemata with the long tube.

May 2.—She looks and feels better; face not flushed; pulse 106, fuller and stronger than yesterday. Abdomen perhaps a little less tense; there has been no evacuation, but much flatus has passed away. She expresses herself much comforted by the beef-tea injections.

6th.—Since last note the patient has been gradually getting weaker, and the distension of the bowels is, if possible, greater; both loins are quite distended, and percussion elicits a clear sound in the situation of the ascending and of the

Digitized by Google

descending colon. The long tube cannot be got further than four or five inches, though no tumour or any obstruction can be detected by a digital exploration of the pelvis through the vagina and rectum.

The patient was now extremely exhausted—the pulse 120, and very feeble—and it was evident that if relief were not soon obtained, she must sink. Accordingly it was arranged that we should meet again at the patient's house on the following day, give chloroform, attempt the passage of the long tube, and, that failing, open the descending colon in the left loin.

7th.—The patient is scarcely conscious. She lies with her mouth open, and her posture and appearance indicate extreme exhaustion; pulse 120, very feeble; respirations 24; abdomen even more tense than before, and the skin quite shining. Some egg and brandy having been first given, chloroform was cautiously exhibited, and, when under its influence, the introduction of the long tube was again attempted, but without success. Assisted, therefore, by Mr. Otway, who gave the chloroform, by Dr. Birkett, who watched its effects and attended to the general condition of the patient, and by Mr. Christopher Heath, who acted as my assistant in the operation, I cut down on the descending colon by a transverse incision about four inches in length, the centre of this incision being an inch and a quarter above the crest of the ileum, and equidistant between the anterior and posterior spines of that bone. Precisely at this point the distended colon projected, and, having been secured by a tenaculum, was opened by a transverse incision, and the edges stitched to those of the primary incision by four sutures. A large quantity of fetid gas, together with greenish pultaceous fæces, immediately escaped, and continued to flow away for some time. The patient bore the operation well, and was certainly not more exhausted at its completion than before it was commenced; the great distension of the abdomen was relieved, and we left her altogether in a more comfortable and a more hopeful condition than we had found her in. The operation was done between four and five o'clock p.m., and at ten o'clock the same evening I again visited her. She had rallied wonderfully; and, though the pulse was still 120, it was fuller and stronger. She talked and called to those about her with more energy than she had done for many days. She was aware that she had obtained relief, though she had not felt the operation, and was ignorant of its nature. She had eaten two eggs, and taken some tea and brandy with a relish.

8th.—4 p.m. The wound was dressed this morning by Mr. Otway and the lady's husband, a large quantity of gas and fæces escaping through the artificial anus. The patient, however, has gone back to the condition she was in prior to the operation, the abdomen has again become more tense, and there is great exhaustion. Pulse 120, and very feeble. No pain anywhere.

9th.—4 p.m. The patient is evidently sinking. She died the same evening at nine o'clock, fifteen days from the commencement of the attack, and fifty-two hours after the operation.

Examination of the body sixty-seven hours after death.—The abdomen was as much distended as during lifetime, and the skin over it of a dark green colour. Immediately the peritoneal cavity was opened, gas escaped, and clay-coloured pultaceous fæces occupied the interstices of the distended bowels, which were slightly adherent to each other, and to the abdominal wall by recent lymph: the fæces were seen to come from several small openings in the transverse colon, from which they continued to flow during the examination. The distension of both small and large intestines extended quite down to the artificial anus, notwithstanding the existence of the openings in the colon just alluded to. The jejunum and ileum were very vascular and distended, but their organization was unimpaired. The cæcum and ascending colon were enormously distended, but of their natural colour; but the whole of the transverse and upper part of the descending colon was of a dark chocolate colour, and so soft that pieces of it could be taken away between the finger and thumb; it was, in fact, in a state of complete sphacelus. About the situation of the sigmoid flexure of the colon, which was very long and tortuous, at a distance of two feet or rather more from the lower end of the rectum, and between this point and the artificial anus, the bowel was found to be constricted, as if a band were tied round it; the whole of the lower part of the great intestine was therefore removed separately, and set apart for after examination. A ligature having also been placed around the ileum near its termination, the rest of the large intestine was removed, together with the third portion of the duodenum, to which the transverse colon was so firmly connected by old adhesions that they could not be separated. After washing out both portions they were slit up, and from the cæcum to the point of stricture the mucous surface was thickly studded with ulcers, mostly roundish, and of various sizes, but some transverse, and corresponding with the rugæ; they were most numerous in the cæcum and ascending colon, became less so towards the end of that bowel, and disappeared altogether in the rectum, which was healthy. Covering and adhering to the mucous surface was a tough fibrino-mucus exudation, of the same colour as the fæces, and which required hard rubbing with the sponge, or pulling off with the forceps, to remove. The stricture, which would only admit the passage of a blowpipe, was about half or two-thirds of an inch in length; the whole calibre of the bowel was contracted, but unequally, so that it had a somewhat puckered appearance, and was drawn in more on one side than on the other; its outer or peritoneal surface was ash-coloured and softish, especially on its puckered-in side, and on attempting to straighten the bowel by slight traction, the peritoneum gave way at the concavity, so that had an instrument been passed up to this point from the anus and pushed against it with any force, its point must have entered the peritoneal cavity. On cutting through the stricture it had all the appearance internally of one of the transverse ulcers, which we have seen occupied the rugæ, having the same ash-coloured and sloughy-looking surface, and differing from them only in form and in the condensation of the surrounding tissue. One of these ulcers, indeed, was situate about an inch and a half above the stricture. The liver was adherent by old and elongated adhesions on its upper surface to the diaphragm, and by its under surface was united to the upper part of the ascending colon. The gall-bladder contained no bile, but was quite filled with yellow polygonal calculi. The ovaries and uterus were of normal size and looked healthy. No other viscera were examined.

It would be difficult to find a case in which the previous history and symptoms gave so little clue to the real nature of the disease, or one in which the latter was more clearly revealed by the post-mortem examination. Seen now by the light which this examination has thrown on it, there can be little doubt that this patient must have been the subject of chronic dysentery, and that the stricture resulted from the cicatrisation of one of the transverse ulcers, or rather from the contraction of the bowel at a point corresponding with one of these ulcers. "When the inflammatory action has continued long in a sub-acute form," observes Dr. Baly, in reference to these ulcers (a), "the submucous coat is found much thickened, and at an advanced period of the disease much indurated in the situation of the ulcers. The contraction of these thickened parts in the manner of the cicatrices of burns sometimes is productive of strictures of the intestine." Stricture then having once formed, the sequence of morbid phenomena is clear and intelligible; obstruction, gradual tympanitic distension, enteritis of a portion of the large intestine, terminating in gangrene, rupture of the gangrenous portion, general peritonitis, death. Surprise will, perhaps, be expressed, that such extensive ulceration of the colon could have existed without more decided symptoms of dysentery during lifetime; but this may be explained partly by the very chronic character of the affection, and partly by the healthy condition of the rectum, it being well known that when this portion of the bowel is unaffected, some of the most distressing and characteristic symptoms of the disease, namely, the tenesmus, and the frequent muco-sanguineous discharges are absent, or at all events the latter are so mixed with the fæces that they often cease to be distinguishable. But the absence of dysenteric symptoms, immediately previous to the fatal attack, is not less remarkable than the absence of some of the most prominent of those which usually characterise obstruction and inflammation, namely, vomiting and pain, the former having been present only on the first two days, and the latter not at all: part of this immunity may, I think, be fairly attributable to the treatment; but more, I apprehend, to the slow and gradual manner in which the intestines must have become distended on the gradual narrowing

(a) Gulstonian Lectures delivered at the College of Physicians in February, 1847.

Digitized by Google

of the stricture, while the subsequent freedom from pain, on the giving way of the bowel and the access of the peritonitis, is accounted for by the low vital condition of the patient. But a more important point for consideration is, whether the stricture might not have been diagnosed during lifetime. When I first saw the patient, and was made acquainted with the history of her case, I thought it not improbable that the tumour, presumed to exist in the right hypochondrium, might be making pressure on the upper part of the ascending colon, and so have given rise to the symptoms. But then, on the other hand, the great distension of the transverse and descending colon was scarcely compatible with this view, and led me to search for some obstruction lower down. The pelvis was explored without detecting any tumour, the uterus was carefully examined, and found of normal size and free from disease; the rectum was capacious, and, as far as could be ascertained by a manual examination, perfectly healthy. The tube of a stomach-pump passed the whole length of this portion of the intestine, and encountered no obstruction; in fact, it must have passed nearly up to the point at which the stricture was found after death, and it was only not attempted to be pushed higher because its further insertion would have been inconvenient for throwing up the injection. I attach little importance to my not being able to introduce it so far on subsequent occasions, because I am well aware, from repeated trials on the dead body, that there may be obstacles to the passage of a tube into the colon, although none may exist for the passage of fæces thence into the rectum; and, moreover, one positive success is worth more than a dozen failures. The exploration, then, of the lower part of the intestinal canal and of the pelvic viscera gave but negative results. Now, although great and uniform distension of the bowels, accompanied with all the symptoms of obstruction, may exist without any mechanical occlusion of the intestinal tube, as in certain cases of ileus (b), still it seemed more probable, from the mode of access, the course, and the duration of the symptoms in the present case, that they really were due to some mechanical impediment, situated, in all probability, not far beyond the point we had explored, and it was to determine this that the subsequent, though unsuccessful, attempts were made to pass the long tube: failing this, the only course open to us was to act on the supposition of there being an obstacle in the suspected locality, and to open the descending colon. Though it is to be regretted that the operation was not done earlier, I apprehend no blame can attach to us for the delay, as, in the uncertainty we were in relative to the nature of the obstruction, it was impossible to say that it might not have been resolved spontaneously. On this subject Mr. Benj. Phillips has some judicious remarks in his excellent paper on "Intestinal Obstructions," published in the 31st vol. of the *Transactions of the Medico-Chirurgical Society*. "The diagnosis of the nature and seat of an obstruction," he observes, "is in most cases most uncertain and unsatisfactory." "If we could say that the obstruction was complete, and not removable, we could not proceed to operate too early; but this we cannot do; the obstruction may give way after many days, when even fæcal vomiting has supervened."

In conclusion, I would observe that the dysenteric ulceration of the cæcum and colon, the stricture, the extensive gangrene, and the peritonitis, though not unfrequently met with singly, present a combination of morbid phenomena rarely met with in the same individual; and when we see all these serious lesions unattended with pain, and unaccompanied by sickness, we can scarcely forbear asking ourselves whether the latter are not too frequently the effect of our remedies, rather than of the disease for which they are given.

June 24, 1858.

THE *Moniteur*, of France, has lately given some details of social life in modern Rome. "As for the doctors," says the *Globe*, "they are found in batches, gossiping at the Apothecaries' shops, waiting for a job, being at the mercy of the druggeller. Their only chance is to get an annual stipend from some convent or cardinal."

A Society (so-called) of Acclimatation is about to establish a Zoological Garden in the Bois de Boulogne. A large piece of ground has been granted to it for the purpose.

(b) See Abercrombie on Diseases of the Stomach and other Abdominal Viscera.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATING THE TREATMENT OF SPINA BIFIDA.

ST. BARTHOLOMEW'S HOSPITAL.

Case 1. — LARGE LUMBAR SPINA BIFIDA—TREATMENT BY LIGATURE—DEATH.

(Under the care of Mr. PAGET.)

Alice Bagster, the subject of the following case, first came under our notice on June 24, 1854, at the City Hospital for Chest Diseases, where her mother was in attendance as an out-patient, on account of phthisis. She was then aged three months, and a remarkably stout, healthy-looking infant. Over the lumbar spine was a tumour the size of her head. There could be no doubt about the diagnosis; there was free fluctuation; the tumour was transparent, and its communication with the spinal canal might be proved by making pressure upon it, when the fontanelle, ordinarily depressed, filled out and became prominent. The child was good-tempered, appeared intelligent, and had a well-formed head. It had perfect use of both lower extremities, but there was a slight and, perhaps, doubtful degree of inversion (varus) of the right foot. No symptoms of nervous disease had ever been present. The mother stated, that when born the tumour was about the size of a large fist, and her impression was, that it had increased much more than in proportion with the infant's growth. It was now nearly as large as an infant's head; the circumferential measurement was 13 inches, that over its highest part, 7½.

A consultation on the case took place at which Dr. Bennett, Mr. Hilton, and the writer, were present. Dr. Bennett was not inclined to attempt any radical measure, and suggested the trial of iodine counter-irritation externally, together with the use of mechanical support to the sac. Mr. Hilton related a case which had occurred to himself some years ago, in Guy's Hospital, in which he had dissected away the greater part of the cyst, and attempted to unite its edges by means of sutures. The result, inasmuch as death from spinal arachnitis had ensued, was not encouraging to the trial of similar means. The propriety of practising occasional puncture of the sac was also discussed, and finally it was decided that a gutta-percha case should be made to be worn well-padded over the tumour, and if in the course of time an irrepressible tendency to increase should be shown, that puncture should then be resorted to. It was accordingly explained to the mother of the patient that the best to be hoped for was, that the child might grow up with the tumour no larger than its present size. This intelligence did not seem agreeable, and a strong desire was expressed that at any risk a cure should be attempted.

On July 16 we met the little patient and her mother in Queen's-ward, St. Bartholomew's Hospital, where she had been admitted on the previous day under the care of Mr. Paget. The parents were now decided on having some operation attempted, and stated that they would prefer even a fatal result to the alternative of life with so serious a deformity. The size of the tumour had not materially increased, and the child's condition was much as above described. The tumour measured thirteen inches round its circumference, and eight over its greatest height. Pressure did not diminish its size, or produce any appreciable disturbance of the nervous functions. Mr. Paget stated that the absence of any effect from pressure, and the possession of full nervous power over the lower extremities, induced him to believe that the neck of the sac must be small, and that the sac itself did not probably contain nerves. A consultation on the case was held, and Mr. Lawrence and Mr. Stanley having expressed opinions in concurrence with that of Mr. Paget, it was decided to attempt a radical cure: the great risk incident to such a procedure was fully explained to the parents. The plan which Mr. Paget determined to practise was the subcutaneous division of the neck of the sac by means of a ligature. It was hoped that by this means the communication between the sac and the spinal canal might be obliterated

Digitized by Google

by the effusion of lymph which would be caused. On July 26 the operation was accordingly performed. The child having been put under the influence of chloroform, a strong double silk ligature was passed subcutaneously around the tumour, the ends being finally brought out in the middle of its upper part. The ends having been loosely tied were attached to a band of elastic webbing, and the latter fixed in a state of tension, by means of a bandage passed round the chest. It was hoped that the elastic band would gradually drag the ligature through, and so make a section of the base or neck of the tumour. The performance of the operation was not attended by any difficulty. During the three days following it the child suffered no symptoms other than restlessness, apparently from the pain which the ligature gave. On the second day there had been a little redness around the border of the tumour; but this had almost disappeared on the third. The ligature had been drawn out at the rate of half-an-inch daily; there was free suppuration along its track.

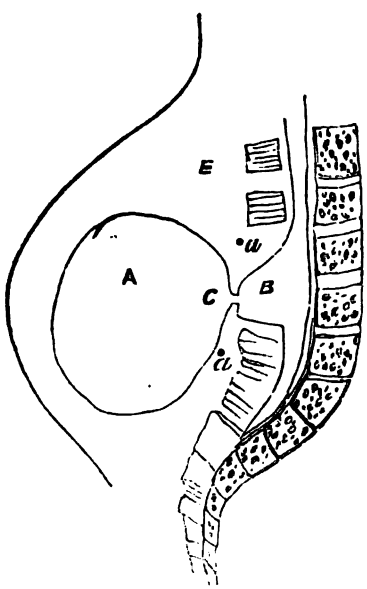
On the fourth day the infant appeared feverish, restless, and ill, and rather less of the ligature was in consequence drawn out.

On the fifth day the child's condition was much the same. Some clear fluid, as if from the sac or spinal canal, was flowing from the wound at which the ligatures escaped. It appeared as if two or three drachms had so escaped; but the sac was still tense, and its contents quite translucent; it was not reddened or hot.

During the sixth and seventh days the child continued in much the same state, but got more feeble. At times it appeared much sunken, and almost insensible, and the mother believed that it could not see. No convulsions occurred. Throughout it had taken the breast greedily, and still continued to do so. On the eighth day death occurred. For some hours before the child's state had been one of almost insensibility.

Permission to make a post-mortem examination having been at first refused by the parents, and the body removed from the Hospital, three days elapsed before the inspection was obtained. It was ultimately made by the writer, at Mr. Paget's request. Only the tumour was allowed to be examined.

The tumour was much less tense than during life, and its lower half, and, indeed, the parts about its base generally, had acquired a remarkable feeling of solidity. Compression of the tumour did not decrease its bulk, but there flowed from the wounds a small quantity of thin serous pus. A longitudinal section of the whole mass having been made nearly down to the vertebræ, a relation of parts, as represented in the appended diagram, was found. The larger cyst (A) was about capable of holding a duck's egg. It was lined by a smooth, glistening membrane, of fibrous structure, and which could be easily peeled away from the structures with which it was in contact. This membrane, when held up to the light, was only very partially transparent; but there were no evidences of its containing nerve-trunks in any part. The cyst was quite whole in every part, and contained a perfectly clear serous fluid. At first sight it did not appear to communicate with the spine; but, on probing, an opening (C), covered by some valve-like folds of its lining membrane, was discovered, which led into a smaller cyst (B). The latter cyst about equalled a half-walnut in size; its base opened freely into the spinal canal, and the trunks of nerves passed out therefrom in a curved direction, and adhered to its walls. There were no traces of the results of inflammation in either cyst or in the spinal canal, excepting that in the latter the small vessels were deeply injected. The laminæ and spinous processes of the last two lumbar vertebræ were wanting. Surrounding the cysts in every part, but especially abundant behind, was a thick layer of dense granular fat (E E E), and in this the track of the ligature had run. The ligature had nowhere quite touched the walls of the cyst, but on the right side it was very near to them; posteriorly, it was fully half-an-inch distant: its position is marked by the dot (. *a*). Imbedded in the fat over the sides of the cyst were two small plates of cartilage, one on each side, evidently the displaced and undeveloped laminæ of one of the vertebræ.



Outline-Diagram of a lumbar spina bifida imbedded in a very deep layer of fat. A, cyst; B, bulging of spinal theca; C, narrow opening connecting the cyst with the theca; E E, dense fat protecting the cyst; *a a* indicate the position of the ligature at the autopsy.

Case 2. — LUMBAR SPINA BIFIDA OF CONSIDERABLE SIZE — SPONTANEOUS CONTRACTION — DEATH FROM HYDROCEPHALUS.

(Under the care of Mr. LAWRENCE.)

The co-existence of hydrocephalus with spina bifida is far from infrequent, especially in the worse class of cases. The frequency strongly supports the opinion that these defects of development are due to intra uterine arachnitis, and are not mere arrests of vertebral ossification. Thus the effusion into the sac of the spinal cord takes place in consequence of a transitory inflammation at a period of fœtal life prior to the firm junction of the laminæ with their corresponding bodies. By this effusion the laminæ are displaced so wide that union is rendered impossible, and a permanent defect is caused. In support of this theory of the formation of a spina bifida, we have the circumstance, that plates of cartilage, constituting the laminæ, are not unfrequently found in the soft structures overlying the cyst. This was observed in the case just recorded. Another fact in support of the same view is, that now and then, when hydrocephalus and spina bifida are co-existent, the one will subside greatly while the other increases. This was observed in the following case:—

Anna B., a puny child, aged two months, attended for some weeks during 1853 as an out-patient under Mr. Lawrence's care, on account of a spina bifida over the lower lumbar region. The tumour was the size of a child's fist, and the skin in the middle was thin, and at one time threatened to give way. There was imperfect talipes varus of both feet. From birth the head had been noticed to be large, and at the age of one month it began to increase rapidly. Mr. Lawrence declined to adopt any operative measures, and the tumour was merely protected by a pad of cotton wool. The hydrocephalus increased to such an extent that the child was after a time unable to be brought out, and her case was, with Mr. Lawrence's permission, afterwards watched by the writer and his friend, Dr. D. H. Tuke, at her own home. No active remedial treatment was adopted, and the head continued slowly to enlarge. The spinal tumour, however, shrank away, the integument over it becoming thick and wrinkled. When at length the infant died (at the age of nine months) its position was only marked by a piece of thick, very brown skin, overgrown with short coarse hair. On laying it open no fluid was found in what remained of the sac, the cavity of which was very small indeed. The lateral ventricles of the brain were found to be laid into one by the destruction of the septum lucidum, and contained between one and two pints of clear straw-coloured serum.

It had been noted in this case that there was no reason to believe that the lumbar sac communicated directly with the fluid in the head, as pressure upon the one did not in any way influence the other. At the autopsy, the canal in the centre of the cord, which in certain cases of this class is found open, affording a free channel of communication between the arachnoid cavity of the cord and the cerebral ventricles, was found obliterated. To its obliteration no doubt was due the fact that cyst contracted while the ventricles were filling. An interesting example of the reverse was under the notice of the writer about a year ago, and was recorded by him in the last volume of the *Pathological Society's Transactions*. In it the spinal tumour increased until it gave way, while the cerebral distension was also steadily advancing. The autopsy demonstrated a most free communication between the two.

Digitized by Google

Cases 3 *and* 4.—SPONTANEOUS RECOVERY FROM SPINA BIFIDA.

The particulars of two cases have been mentioned to us in conversation by Mr. Wormald and Dr. Moore, in which spontaneous shrinking of the spina bifida cyst took place. Neither gentleman, however, was in a position to give us more than a few facts from memory; the cases are, however, of too much interest to be passed over in silence. In Mr. Wormald's, the patient was a male infant who attended as an out-patient at St. Bartholomew's. The tumour from the first was a very small one. It was situate over the lumbar region. A metal shield (lead) was constructed to protect it, and by means of cotton-wool within this and a bandage over it moderate pressure was kept up. The cyst gradually shrunk until it became imperceptible, and the skin of the same level as that surrounding it. The skin remained somewhat thickened. Mr. Wormald saw the child last when it was between two and three years old, at which time it remained quite well.

In Dr. Moore's case Mr. Wormald also was consulted. The tumour was over the lumbar spine, and the size of a large egg. Within a few months of birth it ulcerated and oozed a great deal, after which it very gradually lessened, and finally disappeared. It had been throughout supported by a leather pad and cotton-wool.

ST. GEORGE'S HOSPITAL.

Case 5.—SPINA BIFIDA IN THE ADULT—PUNCTURE—OPISTHOTONOS—DEATH FROM SPINAL ARACHNITIS.

(Under the care of Mr. TATUM.)

Llewelyn M., aged 20, a Welshman, was admitted into St. George's Hospital in the latter part of 1856, on account of a pedunculated tumour over the sacrum. He could not speak English, and the account obtained was imperfect; but it appeared certain that the tumour had existed from birth, and had gradually increased in size. There had never been any pain or disturbance of the nervous system, excepting on two or three occasions, at distant intervals, when the skin had ulcerated. At these times it was said that involuntary movements of the limbs had been noticed, and the fæces had passed unconsciously. The tumour was larger than a man's head, and was attached by a broad, short peduncle, over the middle of the lower part of the sacrum. Fluctuation was distinct. The skin was ulcerated in two or three places, from the friction of the clothes, and was also crossed by numerous large tortuous veins. The tumour caused no inconvenience, excepting from its unwieldy bulk, and the man seemed to be in good health. He was, however, very anxious to have something done which might rid him of his encumbrance.

In the first instance an exploratory puncture with a grooved needle was made. The fluid obtained was clear, and of a light-brown colour, differing from blood-serum in containing much less albumen. It was now determined, after consultation, to try the effects of tapping.

A few days after the puncture a trocar was introduced, and about half a washhand-basinful of fluid withdrawn. The tumour was by this means much reduced, but still remained nearly the size of a head.

On the second day after the tapping erysipelas appeared around the puncture. Pain was also complained of in the head and abdomen, and it was noticed that the head was kept drawn backwards. The pulse was rather feeble, but there was no marked constitutional disturbance. On the next day, however, the head was still more retracted, and the urine and fæces passed involuntarily. No muscles were rigid, excepting those of the back of the neck. The opisthotonos increased, so that on the third day of the attack the head was noticed to be so much pulled back as to make almost a right angle with the back. This position was not altered during sleep. On the sixth day after the tapping the tumour gave way, by the ulceration of the wound made by the trocar, and its contents were evacuated. The erysipelas had by this time passed off, but the opisthotonos had continued, and the man's strength had rapidly failed. Death took place the same evening. The treatment had consisted in the exhibition of the bichloride of mercury.

At the autopsy the lining membrane of the sac was seen to be highly vascular, and coated in places with lymph. At the upper part of the neck of the sac was an aperture apparently in the situation of the natural orifice of the sacral canal, and leading into the sub-arachnoidean space. The bones seemed perfectly ossified. The membranes of the cord were thickened, and from their lower extremity to the mid-dorsal region contained a collection of pus. The cord itself, where surrounded by pus, was much softened, but in others was quite healthy. None of the spinal nerves passed into the sac. There was a large quantity of cerebro-spinal fluid, which was opaque, and of a dull grey colour. The brain and other viscera were healthy.

We have condensed the above account of this interesting case from the report given of it by Mr. Holmes in the *Pathological Transactions*. The case proves—1. That the subjects of spina bifida may attain adult life. 2. That the enjoyment of good health is compatible with the existence of a large tumour of this kind. 3. That spontaneous ulceration and drainage from the cyst may occur without inducing serious consequences. 4. That artificial evacuation may produce a fatal result.

Case 6.—SPINA BIFIDA, WITH HYDROCEPHALUS—PARACENTECIS—DEATH.

We may here suitably mention a case, though not in hospital practice, which may be found in vol. viii. of the *Transactions of the Pathological Society*, which was treated by puncture. The infant was born with a sacral spina bifida of considerable size. Its frontal suture was also open, measuring half-an-inch at the nose, and fully two inches at its widest part. Both feet were slightly incurved, the right most so, the right leg being atrophied. The child was well nourished, and did not appear to suffer any inconvenience from the tumour, except when pressure was made on it. Puncture was practised when the child was a week old, and was repeated once or twice afterwards. The child died in the ninth week, having previously had convulsions. It does not appear from the narrative that any ill consequences were attributed to the puncture, on the contrary, it is stated that temporary relief was afforded. The case was under the care of Dr. W. Ogle.

(This series to be continued.)

HOSPITAL NOTES.

ÆTHER *versus* CHLOROFORM.

The presence of Dr. Hayward, of Boston (U.S.), in London, who is a warm advocate of ether in preference of chloroform, has led to a good deal of conversation on the subject in our different operating theatres. Some Surgeons are, we believe, quite inclined to give the former a fair trial. The grand argument in its favour is, that almost no accidents have as yet occurred from it, while those who have long employed it assure us also that it induces less of constitutional disturbance, and other disagreeable consequences. It must be remembered, however, that its trial has been vastly less extensive than that of its more favoured rival. The complexity of the apparatus necessary for its administration, the large quantity required, and time taken up, are the great hindrances to its more general use in this country. Considering the extreme frequency of its employment, the accidents from chloroform have also been exceedingly few. Granted that in some places they may have been concealed, but we have no idea that in the Hospitals of this metropolis concealment, had it been wished, would have been practicable; and yet the number of such deaths which we have had to record have been very few. The ready inflammability of ether should be kept in mind, if it is used for operations by artificial light. A serious accident had once very nearly occurred on board the Dreadnought, from its catching fire under such circumstances. The mixture of ether and chloroform used in Vienna, and by Government order throughout Austria, might be tried more fully in England. No death has occurred from its use in Vienna, and it was used with good effect in our Civil Hospitals in the East. One part of chloroform to six parts of ether in cold weather, and eight parts of ether in warm weather, is the proportion recommended, but the mixture must be made at the time it is wanted for use.

Digitized by Google

PARTIAL BLINDNESS FROM LIGHTNING.

An old man was admitted the other day under Mr. Critchett's care at the Ophthalmic Hospital on account of almost complete amaurosis from the effects of lightning. He stated that he was standing under a tree for shelter, when a very vivid flash seemed to strike him in the face. He did not actually fall, but became very giddy and almost blind. Shortly afterwards he was led home and put to bed. During the four days which had intervened between the accident and his application at the Hospital, he stated he had suffered from a constant and severe frontal headache. This had somewhat passed off, but his sight had not improved. The pupils were of medium size and very sluggish. He could see large objects, but not distinguish even the largest type. The two eyes seemed equally affected. It is believed that the lightning did not actually strike the place where the man was standing, and that the damage to his retinæ was merely from the sudden vividness of the flash. Many persons have, no doubt, in watching forked lightning experienced a transitory effect of the same kind. As in this instance, however, it has lasted so long without improvement, and especially considering the patient's age a very guarded prognosis must no doubt be given.

LITHOTOMY FOR THE REMOVAL OF A PORTION OF CATHETER BROKEN INTO THE BLADDER.

We mentioned a few weeks ago two cases under Mr. Hilton's care, in which gum elastic catheters had broken into the bladder. Since then a third case has come to our knowledge. The patient, a man aged 36, was admitted into St. George's Hospital under Mr. Johnson's care, with the statement that while intoxicated he had passed a catheter for himself, and had broken off its end, and left it behind. He was the subject of stricture, and had been for long accustomed to use instruments for himself. He was sounded, but no foreign body could be felt. For a fortnight following he was wholly without symptoms, but at the end of that time a sharp attack of cystitis occurred. After this had subsided, sounding was again practised, and the portion of catheter, now coated over with salts, was readily found. The existence of a tightish stricture made the use of the lithotrite undesirable, and it was accordingly determined to at once perform lithotomy. This was done, and with but little difficulty the foreign body was seized and extracted. The man recovered well. In this case, as in Mr. Hilton's, the instrument was a gum elastic, not a gutta-percha one.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, JULY 24.

THE "WESTMINSTER REVIEW" ON MEDICAL REFORM AND MEDICAL EDUCATION.

Articles in Medical journals appear under one great disadvantage. They influence the Professional reader to whom they are addressed, but their influence upon the public is very indirect, as they are not written to meet the public eye, and, consequently, do not often attract public notice. It becomes additionally important, therefore, that when Medical affairs are treated in the popular organs of general literature, the Profession should be made fully aware of the manner in which their interests and feelings are represented and made known. It becomes a duty, accordingly, for us to draw attention to two articles which have appeared in the April and July Numbers of the *Westminster Review*, especially as it is well known that they have had a marked influence in inducing the Government to assist in passing the modified Bill of Mr. Cowper.

The first opens by tracing in outline the history of Medicine during the Middle Ages. After showing how the practice of physic got chiefly into the hands of the Jews, the writer explains the causes of its transfer to the Christian clergy, whose Medical functions were formally recognised by Act of Parliament so late as the reign of Henry VIII. This Act fixes the date when the practice of physic in England, passing from the hands of the priesthood, became an independent profession, whose members organised themselves into distinct institutions.

The origin, nature, and privileges of each of the twenty institutions of the United Kingdom, which confer Medical degrees, or licences to practice Medicine or Surgery, are concisely described; while in the differing circumstances under which each was founded, and in the peculiar rights and jurisdiction assigned to each, the reader is made to apprehend the causes of those heterogeneous claims which have been advanced by different sections of Medical reformers, and which have baffled the understanding of successive statesmen. The working of the protective system, under which all these institutions grew up, is laid bare, and illustrated by a crowd of facts, as interesting to the historical student as they are instructive to the Medical politician.

This article supplies a history of the relation of the various institutions to each other, considered both internationally, so far as England, Ireland, and Scotland are concerned, and within the limits of each country. The conflicting character of their rights and privileges, their numerous prosecutions of each other, and the domination of corporate interests over those of the public, are ably delineated, and made to form parts of a connected demonstration of the effects of the relation of the State to the Medical bodies, effects which, when viewed as they are extended over long periods of time, the writer maintains to be uniformly disastrous.

Having, in the first article, shown the effects of exclusive privileges, granted by kings or parliaments, on the relations of the Medical bodies with each other, the reviewer proceeds in the second article, that on Medical Education, to exhibit the operation of those privileges on the constitution of these bodies themselves, and thus indirectly, but no less effectually, in determining the character and method of Medical education.

The writer's proposition is, that the need of Medical reform is a need of the State's creating; that had not the several corporations been protected by their charters, the Licentiates or members of those bodies would long ago have assumed the right to revise their respective constitutions, to control the administration of their respective governments, to determine the education of candidates for membership, and to dispose of their own funds; and that the effect of chartered privileges on Medical education is to provide it of minimum quality at a maximum cost. In support of these statements a compact tissue of authentic facts, and of arguments based upon them, constitutes the fifty pages of this instructive and original paper. We are shown how, in 1524, the Councillors of the newly-chartered London College of Surgeons used their powers to suppress all the provincial Medical schools of England, and the private schools of London; thus securing "for themselves the monopoly of teaching the great majority of English Medical students;" and how the Hunterian Museum (national property) was only accessible thirty-four days in the year, and how the College Library was inaccessible to

Digitized by Google

members altogether. Then comes a description of Sir James Graham's attempt in 1842 to appease the growing indignation of the Surgical body by his new charter. The history of the College of Physicians, with especial reference to the restriction of the fellowship to Oxford and Cambridge graduates, and to the struggles of the Licentiates (including the trials before Lord Mansfield) to gain admission into the College, is next passed in review; and we must admit that the exclusiveness which this history displays, and the subterfuges by which that exclusiveness has been maintained, are powerful arguments against "the demoralizing as well as deadening effects of intrusting a corporation with exclusive privileges, and with legal power to maintain and enforce them." The restriction of the fellowship to graduates of Oxford and Cambridge, leads the reviewer to inquire into the value of the Medical degrees of those Universities. The result reveals to us some astounding details of Oxford examinations conducted by the Bedel! Up to 1634, this useful official was in the habit of supplying the candidates with the theses which they read in evidence of their worthiness of the University Diploma, and therefore of the fellowship of the College of Physicians.

Discussing the causes and remedies of the abuses just adverted to, the Reviewer puts forward some original, and, as it seems to us, highly important indications of the spontaneous organisation and federation of the Profession if completely absolved from all State interference. These suggestions, which, without supporting, we specially commend to the attention of Medical politicians, are followed by an examination of the scheme for effecting a uniform education of the Profession.

We then arrive at what is probably the most immediately practical part of the whole article, viz. a thorough investigation into the actual method, cost, and results of Medical education as now conducted. The evils of apprenticeship are pointed out, and its legal enforcement strongly condemned; the curricula of study, the method of teaching by lectures, the compulsory attendance upon them, their number, and the various effects of the certificate system, are then submitted to a searching criticism, and the final result, so confessedly unsatisfactory to all earnest teachers, is unsparingly exposed, and then made subservient to the general argument of the article.

The method adopted by the most distinguished *grinders* is next described. This description, together with the accompanying observations on the art of teaching, we shall consider more fully in a subsequent article.

Having sketched the recognised system of teaching as well as that of the grinders, and having compared the two with respect to their cost and achievements, the Reviewer says:—"Either the present enforced method of Medical education involves the expenditure of a large amount of superfluous time and money, or the examinations are lamentably inadequate as tests of efficiency. We care not which conclusion is accepted as the true one. Each is fatal to the character of the existing system." The nature and cost of the examinations, especially those of the London College of Surgeons and Apothecaries' Company, are next dwelt upon, and both the actual and proposed method of appropriating the funds paid for diplomas is scrutinised and shown to be unjust to the great body of the Profession. The article closes with a startling proof of the irreparable negligence due to the irresponsibility of a State-protected corporation. This proof consists of a concise but authentic history of the destruction of the twenty folio volumes of John Hunter's manuscripts, which were national property, and which Sir Everard Home, having used for twenty-three years as a mine whence to build up his own fame at the expense of their author's, deliberately burnt! The facts were elicited in Parliamentary evidence in 1834; but never until now have they been so connectedly narrated as at once to serve the purpose of the Medical Reformer, and to avenge the injured Hunter by stamping his intellectual murderer with the character which he deserves.

THE WEEK.

The Medical Bill has virtually passed the House of Lords, having gone through Committee on Tuesday, with mere verbal amendments. Lord Ebury, as Champion of the Homœopquacks, went even further than we could have supposed any honest man could go. He attempted to erase the clause which imposes a fine upon men "falsely taking or using the name or title of Physician or Surgeon." After this he may be safely left to his own devices, but his allusions to Sir John Forbes and Dr. Chambers were hardly less happy. Sir John Forbes has exposed the evils of polypharmacy, and shown the necessity for a more exact study of the natural history of disease; but he has also shown how much may be done by rational medicine. Nor is Dr. Chambers answerable for the mistake quoted in his "True Art of Healing," of a biographer of Dr. Robert Williams, describing him as having had "little faith in Physic." This mistake is such a common one, that it is perhaps worth while to extract a few lines from a lecture on the treatment of secondary and tertiary syphilis, by Mr. Spencer Wells, published in this journal Dec. 20. 1858: "It is true that Dr. Williams had little faith in ordinary medicine as commonly prescribed, but he had the most implicit confidence in medicines which he had proved, by careful experiment, to have certain and definite actions. He was always on the search for new remedies. 'Better,' he used to say, 'one new remedy than a dozen new symptoms.' He was fortunate enough to discover two: iodide of potassium for some forms of syphilis, and bromide of potassium for enlarged spleen. These medicines he prescribed with the greatest confidence. He had an equal confidence in port wine as a remedy in idiopathic erysipelas. He prescribed sarsaparilla with equal faith in certain cases which I shall presently describe to you. He entered upon a long and laborious investigation as to the effects of a great variety of medicines in phthisis and albuminuria. I believe he was on the point of establishing a most important practical rule as to the use of arsenic in kidney disease, when death cut short his useful life. He is one of the last men of whom it could be said, 'He had no faith in Physic.' He was one of the most philosophical Physicians of the age, and no man knew more exactly what could be done by medicine and how to do it."

It is much to be regretted that some well-meant efforts to re-introduce the clause erased in the House of Commons, making preliminary education compulsory, have been unsuccessful. Perseverance on this point would have endangered the whole Bill. The schedule struck out was one only called for by this erased clause.

We little thought, when advocating the establishment of suburban sanatoria in connexion with our City Hospitals, that the Governors of one of these latter Institutions would so soon be enabled to carry our wishes into effect: but only this week St. George's Hospital has been enriched by a bequest of upwards of £100,000 for this special purpose. Mr. Morley, the proprietor of the "Burlington," and of the hotel which bears his name at Charing-cross, died last week, and has left nearly the whole of his property to Medical Charities. In the early part of the present century he was a Medical Student at St. George's Hospital; but he left the pursuit of medicine, and became one of the most successful of the London hotel-keepers. He had been for many years an active Governor of St. George's, Bethlehem, and other Hospitals. He has left £1000 to Liston's widow; £5000 to the Surgical Department of University College; £5000, the interest of which is to support three Fellowships at University College, each to be held for three years; £1000 to St. Mary's Hospital; £1000 to the Lock; and £500 to Mr. Braine, his

Digitized by Google

Medical attendant. There are various legacies, among which are £50 annually to six widows of St. James's, not recipients of parochial relief. The whole of the residue, amounting to upwards of £100,000, is left to found a Convalescent Hospital in connexion with St. George's, within seven miles of Hyde-park-corner. Here is a noble opportunity of founding a model sanatorium. There are lovely spots within the prescribed distance, about Hendon, Neasdon, or Willesden on the north, or Putney Heath, Roehampton, or Wimbledon on the south, where the poor City patient may attain fresh air, sunlight, and freedom from the noise, dust, stenches, and smoke of our overgrown city. It is now twenty years since Dr. Farr's first statistics on Town and Rural Hospitals were published. He has been one of the earliest and chief movers in this important step in Hospital Reform; and we look back with pleasure to the assistance we have rendered to a movement now about to be crowned by success.

At a meeting of the Senatus Academicus, held on the 12th inst., the following resolution was agreed to:—

"That the Senatus, having heard Dr. Bennett's narrative and explanation, express their disavowal of Dr. Bennett's printed statement, as affecting the character and credit of their colleagues specified by him; and they deeply regret that he should have made any imputations against them, which neither facts nor propriety can justify. At the same time, they are glad to learn from Dr. Bennett that he disclaims any intention of reflecting injuriously on the merits and qualifications of his colleagues."

We have been informed that the exact number of students attending Dr. Alison and Dr. Laycock, were, during the last three years of Dr. Alison, and the three years of Dr. Laycock, very nearly the same. Dr. Alison, 1852-55, 330; Dr. Laycock, 1855-58, 305.

A friend of ours tells us that a patient of his has communicated to him the following amusing incident respecting the globulistic buffoonery. This patient is now a respectable tradesman. He once was manufacturer of globules to a renowned London Homœoquack, who made enormous profits by the sale of chests of these minute entities, retailing them to his patients at the sums of from two up to twelve guineas, according to the size of the pockets of the *gobe-mouches* he had to deal with. In these chests the infinitesimal *armamentaria* were all duly portioned out and labelled, and specific directions given for their use. The manufacturer aforesaid now positively asserts that there was not one particle of drugs in any of the globules; but that they all, however variously labelled, consisted wholly and entirely of sugar of milk! He adds, that he cut the business because he really felt ashamed of the transactions he found himself engaged in.

During the past twelve months, the Managers of all the Dispensaries in Liverpool and Birkenhead have been carrying out a new plan, by which those institutions are rendered to a certain degree self-supporting. We have been informed by the House-Surgeon of the Birkenhead Dispensary and Infirmary, that the new system works admirably; and we think that it is worthy the attention of the Medical officers of the Dispensaries and out-door Hospital departments of our Metropolis. According to the regulation referred to, each patient pays one penny for every mixture, box of pills, lotion, ointment, etc., that he receives on each occasion that he visits the Dispensary. It appears that the patients themselves do not make any objection to the payment, and that they value much more than formerly the medicines thus obtained; that no falling off in the number of patients has been observed to follow the adoption of this plan, and that economy in the use of medicines is gained. The Committee of the Birkenhead Hospital and Dispensary report favourably of the results of the trial of this plan during the past year. Dispensaries and Hospitals are meant to supply with Medical relief the industrious poor, not the pauper; those, therefore, who are unable to pay this penny, it is said, should become pauper patients of the parish. We repeat it, this plan works well; its benefits are not theoretical; but as a matter of principle, Mr. Smith's self-supporting scheme is far better.

We have often been questioned as to the exact pecuniary value of an appointment in the East India Company's Medical Service, and have obtained the following statement from one of the Medical officers of the Company now in India:—

"Monthly pay of the Medical Staff in India, calculated at the rate of 10 rupees to £1.

	Horse Artillery or Cavalry	Foot Artillery.	European or Native Infantry.	Medical Staff while in charge of a Regiment
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Surgeon..	56 6 8	43 7 4	41 10 10	80 0 0
Assistant-Surgeon above 10 years' service	36 0 8	26 11 8	25 13 0	30 0 0
Assistant-Surgeon, under 10 years' service	36 0 8	26 11 8	25 13 0	16 10 0

"An Assistant Surgeon doing duty under a senior Medical officer is entitled to £3 Palkee allowance, but to no portion of the Medical staff allowance. A Medical officer in charge of Europeans is also entitled to head-money, at the rate of £2 10s. per mensem for every 100 men; and in charge of native troops £1 5s. 6d. per 100 men, provided he is not in receipt of the Medical Staff-allowance, or then also, if the number is in excess of the full strength of his regiment. An Assistant-Surgeon on first proceeding to India can hardly expect to obtain a charge of his own for the first three years, but he may occasionally receive a slight increase of allowance as head-money, while in charge of detachments, either European or native.

"The deductions from his pay are as follow per mensem:—

	Medical Retiring Fund.	Military Fund.		Orphan Fund.
		Single.	Married.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
For 1st six months on arrival	1 4 0	0 11 4	1 5 0	0 12 6(a)
After that and until completion of two years' service..	2 8 0	0 11 4	1 5 0	0 12 6
From 2nd year until promotion	3 8 0	0 11 4	1 5 0	0 12
As Surgeon	6 8 0	0 18 0	0 0	1 0 0

(a) An increase of about 4s. a-month for each child.

"I won't answer for these being the exact amounts, but they are near enough.

"There are many civil stations, the pay obtained from the charge of which ranges from £35 a-month, so that, including what a man can make by his private practice, few of the stations are worth less than £50 a-month. There are one or two worth £100 a-month. An Assistant-Surgeon, however, is not likely to get a civil station until after two or three years' service, and then at first only a small one. As Civil Surgeon he has charge of the gaol, dispensary, or any charitable Medical establishment of the district; he has to examine all bodies found dead in his district (a most disgusting business in the hot season), and is expected to analyse the contents of the stomach in all suspected cases of poisoning, or to assist the magistrate in all medico-legal inquiries.

"N.B.—No man, now entering the service on the Bengal side, can expect his annuity of £300 per annum from the Medical Fund under twenty-six years' service. This is the great drawback to the Service."

Among the many things which have troubled the minds of ordinary thinkers, has been the assertion of chemists, that the

Digitized by Google

RELIGIOUS MANIA.

From a Photograph by Dr Diamond

Drawn on Stone by W Bagg

Printed by Hullmandel & Walton

Digitized by Google

Digitized by Google

air had in all places the same composition. We cannot, therefore, be sufficiently thankful to Dr. R. A. Smith, of Manchester, for his discovery of an instrument by means of which we can ascertain the *causes* of the different degrees of purity of air. As by means of this instrument the actual amount of putrescible matter in the air can be measured, Dr. Smith has given to it the name *Sepometer*. The salt he uses, as a measurer of impurity, is almost the best oxydising agent with which chemists are familiar: it is the permanganate of soda. The process consists simply in ascertaining how much of the permanganate is decomposed by a given amount of air. The indications are very beautiful, and exhibit the greatest difference between the air of towns, country, and sea. The use of blood by Dr. Smith is also novel. By means of the smallest quantity we can almost instantly ascertain the difference between town and sea air, by shaking it with a small portion of blood in a tube. We shall be most anxious to hear of experiments performed in the wards of our Hospitals by the aid of the Sepometer, and with the breath of patients, as we believe that much valuable information will be thereby obtained.

The late appointment of a House-Surgeon to the Warneford Hospital, Leamington, was made under circumstances which demand notice. The Committee had advertised for candidates possessing the double qualification of College and Hall. A gentleman with the double qualification presented himself, but another with only the College diploma was elected. We are not going to enter into the question of the *legality* of this election; but every one can see that it is most *unfair*. If such conduct goes on, gentlemen will cease to pay any attention whatever to advertisements. One body expressly advertises that all canvassing is prohibited and is held to disqualify, and then proceeds at once to elect a canvasser. Another, after stating that all candidates must have the double qualification, immediately elects a gentleman who has only a single one. Such things as these do more harm than is believed; they affect the character of Englishmen in the matter of common honesty.

Dr. Armstrong, a naval Surgeon, the author of a "Personal Narrative of the Discovery of the North-west Passage," and more recently of "Observations on Naval Hygiene and Scurvy," has just been promoted to the rank of Deputy Inspector, over some 150 Senior Surgeons. We pointed out, long ago, the injustice under which Dr. Armstrong suffered, in being the only officer of the Arctic Expedition not promoted for his services, and we trust that the precedent of his case will be followed for the future, and that when large promotions are made in the executive departments for good service, the Medical department will also receive a fair share of reward. We borrow the following account of Dr. Armstrong's naval service from the *Morning Herald*:—"On referring to O'Byrne's 'Naval Biography,' we find, as far back as 1843, he was publicly thanked by his commander-in-chief for the ability and success with which he conducted the Medical and scientific department of an exploring expedition in Asia Minor, and was then officially recommended for promotion. His distinguished services during the memorable voyage of the *Investigator*, and discovery of the North-west Passage, are now a matter of history, and stand without a parallel for what his skill, energy, and judgment then achieved. To the great excellence of his sanitary arrangements it was owing that the *Investigator* never lost a man for upwards of three years; and although suffering every form of privation and hardship, the crew enjoyed an immunity from disease truly wonderful; and never was the gratitude of a body of men more strikingly evinced than in their conduct to Dr. Armstrong on his return to this country, when they presented him with a magnificent gold chronometer and chain to testify their respect and gratitude for his services to them in many a trying day. Yet for all this, Dr. Armstrong received no recognition of his services; and it will scarcely be credited, that while every officer of the *Investigator* not only received their promotion, but had their commissions antedated upwards of four years to the period of the discovery of the North-west Passage, yet this distinguished officer was not included. We next find him, a few months after his return, Surgeon of a line-of-battle ship, the *Cornwallis*, in the Baltic fleet, present at the bombardment of Sweaborg, and the spirited attack on the batteries of Sandham by the detached squadron under the command of Captain Wellesley, C.B., of the *Cornwallis*. He was also the senior Medical officer of the brigade of rocket-boats in two night attacks on the Russian batteries of Storkolen; yet, at the conclusion of the war, he was still neglected, and excluded from the Medical promotion which then took place."

REVIEWS.

Epilepsy, and other Convulsive Affections, their Pathology and Treatment. By Charles Bland Radcliffe, M.D., Physician to the Westminster Hospital, etc. Second Edition, revised and enlarged. Post 8vo. Pp. 383. London: 1858.

Dr. Radcliffe prefaces what he has to say upon the pathology and treatment of epilepsy, and other convulsive affections, by some considerations respecting the physiology of muscular motion. This is very necessary, for the views entertained by our author are not a little heretical. This will be seen by the propositions, three in number, the establishment of which is attempted in this part of the work. These propositions are,—"1. That muscular contraction is not produced by the stimulation of any property of contractility belonging to muscle. 2. That muscular elongation is produced by the simple physical action of certain agents, electricity and others, and that muscular contraction is the simple physical consequence of the cessation of this action. 3. That the special muscular movements which are concerned in carrying on the circulation, the rhythm of the heart, and those movements of the vessels which are independent of the heart—are susceptible of a physical explanation when they are interpreted upon the previous view of muscular action."

The pathological portion of the work consists of five chapters, of which the subjects are respectively, simple epilepsy, tremor, simple convulsion, epileptiform convulsion, and spasm. By simple epilepsy, the author understands that form of epilepsy which is not evidently connected with certain positive diseases of the brain, with fever, with certain suppressed excretions, with irritation in the gums, and elsewhere, or with the moribund state.

The chapter upon simple epilepsy is well written and full of interest. It is not a mere statement of opinion, and a confession that the disease is still, in the main, an enigma. It leads us by a clear view of the facts themselves to a definite conclusion, and this conclusion is one which harmonizes with the view of muscular motion which is stated in the premises. With this view of muscular motion the explanation of the phenomena of epilepsy would seem to be brought about in a natural and logical manner. There are certainly some difficulties, but many of them, which existed in the argument as stated in the former edition, are now done away with.

The history of the different forms of tremor and of simple convulsion, leads to similar conclusions both in pathology and treatment, and so does the history of the different forms of epileptiform convulsion and spasm. In each of these chapters we might find abundant matter for comment if our space allowed it, and particularly in the chapter on epileptiform convulsion. In this latter chapter, indeed, we think that the author has done good service to medicine, not only in the establishment of clearer views in pathology, and sounder rules of treatment; but also in clearing up certain difficult and very important points of diagnosis.

The work before us (which must be regarded as a new book rather than as a Second Edition) goes far to establish the necessity for a radical change in the pathology and treat-

Digitized by Google

ment of epilepsy and convulsive affections generally. The plan of treatment advocated by the author appears to have been successfully tested in practice; and we regard Dr. Radcliffe's work as a valuable contribution, both theoretically and practically, to Medical literature.

Handbook of Surgery. By BENJAMIN HOBSON, M.B., Medical Missionary. Shanghae: 1857.

As our printers do not keep Chinese type, and as very few of our readers could read it if they did, we have invented a title for a very curious octavo work in Chinese which has just been sent to us from the Celestial Empire. Dr. Hobson published a treatise on Physiology some years ago, which has been found so useful to Chinese students that the present work on Surgery has been prepared. The demand for such a work is an interesting illustration of the advance of civilization and the desire for knowledge among the Chinese, while the numerous illustrations copied from the works of Fergusson, Druitt, Ilfeton, etc., do great credit to the imitative powers of Chinese artists. They are very rough, as may be supposed from Dr. Hobson's statement that the blocks cost less than a shilling each, but most of them are sufficiently clear for practical purposes. The work altogether is a curiosity, and one evidently very creditable to the Medical Missionary. It has been left at our publishing office, where it can be seen by any of our readers curious in Medical typography.

On the Treatment of Sprained Ankle. By PETER HOOD, Surgeon. Pp. 30. London: 1858.

THE author of this little treatise has already made himself very favourably known to the Profession by his works on the diseases of children and on scarlet-fever. The object of Mr. Hood's present essay is to prove that a mode of treatment different from that ordinarily adopted, will restore the integrity of the injured part in a short time, and in a satisfactory manner. His plan consists mainly in the employment of artificial support by means of well-adapted straps and bandages in the very early periods of the injury in the more severe forms, premising this method by the use of leeches and fomentations in severe cases. Mr. Hood's cases in illustration are much to the point, and we think he has done well to call the attention of Surgeons to the principles upon which sprained ankle may be so effectually treated. His little work is well worthy the attention of practical men.

The British Army in India; its Preservation by an appropriate clothing, housing, locating, recreative employment, and hopeful encouragement of the Troops. With an Appendix on India. By JULIUS JEFFREYS, F.R.S., formerly Staff-Surgeon of Cawnpore, and Civil-Surgeon of Futtehguhr.—Pp. 293. London, 1858.

Mr. Jeffreys, who is already favourably known to the Profession by the invention of some useful instruments, and who passed some part of the early period of his life in the Medical service of the East India Company, has here presented us with a book which must possess a great degree of interest to all who are watching the progress of British India, and the condition of our troops while serving in that country. The principal objects of the work are the exposure of the very injurious influences to which our army in India is subjected from the defects of their clothing, their habitations, and their moral training; and to propose remedies, both physical and moral, for the evils described. The inappropriate nature of the clothing of the soldier, when serving under a vertical sun, has been repeatedly insisted upon, but hitherto no effectual improvements have been made by the authorities. Mr. Jeffreys describes and figures a form of helmet and a coat, which, however *outré* they may appear to our preconceived notions of a soldier's uniform, are no doubt well adapted, on physical and hygienic principles, for the exigencies of an Indian climate. The helmet is constructed externally of bright metal, so shaped as to reflect the heat of the sun without injuring the sight of the other soldiers; it is lined with non-conducting material, and provided with apertures for ventilation. A kind of drapery hangs down from the back part, and protects the back of the neck from the heat of the sun. The only objection to this helmet appears to be its weight, which is described as being from two to three pounds. The coat, instead of being made of woollen cloth, is proposed by Mr. Jeffreys to be made also of metal, of a light kind, and fixed to a cloth tunic by means of a "size," made of India-rubber. The effect of this garment would also be to ward off the sun's rays from the soldier, while the metal would be adapted to the shape of the body, and prevented from cracking by the adhesive matter by which it is fixed. The present construction of barracks in India is very forcibly denounced, and some very ingenious plans for their improvement, and for the greater comfort of the soldiers, both in respect to ventilation and the avoidance of malaria, are described at length. The importance of the subjects broached by Mr. Jeffreys is indubitable, and his suggestions are well worthy of attention.

On Gunshot Wounds of the Thorax. By GEORGE LAWSON, F.R.C.S. Surgeon to the Great Northern Hospital. 8vo. Pp. 20. London: 1858.

THIS essay is a reprint from the "Transactions" of the King's College Medical Society. It is interesting and instructive, as it contains the opinions of a highly-educated young Surgeon who had good opportunities in the Crimea of studying gunshot wounds.

The main object of Mr. Lawson is to show that the large bleedings recommended by Mr. Guthrie and others during the Peninsular wars, in inflammation of the lungs produced by wounds, are not applicable now-a-days,—at all events, were not called for during the last great contest,—and most of the cases he has related bear out his statement. If anything, however, he is a little too severe upon Mr. Guthrie, and is not particularly happy in his choice of a case to illustrate the danger of that Surgeon's doctrines in relation to bleeding in wounded lung. The instance we speak of is that of Dominic Murray, who was shot through the chest, was largely bled and relieved, but ultimately died of diarrhœa and typhoid pneumonia. The advocates of Mr. Guthrie's plan might triumphantly refer to many cases on the other side, and especially to those of Sir Andrew Barnard and the Duke of Richmond, related at pages 447 and 449 of the "Commentaries on Surgery." But with the reservation that Mr. Lawson has been carried a little too far in his views about the dangers of blood-letting, his paper is excellent; clearly and modestly written, and it shows that he has made very good use of the opportunities afforded him of studying the important class of injuries he has so well described.

Remarks on the Condition, Necessities, and Claims, of the Universities of Scotland; with an Appendix. By A GRADUATE. London: 1858.

THIS pamphlet consists of a series of articles, published in one of the political daily newspapers, on the Scottish Universities. It must be confessed that these learned institutions stand at present in a very anomalous position, especially when compared with the sister Universities in England and Ireland. The latter establishments are richly endowed, or are supported by the State, and are attended, especially at Oxford and Cambridge, by multitudes of students. The rich prizes offered to successful scholarship at these seats of learning encourage a very high degree of proficiency among the alumni. But the Scottish Universities are very poorly endowed, and have very few, if any, prizes to offer to their students. The consequence is, that the attainments of most of the pupils is by no means of a very high order, and, as there is no matriculation examination (or next to none) freshmen are admitted to matriculate without, in many cases, any preliminary knowledge. Hence the Scottish Universities actually are, in some measure, the rivals of the grammar schools, and the higher branches of learning are comparatively little cultivated. The friends of Scotch University Reform ask, and not unreasonably, that the northern Universities should be placed more on an equality, in respect to emoluments, with their southern sisters; but it is urged, that if prizes are to be offered to learning, the attainments of the students should be materially raised. Medical students, as is well known, are admitted at all the Scottish Universities without giving any evidence of preliminary knowledge. These, and many other points, are discussed in this pamphlet with much ability and fairness.

Digitized by Google

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON GUTTURAL HERPES.

By Professor GUBLER.

At this time, when various affections of the throat are liable to be mistaken for the true diphtheria, it may be interesting to refer to some papers recently published by Professor Gubler on what he terms "guttural herpes." The following are some of his conclusions:—1. The common "angine couenneuse" is a variety of *angina vulgaris a frigore*, and is placed in the natural group of diseases produced by the action of cold. 2. The frequent coincidence of *herpes labialis* (often on the same side as the angina), and the indubitable resemblance of the lesions of the mouth and fauces, demonstrate the reality of herpes in regions that are apparently diphtheritic. 3. Herpes, however, like all the other anatomical elements of cutaneous affections, undergoes modifications on the mucous surfaces. The vesico-pustules become stripped of epithelium, and expose their plastic exsudation, presenting, when they become confluent, a more or less extensive plastic (*couenneuse*) surface. 4. The aspect of this surface is modified, and its extent is increased by a pseudo-membranous secretion, which takes place without preliminary ulceration at the inflammatory areolæ surrounding the groups of herpes. This circumstance indicates on the part of the mucous membranes a very marked tendency to the production of plastic exsudations, showing that they are, in this respect, intermediate between the serous membranes and the skin. 5. The plastic layer of guttural herpes is identical in chemical and microscopical constitution with the pellicle of croup. 6. There are two varieties of this angina. In the one the herpes is primary, and constitutes the only lesion, while in the other it succeeds to an amygdalitis, supervening on the tonsillary inflammation at the same time that a similar eruption covers the lips. The first may be termed *angina, ab herpete*, and the second *angina cum herpete*. 7. Mild as it is in its nature, this affection, by reason of its site and the obstacle it presents to alimentation, may lead to serious consequences,—bearing much the same relation to *herpes labialis* that œdematous erysipelas of the orifice of the larynx does to erysipelas of the eyelids. 8. It needs no specific treatment. A general or local bleeding may sometimes be required at first, and in general an emetico-cathartic is usefully given. After this, cutaneous revulsives are of service. The other indications are to assuage the pain caused on deglutition by the local applications of narcotics, to favour the elimination of the exsudatory products by mild detersive gargles and emollient drinks, to maintain an open state of the bowels by glysters and mild laxatives, to administer soft or liquid nutriment, and afterwards to keep up the strength by tonics. —*L'Union Méd.* No. 7.

RECOVERY FROM POISONING BY LAUDANUM IN AN INFANT.

By Dr. O'RORKE.

The subject of this case was a fine infant, seven months old, to whom some laudanum was given in mistake, calculated to contain between two and three grains of the gummy extract of opium. There was no vomiting at first, but stupor rapidly came on; but Dr. O'Rorke was not called to the case until one hour and a half after the accident. The face was cold and cadaveric, the eyes hollow, eyelids half open, and the pupils contracted. The respiration was stertorous, and the pulse hardly perceptible, although the heart still beat pretty strongly. Hot bricks and sinapisms were applied to the cold extremities, and the infant was vigorously pricked with a pin over various portions of the surface. At first of no effect, the pricking afterwards induced movements, and then cries; and, in spite of the entreaties of the friends, this by them deemed torture was continued. The coma was temporarily dissipated, but again returned, and pricking and flagellation were resumed, a spoonful of strong coffee being administered every quarter of an hour. All day was passed in this way; and it was not until seventeen hours after the accident that the child could be pronounced as out of danger, although still devoid of normal sensibility. Some urine, passed three hours after the accident, exhibited the presence of morphia.—*Gaz. des Hôp.* No. 21.

ALUMINIUM.

By M. BERAUD.

This new metal is the metallic principle of alumina, which is found in all clays, some of which contain as much as 78 per cent. of their weight. As 52 parts of alumina contain 28 of aluminium, there are clays, therefore, that will yield 30 per cent. of aluminium,—the best English iron ore not yielding more than 33 per cent. of iron. Aluminium is oxidised with the greatest difficulty; but with chlorine it readily forms a chloride. In order to obtain it, therefore, the first idea naturally was to form a chloride of aluminium, and then decompose this. This cannot, however, as in the case of the oxides of metals, be accomplished by the agency of heat, and sodium is the agent best fitted for the purpose. As, however, when M. Deville commenced his researches, sodium was sold at 500f. the kilogramme (2¼ lbs. avoir.), the cheapening this substance became an indispensable preliminary, and it can now be had at 9 or 10 francs the kilogramme. Aluminium is easily transferred into a chloride of aluminium, by passing a stream of chlorine through a mixture of alumina and red-hot coals; but as the chloride so produced is a somewhat unmanageable body, and the combining sodium with it somewhat dangerous, there is formed, by the addition of salt, a double chloride of aluminium and sodium, quite harmless in the subsequent stages of combination. Thus, in the present fabrication of aluminium the procedures are very simple, and the ingredients employed are very common; and in the space of four years the price of aluminium has become reduced to about 200 francs the kilogramme. At the period of Wöhler's discovery of a few globules of the metal in 1827, sodium cost somewhere about 15 francs the gramme. While searching theoretically for the protoxide of aluminium, M. Deville succeeded in combining Wöhler's globules, first into spheres, and then into ingots. His first experiments were related to the Académie August 1854; and the Emperor, at the instigation of M. Dumas, advanced 30,000 francs for the preliminary investigations for cheapening sodium. Aided subsequently by his own and his friends' resources, M. Deville has now brought his processes to such perfection, that sodium and chloride of ammonium can be fabricated on a large scale, just like the ordinary metallurgical products.

Still it is found a difficult matter to introduce the new metal into use, many prejudices prevailing. It is almost as white as silver, but like silver it requires cleansing to keep its brilliancy, and at present, no means have been found to keep it as brilliant as silver. It is, however, more elastic than this metal, and it can be drawn into finer wire, its tenacity being greater. It is, moreover, compared unalloyed with alloyed silver, and were this last without its alloys it would lose in the comparison. Little is known of the alloys of aluminium at present. Being four times less dense than silver, the extraordinary lightness of aluminium never fails to create astonishment. It undergoes no alteration whatever on exposure to the air. A plate suspended in a court for more than a year exhibited no change in weight or appearance; and ornaments worked in it three years since remain absolutely the same. Neither nitric nor sulphuric acid will act upon it; and as muriatic acid acts upon it very slowly it has been advantageously substituted for platina in the voltaic pile. It is an important fact in domestic economy that aluminium is the most harmless of all the metals, not only avoiding the dangers of copper in culinary utensils, but also the ferruginous taste produced by iron-vessels, and the fishy one due to the protochloride of tin. Its point of fusion is inferior to that of silver, but the fiercest kitchen fires do not melt vessels constructed of it. Its specific heat is very considerable, and when once heated it preserves its temperature for a long period. Its sonority is equal to that of silver, and almost crystalline. It may be gilded by means of the pile; and by its aid, perhaps, the problem of gold and silver ornamentation may be solved. At present these two metals cannot be associated, owing to the blackening of the silver. A combination of copper with aluminium produces bronzes which may be advantageously employed. The proportion of ten per cent. resembles iron in almost all its physical properties, and can be drawn into a wire of greater tenacity, and much greater lightness, than iron wire.—*Gaz. des Hôp.* No. 9. Professor Schrötter recently communicated to the Vienna

Digitized by Google

Academy some information he had obtained from Dr. Schwarz, of the Austrian Consulate at Paris. He has made a collection of the articles that have been fabricated in aluminium, amounting to 159 in number, and valued at 7000 francs, showing that the metal, whether in its pure or alloyed state, is well capable of useful applications. Its alloys are three, tin, silver, and copper. That of tin (3 aluminium to 100 tin) is harder and less liable to be acted upon by acids than tin alone, and is displacing it for many purposes. The alloy with silver (of 5 parts of this to 109 of aluminium) is considerably employed for dessert knives; while that of 100 parts of silver and five of aluminium is admirably suited for medals, and will, on account of its greater beauty and durability, at no distant time supplant the alloy of silver and copper used for this purpose. The most important alloy is, however, aluminium and copper, since with from five to ten per cent. of aluminium we have an exact resemblance to the colour of gold, while the mixture is distinguished by its firmness, elasticity, and unchangeableness when exposed to the air or to alkaline and acid solutions. The price of aluminium can no longer be regarded as a hindrance to its employment, for it has already fallen from 1200 to 300 francs the kilo, and by taking large quantities can be got for much less. At present, there are only two establishments for producing it, one at Nanterre, near Paris, being the original establishment founded by Deville, and the other near Rouen. The first of these manufactures about sixty, and the second eighty kilos per month. The latter establishment produces it from kryolith (3 Na F, $Al_2 F_3$), as recommended by Rose, and which exists in such enormous masses on the Greenland coast that it is brought to the French ports at three francs per 100 kilos—the proprietors engaging to furnish 3000 tons per annum for twenty years. Owing to the employment of this, the price of aluminium will probably fall to fifty francs the kilo.—*Erdmann's Journal für Chemie*, June.]

THE CONVICTS AT BREST.

By Dr. MONGRAND.

At the breaking up of the galleys at Marseilles in 1748, the convicts were sent to Toulon, Brest, and Rochefort, to labour at the different constructions there taking place. The bagnios of Toulon and Brest are the only ones which now remain in France; and Dr. Mongrand has recently published an interesting account of the present state of the latter establishment.

The convicts are employed at those works in the arsenal which most readily admit of their separation from free workmen. Some, owing to their age, debility or infirmity, are employed on in-door occupations, but the majority are engaged in sawing, cleaning out the port, moving heavy bodies, mining, excavating, etc. Some of them sentenced to harder labour receive no pay, but those who have occupations, such as sawyers, pontonniers, smiths, carpenters, etc., receive variable sums monthly, usually about two-fifths of the pay of ordinary workmen, and from which a fourth is retained as a reserve fund for the prisoner when he is liberated. Attached to the leg of each convict is a ring with a chain serving to fasten him to his fellow; each convict condemned to the worst punishment, or suspected, having to drag after him a weight of nearly 6 lbs. avoirdupoise. Convicts sentenced to lighter punishment, and of good conduct, need not be coupled together, and carry a weight of less than half this. During the night all the convicts are fastened to the bench on which they lie, by means of a long chain. The convict eats separately, and the ordinary ration is 917 grammes of new bread, 120 gr. of dry vegetables (almost always beans), 8 gr. of butter, and 10 gr. of salt. When on heavy duty he receives 48 centilitres of wine, and when an invalid, 21 centil. On Sundays and festivities the convicts of the "salle d'épreuve" (those who by their resignation and good conduct give hopes of their amendment) are allowed meat. Provisions are, however, allowed to be sold in the bagnio, with the exception of drinks, which are rigidly forbidden. In this way the convict may purchase milk, soups, fricassees, and occasionally fish, salad, and fruits.

The punishments consist in the suspension of the wine, coupling those who were separate, adding to the weight, the prison and the bastinado. This last is inflicted by a kind of cat-o'nine tails, but usually only for attempts at escape, insubordination, and robbery of fellow-convicts. When the faults amount to crimes they are decided upon without appeal by a special naval tribunal, whose sentence may be executed within twenty-four hours. The rewards consist in diminishing the weight of the irons, and admitting the convicts into the "salle d'épreuve," where the labours are lighter, and from among the inhabitants of which are selected every year some for Royal pardon or commutation.

A first-class Naval Surgeon is charged with the care of the convicts, who must visit every ward daily and report those who are to be excused going out to labour. Patients with slight ailments are treated at their respective sleeping benches, and the others are sent to the Hospital. This medical officer also superintends all arrangements for ventilation, cleansing, and other hygienic provision. Even when in Hospital the patients are chained to a common chain, except for a fixed period. The chain is sufficiently long to allow of each person walking ten paces around his bed. Once in the Hospital, with the above exception, the convict is treated exactly like the patients of the Naval Hospital—the beds, attendance, medicines, and diet being precisely the same. If he reaches his 70th year, the convict is removed from the bagnio, and transferred to some departmental prison to undergo the remainder of his sentence. The insane convicts are sent to the asylum at Quimper.

The bagnio at Brest contains about 3000 convicts, and the mean number of deaths is 150 per annum; but although, at first sight, a mortality of 5 per cent. seems a slight one, it must be remembered, as M. Mongrand remarks, that there are in the establishment neither women, children, nor septuagenarians. Phthisis is among the diseases most frequently observed, a fifth of the whole number of deaths arising from this. The climate of Brest is especially fatal to the colonial negroes imprisoned in the bagnio, who almost all die from accidental products developed in the lungs. Next to this, typhoid fever carries off most patients; but as the characteristic lesions of Peyer's glands were frequently absent, M. Mongrand suspects that many of these cases are examples of jail-typhus. When it is known that the convicts have but one suit of clothes, that the climate of Brest is a very rainy one, and that the men returning wet from their work have no means of drying themselves, we cannot feel surprised at learning that pneumonia and pleurisy prevail with great severity. At fifty years of age "a fluxion on the chest" is invariably fatal. A certain number of patients fall victims to apoplexy every year. From 1846 to 1853, scorbutus prevailed endemically, 1307 men having entered the hospital on this account. Eight of these only died. The establishment of a meal of fresh meat per week dissipated the predisposition, and the bagnio has continued free from the disease since.—*Gazette des Hôpitaux*, No. 1.

EXCERPTA MINORA.

Vaccination of Adults.—M. Zandyck, after giving an account of some vaccinations he has recently been performing on soldiers, comes to these conclusions:—1. The vaccination of adults differs essentially from that of infants in the physical characters of the pustules, their defective vigour, and the slight general symptoms that attend their development. 2. The transmission of the virus from adult to adult rarely produces good pustules. For complete success it is indispensable to procure this from a healthy young infant. 3. It is a matter of indifference whether the virus is deposited under the epidermis or carried deeper.—*Gaz. des Hôp.* No. 21.

Collodion as a covering for Pharmaceutical Boxes.—M. Schœrer observes that many pharmaciens prefer boxes to glass bottles for the preservation of vegetable and animal powders, the latter, being good conductors of heat, and much influenced by atmospheric changes, allowing great alterations in the substances they contain. The permeability of wood, which is the only objection to its employment, is remarkably counteracted by the use of collodion. Perfectly smooth and clean boxes must be chosen, and then their insides must be well lined with the collodion, as well as the insides of the lids. When these have become thoroughly dried objects may be kept in them even for years, without undergoing the slightest change. As collodion resists the action of iodine in a remarkable manner, it forms an excellent covering for the corks of bottles containing the tincture of iodine or pure iodine.—*Bull. de Thérap.* June, p. 565.

Rupture of the Utero-Ovarian Plexus.—M. Puech terminates his Memoir upon this subject with the following conclusions:—1. Whether occurring during or independently of pregnancy, prior to or soon after delivery, the rupture of the utero-

Digitized by Google

ovarian plexus is due to the same causes, and leads to the same terminations as that of vaginal thrombus. 2. A varicose condition observed in four cases, was wanting in a larger number. 3. If death does not take place from the hæmorrhage, a hypogastric tumour or sanguineous cyst is produced, with the same seat, symptoms, and terminations as retro-uterine hæmatocele. 4. Judging from the cases collected, this rupture is the most common and the least dangerous cause of retro-uterine hæmatocele, as likewise it is the one which does least mischief to the generative functions. The other less common sources of this hæmatocele are ovarian apoplexy and hæmorrhage of the Fallopian tubes.—*Gazette Méd.*, No. 28.

Medicinal Cigarettes.—A chief inconvenience found in the employment of cigarettes of stramonium, belladonna, etc., is the production of the large quantity of smoke which induces an irritating cough; at the same time they burn but badly. M. Dannecy remedies this inconvenience by watering the dried and divided plants with a strong solution of nitre, drying them again before making up into cigarettes. These burn well without any inconvenience. Moreover, the inspiration of the nitre contained may aid in the relief of spasmodic affections.—*Moniteur des Hôp.* No. 81.

Lead in Palpitation and moderate Hypertrophy of the Heart.—M. Brachet recommends as the best of all remedies the following pills, taking first one night and morning, and after a while two. Sugar of lead, gr. xxx., ext. of digitalis, gr. xv., into 20 pills.—*Ibid.*

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, July 13, 1858.

Since the melancholy death from chloroform at the Hôpital du Gros Caillou, not only have the actions and effects of this anæsthetic been variously discussed, but it has here become a disputed question as to the advisability of employing this agent in cases where the patient presents evidences of pulmonary phthisis,—whilst some, and perhaps the greater part, look upon the tubercular condition of the lung as the first cause of the above fatal result,—others energetically deny this grievous influence, and assert that the phthisical condition should in no way hinder us from administering this great boon to the suffering patient. Amongst this latter number we find M. Chassaignac, who intends to give us, on Monday next, at the Hôpital Lariboisière, a proof of the innocuity of chloroform upon the consumptive constitution by its administration to a phthisical patient, upon whom he intends to operate for anal fistula. On Monday, the 28th ult., we saw the double operation for cataract by extraction, performed by M. Chassaignac, the patient being under the influence of chloroform to that extent termed tolerance, no reflex movements being induced by the manipulations of the operator. M. Chassaignac, who administers most freely this anæsthetic, uses no other precaution than that of insuring an empty condition of the stomach—the sedative influence of ice upon this organ is not resorted to. On Monday the 3rd instant, the 8th day after the operation, this patient was presented to us in the amphitheatre, and upon the removal of the dressings, he could perfectly distinguish all surrounding objects. The mode of dressing merits remark: after the operation, adhesive plaster (in strips half an inch wide) is applied so as to form a mask for the upper half of the visage; thus the first strip being placed diagonally across the face, from the temple towards the tip of the nose, the second is placed crossing it at right angles, and thus continuing alternately, until the mask is completed. A prepared gut skin, about eight inches in length, is then filled with ice, tied at each end and in the middle, and then applied in the manner of a pair of spectacles.

Speaking of cataract, there is now in the female ward a patient of scrofulous constitution, with a congenital cataract of the left eye, and staphyloma of the right. This cataract, visible by its pearly whiteness at a considerable distance, does not hinder her from reading with facility. A febrile condition resulting from a necrosis affecting the lower jaw, prevented M. Chassaignac from operating upon the staphyloma on Monday last, July 12th. He has been treating a chronic contraction of the inferior maxillary tissues, tending to produce a kind of trismus, by the conical screw and the annular dilator; and a considerable abscess in connexion with the necrosed bone, by the insertion of his draining-tubes, (india-rubber vulcanized tubes, about the size of a duck-quill) in which are punched, at short intervals, openings about the size of a No. 4 shot, by which he is able to syringe the interior of the traversed tumour. At each attempt at dilatation the patient complained of considerable pain in the temporal region of the affected side.

Another curious case may be now observed in the men's ward of the same Surgeon. A young fellow with a scrofulous affection of the cervical lymphatics, treated by the draining-tubes, presents a most remarkable example of hypertrophy, affecting the thumb, middle, and index fingers, with the corresponding half of the hand. On the same side (the right) the large and two neighbouring toes are equally hypertrophied; the fingers and toes affected are half as large again as natural, and the hand, arm, and foot, are covered with subcutaneous vascular patches. There is no distinct evidence of an hypertrophied condition of the corresponding muscles. The hypertrophy is congenital, but there is no hereditary history.

Two very interesting cases were exhibited (July 12th); one a hale, hearty-looking man, who had undergone the partial excision of his tongue for epithelial cancer two years ago. He has not yet had the slightest symptoms of the return of the disease. The other, described as a case of progressive atrophy of the muscles of the arm, the patient demanding disarticulation at the shoulder, on account of exceedingly severe and almost continuous suffering, rendering his existence insupportable. M. Chassaignac was rather inclined to section of the brachial plexus, but I think the pain may depend upon a luxation of the head of the humerus, the displaced bone pressing upon the brachial plexus. The case was deferred for consultation.

The operations performed were:—

1. Two deep ulcers, with rodent tendency, and indurated raised circumference, occupying each the sole of the foot, and situated over the head of the metatarsal bone of the lesser toe. The operation, rather barbarous in its appearance, consisted in shaving down all the surrounding indurated tissues, until upon a level with the base of the ulcer. This operation, performed without chloroform, was asserted to be both necessary and efficacious.

2. The removal of a cancerous tumour from the anterior superior cervical region, another and much larger tumour was left in the right axillary region. This tumour, about the size of a hen's egg, was cut down upon with the bistoury, enucleated easily with the fingers, and removed with the écraseur; a primary branch of the carotid thus included gave rise to no hæmorrhage. This operation gave rise to a rather far-fetched observation on the part of M. Chassaignac, who stated that operations performed by country practitioners with instruments in a very neglected condition might depend for their success upon this very condition of their cutting instruments, the parts being less cleanly divided, rather bruised than cut, giving rise less easily to hæmorrhage, etc.

3. Removal of hæmorrhoids by means of the écraseur; not the slightest hæmorrhage.

4. A case of anal fistula, deserving consideration, not only on account of the simplicity, but also on account of the happy results of the operation. This patient, whom we had seen upon a previous occasion upon the operating-table, had suffered from very extensive anal fistula, extending in three distinct directions, upwards alongside the rectum, and two outwards, to open separately upon the right and left buttock. This last remaining and longest passage (the others having been separately and successfully treated by the same method) extended from within the anal orifice, to open at a distant spot (four inches) upon the right buttock, running deeply. The chain of the écraseur was introduced from without inwards by means of a slightly curved canula, and the intervening substance slowly divided. There was literally no hæmorrhage, and no interposed dressing required, the wound being certain to heal from its *profondeur*. In this case the employment of the écraseur has for its result, the avoidance of hæmorrhage, and also a great guarantee against purulent infection, and the production of a kind of wound inevitably healing from the bottom. M. Chassaignac looks upon the

Digitized by Google

existence of pulmonary tubercle as an additional incentive to operate in anal fistula.

While speaking of the écraseur, we may mention a case in which M. Maisonneuve extirpated a testicle for scrofulous disease. After the enucleation of the organ, by means of the bistoury and fingers, the écraseur was applied to divide the pedicle, although this instrument is in many cases impotent to arrest the hæmorrhage from the artery of the cord. A question of the operator as to his reason for resorting to the écraseur in this case, led to an exposition of his views upon the advantages of the écraseur, and an apology for the new method of amputation. He said, that in seeking to explain to himself the advantages of the écraseur, he had noticed the extreme rarity of purulent infection after the employment of this instrument. From this fact he had formed a theory of the permanent obliteration of the vessels, especially of the veins, after its application, whereas in the ordinary wounds with cutting instruments, the vessels at first closed by coagula were again opened at the commencement of suppuration by the breaking down of the occluding clots; the suppurative inflammation passed from the surface into the interior of the vein; thence the purulent infection, and therefore his application of the principle of crushing—in other words, the crushing principle to amputations. This principle, he said, would remain for ever true, although the operative details might yet allow alteration, and admit perfection.

GENERAL CORRESPONDENCE.

THE MEDICAL BILL AND THE EDUCATIONAL STATUS OF THE PROFESSION.

[To the Editor of the Medical Times and Gazette.]

Sir,—Mr. Cowper's Medical Bill, even in its present mutilated state, is worthy of acceptance, from its freeing the Profession from the incubus of local jurisdictions. It must not, however, be concealed that this measure is about to emerge from the Parliamentary ordeal stripped of its most valuable provisions. While it will provide for the registration of Medical men, it will not give any security to the public that legally-qualified are educationally-qualified practitioners. To remedy this defect in the measure, ought now to be the leading aim of all honest Medical reformers. Unless some prompt and vigorous steps be taken with this view, the Profession will soon become a derision and a bye-word. The wishes of many of the Reform Committee of the British Medical Association were good, I believe; but from causes which are very obvious, they have been easily disregarded. Ought not an Association to be formed for the special purpose of improving the educational status of the Medical Profession?

London, July 21, 1858. I am, &c. An Inquirer.

LOCAL USE OF IODINE TO BOILS.

Letter from Dr. Rigby.

[To the Editor of the Medical Times and Gazette.]

Sir,—The value of iodine as a local application in boils and carbuncles, does not appear to be so generally known as it deserves; will you permit me to call the attention of my Medical brethren to this fact through the medium of your columns? In every case of boils which has chanced to come under my notice, I have directed the whole mass of indurated tissue to be painted with at least three coats of the common Pharmacopœia tincture for several nights in succession; and unless the boil has been at the point of bursting, the progress has been arrested in every instance, and the hardness, swelling, and tenderness of the part have quickly subsided.

In a case of carbuncle of the chin in a delicate lad, about 20, effecting not only the whole lower lip, but spreading rapidly to the integuments of the throat, which had begun to assume a solid brawn-like feel, the diseased action was arrested after a few applications night and morning, and in three or four days more the part became soft, the swelling and tenderness subsided. I acknowledge that this change was considerably assisted by alterative and purgative medicines, followed by the infusion of red bark and the nitro-muriatic acid. Still, however, the immediate arrest of the diseased action was evidently due to the iodine application; and I may add, that I was led to make the experiment from reasoning on its well-known effects in erysipelas.

I am, &c.

Berkeley-square, July 22. Edward Rigby, M.D.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 22, 1858.

Charles Hawkins, Esq., Vice-President, in the chair.

A paper by Mr. R. B. Smart was read on a case of

PREMATURE PUBERTY.

Mary D., a girl born in Manchester, in January 1853, had an appearance of hair on the pubes, followed by a menstrual discharge, at the age of three years and six months. None of the assigned exciting causes of early puberty could be traced. She seemed to be generally out of health before the first occurrence of the catamenia, but has since become strong and well, the menses recurring with perfect regularity up to the time of observation. She is now (May, 1857) three feet seven inches in height, and weighs fifty-two pounds. Her general appearance is wonderfully like that of an adult female of short stature: her bust is full and womanly; the breasts large and prominent, with the characteristic glandular feel on manipulation; the nipples are well developed, and the veins of the breasts much marked. Rather from the abundance of fat over all the body than from the size of the bones, she is wider across the hips than other children; she has a distinct forward curve in the lumbar spine; the hair on the pubes is light brown, and about an inch in length; the external parts of generation have very much the conformation of an adult. In intellect the child is backward; her disposition is lively but obstinate; there is no positive indication of sexual propensities. The case has a table of measurements, in which the proportions of this child are contrasted with those of her sister, who is a year and eight months older than herself. This sister is shorter, and weighs nearly a stone less than the subject of the paper, and many of the measurements are in excess in the younger girl, especially the girth of the body and limbs. Photographic portraits of the case represent at a glance the chief peculiarities. The writer of the paper has given a table of references to other similar cases published in England, and makes some comments on the points which are of interest to the physiologist.

A paper by Dr. Patrick Fraser was read on

PENETRATING WOUNDS OF THE CHEST.

The author considers that certain observations made, and since extended by him, while attached to the general hospital in camp before Sebastopol, during the height of the siege in 1855, may be acceptable to the fellows of the Society. There are no records of the effects produced by, or the treatment adopted for, wounds of the lungs, in the ancient wars. The employment of gunpowder in warfare in 1346, in which year large guns were used at the battle of Cressy, and subsequently in 1382, when small arms were employed by the Venetians, effected a complete change in the mode of action between contending armies, and a characteristic variety in the wounds inflicted. In collating the statistics of lung wounds, the author has been surprised at the small number which were brought into hospital in the Crimea, and also at the few cases given in the records of various previous wars, and, in pursuing the inquiry, at the rarity of cases reported in the various medical periodicals and journals, and the remarkable scarcity of morbid preparations of lung-wound in the professional museums of London, of Chatham, and elsewhere, warrant a conclusion that our sphere of observation on this very important subject has hitherto been very limited. The author explains

Digitized by Google

this by alleging that a large, if not the largest, proportion of mortal wounds proceeds from injury to the lungs. The men are struck down, and die rapidly and unnoticed. Out of the grand total of wounded throughout the Crimean war, viz. 12,094, there are returned under the head of "penetrating wounds of the chest," only 125, being little over 1 per cent. The points requiring most attention in relation to chest wounds are: the mortality, the diagnosis, the prognosis, and the treatment. First, as to the mortality. The author is strongly inclined to the opinion that lung wounds are very fatal, and says that great doubt exists in his mind whether many of the cases reported as "wounds of the lung" were not wounds of the pleura only, and sometimes not even of that membrane; and he believes that many of the alleged wonderful recoveries from wounds of the lung would have been disproved at death if a post-mortem examination had been always performed. On the other hand, when the pleurae only are wounded, recovery frequently takes place. Various experiments by the author and Dr. Richardson and others fully establish these points. He records his warm thanks to Dr. Richardson for his able assistance in the conduct of the experiments narrated in the paper, in which he has freely incorporated many valuable opinions, suggestions, and deductions expressed by that gentleman. The diagnosis and prognosis are next noticed; and the author enters fully into the general symptoms attending "wounds of the chest," drawing attention to the fact, that there is often little or no anxiety, dyspnœa, or other marked symptom attendant on such wounds. The contrast, in this respect, between "wounds of the abdomen" and "wounds of the chest," is remarkable; in the former there is present, invariably, great nervous agitation and sinking. In pursuing the diagnosis, the prime question is whether the substance of the lung be wounded or not; for in this the prognosis is seriously concerned. An answer is not easily given. Some physiologists hold that the lung collapses, whether its substance be wounded or not, whenever the pleural cavity is opened. The author himself, Dr. Richardson, and many writers, have observed the lung of the wounded side to expand on expiration, and to contract upon inspiration: as this curious phenomena was seen sometimes when the lung was wounded, and sometimes when the lung was not wounded, the author concluded that no reliable practical deduction can be drawn from this very curious physiological fact. The author next enlarges upon those symptoms which are usually accepted as, and by numerous writers positively affirmed to be, conclusive proof of the substance of the lung being wounded. Various cases are cited to show the necessity for caution in pronouncing a diagnosis on the apparent track of the ball. He shows by several tables, the comparative frequency of dyspnœa, hæmoptysis, emphysema, pneumonia, and the passage of air through the wound, in the cases which he witnessed. Out of 9 fatal cases, in which the lungs were wounded, only 3 had dyspnœa. Out of 9 fatal cases, in which the lungs were not wounded, 3 had dyspnœa. Out of 12 cases of recovery, 2 had dyspnœa. The author considers that dyspnœa is a consequence of the inability, during inspiration, of a lung to follow up the expanding chest wall. It will be most intense, therefore, when the action of the thorax is free, and when, from an obstruction in the bronchial passages, the air cannot reach the vesicles, and the lung remains more or less expanded. But, when there is an opening in the chest-wall, and air can pass freely out and in by this abnormal channel, the lung having collapsed, there will be no effort to retain its normal position, and, consequently, there will be no dyspnœa. If this be the true explanation, we must, then, receive dyspnœa with great caution as a proof of lung wound. The author views hæmoptysis as a most deceptive sign of lung wound, notwithstanding that almost every writer on the subject has regarded its presence as a conclusive sign of lung wound. In 9 fatal cases, in which the lungs were wounded, only 1 had hæmoptysis. In 9 fatal cases in which the lungs were not wounded, 4 had hæmoptysis. In 12 cases of recovery, 3 had hæmoptysis. Indeed, in those cases where the lung has been wounded, as verified by examination after death, the appearance of the portion of lung around the track of the wound would lead to the conclusion that the highly condensed portion of lung had acted protectively against hæmorrhage. When it does occur to such an extent as to threaten suffocation, it becomes pretty certain that the trachea and some large vessel have been opened. That hæmorrhage, taken alone, is no proof of lung wound is shown by its happening in cases of mere concussion or contusion. Emphysema, contrary to the opinion of most writers, is a very rare consequence of lung wound. Out of 9 fatal cases, in which the lungs were wounded, it occurred in 3 instances. Out of 9 fatal cases, in which the lungs were not wounded, it occurred in 1 instance. It was present in 1 case out of 12 recoveries. Pneumonia may supervene, but not of necessity, as some writers assert, to lung wound; but, when it does approach, it is only after a lapse of some time, and cannot therefore be made available as an early means of diagnosis. Out of 9 fatal cases, in which the lung was wounded, it did not appear once. Out of 9 fatal cases, in which the lungs were not wounded, it appeared in 1 case, and that on the third day. Out of 12 cases of recovery it appeared in 2 cases, on the fourth and twentieth day respectively. The post-mortem examinations revealed, in several instances, appearances which many persons would have put down to the effects of pneumonia, but which the author considers to have been merely an intense congestion. In some of the experiments a degree of congestion followed, within a few minutes, the infliction of the injury, which might easily have been mistaken for pneumonia, in a hasty pathological examination. The author considers that when an opening exists in the chest wall, the physical signs indicating the presence of pneumonia are so modified that no reliance can be placed upon them. He dissents from the opinion expressed by some authors, that traumatic and idiopathic pneumonia are homogeneous states, and gives his reasons for this difference of opinion. The passage of air through the wound, often with a loud gurgling sound, and appearing to take the place entirely of the tracheal passage, has a most startling effect upon the bystanders, and is generally put down as a certain sign of lung wound. Out of 9 fatal cases, in which the lung was wounded, it was present in 2; out of 9 fatal cases, in which the lung was not wounded, it was present in 4 cases; out of 12 cases of recovery, it was present in 1; it was present in 3 experiments in which the lungs were not wounded. The author is rather inclined to the opinion, that when the lung is really wounded this "passage of air" will in most cases cease. Dr. Fraser concludes, that although there are none which can be regarded as special indications of lung wound, yet, if there were three or more of the ordinary signs present, they may be taken as strong presumptive proofs of its existence; and if there be present, besides, more or less anxiety, coldness of surface, and orthopnœa, it may be considered nearly certain that the substance of the lung is wounded, and that the patient is in imminent danger. The author enters fully into the treatment of "penetrating wounds of the chest," and inculcates the non-necessity for an over active manual interference to remove the lodged missile, by showing that a ball may remain innocuous for years in the thoracic cavity, and he gives, as one example, a case where the ball was fifty years in the body, and mentions an instance of a gallant officer, who, after having been subjected for some time to the well-meant but injudicious pokings of his surgeon, inquired what he was about, and on receiving the answer, "searching for the ball," his reply was gruff and graphic, "I wish you had told me that before, because you will find it in my waistcoat pocket." The author next adverted to what has been, and is still asserted by many to be, the "sheet anchor" in the treatment of "penetrating wounds of the chest"—viz. venesection. He gives the opinions of others, and expresses his own doubts, as to the prophylactic power of venesection in obviating the tendency to inflammatory action, or in arresting its progress, or in removing its effects when present. In reference to treatment, he recommends the removal of foreign substances, and all other causes of irritation, when practicable, from the wound. When the wound is small, and especially if there should be two openings, the closing of the anterior is to be attempted; and, if there be no sign of effusion, both may be closed; and in all cases, absolute rest, cooling beverages, and moderate nourishment are called for, avoiding over stimulation. Bleeding, mercurialization, narcotism, and antimony, the old elements of treatment, may, under the direction of sound skill, and under special circumstances, become advisable; but their routine application is second only in mischief to the injury itself. The following summary closes the paper:—1. When a weapon or bullet enters a pleural cavity, the external air passes inwards. 2. If the wound be small, there seems to be little, if any, alteration in the movement of the lungs; as the

Digitized by Google

respiratory murmur may be heard, more or less distinctly, on auscultation. 3. It follows from No. 2, and has been otherwise proved, that when a wound is formed in a pleural cavity, of a size equal to, if not larger than the opening at the glottis, collapse of lung is not a necessary consequence. That, under such circumstances, the lung of the injured side may inflate, and that such inflation occurs during expiration, and not, as might have been anticipated, during inspiration. 4. That the thorax may be pierced by a cutting instrument or a bullet, obliquely or transversely, without wounding the lung—ergo, two apertures is no proof that the lung has been wounded. 5. That mechanical congestion of the lung is often mistaken for the effects of inflammatory action. 6. That simple opening of the pleural cavity in animals seems to be productive of little or no risk, and only very trifling inconvenience. 7. That in the human subject, as well as in animals, an actual wound of the substance of the lung is always, sooner or later, mortal; but not from the effects of inflammatory action, but from the cessation of proper æration, in either a whole or portions, of one or two lungs.

A paper by JOHN W. OGLE, M.D., was read

ON THE INFLUENCE OF THE CERVICAL PORTIONS OF THE SYMPATHETIC NERVE AND SPINAL CORD UPON THE EYE AND ITS APPENDAGES,

ILLUSTRATED BY CLINICAL CASES, WITH OBSERVATIONS.

The main object of this paper was the application to clinical medicine of the various experiments which have from time to time been performed, as showing the influence possessed by the sympathetic in the neck and the upper part of the spinal cord upon the iris and upper eyelid. Experiments and dissection as regards the lower animals have shown that the curtain of the iris, containing as it does two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set by which it is enlarged, is under the domination of two separate and distinct sources of innovation. The third cranial nerve is found to control the circular or contracting fibres, and the sympathetic, by virtue of communications with the lenticular ganglion, is found to control the dilator or radiating fibres. Hence if the influence of the third pair be destroyed, the pupil becomes dilated, inasmuch as the dilator fibres, those presided over by the sympathetic, are unopposed; again, if the influence of the third cranial pair be left unimpaired, and that of the sympathetic be destroyed by section or extreme pressure, then the pupil becomes contracted. The author dwelt upon the history of the various experiments upon which the above statements are made, and also upon those from which it is concluded that in certain parts of the spinal cord resides the power or influence which acts upon the dilator fibres of the iris passing to that structure through the sympathetic viâ the roots of certain cervical and dorsal nerves. From these latter it is apparent that the same paralysis of the dilator fibres of the iris which follows section of the sympathetic in the neck follows also the severance of such fibres as connect the sympathetic with the spinal cord, as also the section or destruction of the spinal cord itself in certain parts. Accordingly it might naturally be expected that any cause of extreme pressure acting upon the various portions of the nervous system before alluded to would, as in the various experiments before adduced, cause a contracted state of the pupil on the side corresponding to that on which the extreme pressure existed. And thus it was that Dr. Gairdner, of Edinburgh, first sought to explain those cases in which, along with an intra-thoracic aneurism, a contracted state of the pupil coincided. These cases of his were detailed, several of them not having been hitherto recorded, and to these others were added of his own observation, as well as some from other sources. Cases were next given in which pressure from aneurism upon the sympathetic in the neck had produced contraction of the pupil. In the third place, instances were adduced in which extreme pressure from other causes than aneurisms had produced a like effect upon the pupil, as in the case of enlarged glands, carcinomatous deposit, etc. In the fourth place, bearing in view the intimate connexion between the sympathetic main branches in the neck and the cervical part of the spinal cord, he drew attention to several cases in which a contracted pupil had been observed in injuries of the spinal cord itself. But in addition to a contraction of the pupil as brought about by section of the sympathetic, spinal cord, etc., as before spoken of, experimenters have also found that irritation or galvanism of the same parts of the nervous system will bring about a dilatation of the pupil, and that this dilatation may be effected even when section or extreme pressure has already given origin to contraction of the pupil. Accordingly, in these physiological facts an explanation was sought of certain cases in which pressure from aneurism, diseased products, etc., appeared to produce, not a contraction, but a dilatation of the pupil in man; and he instanced, in the 5th place, several cases in which the pressure from various sources was inestimably so much in extreme as to be, in fact, a source of irritation or stimulus, acting in the same way as it was found in animals, that any stimulus, mechanical, chemical, or galvanic, would act upon the sympathetic. In no other way could he explain the dilated state of the pupil which existed. But besides the above-described effect upon the pupil of the eyes, in enumerating the various experiments in which the sympathetic, etc., was divided, special attention was drawn to a dropping of the upper eyelid, or ptosis, which on several occasions was observed. This phenomenon was explained on the supposition that along with the sympathetic fibres to the iris, those to the third cranial pair are also paralysed, and hence the levator of the upper eyelid, which is supplied from the third pair, is deprived of power to a greater or less degree. One or two cases were also adduced in which ptosis of the upper eyelid was observed in connexion with pressure about the neck, from aneurism of other sources. He offered the same explanation of the convergent strabismus which, in the hands of certain experimenters, was, along with other results, found to depend upon a division of the sympathetic cord in the neck. He supposes it to have existed by reason of paralysis of such fibres (in several animals, five or six in number) as pass up to join the sixth cranial pair of nerves, by which the power of this muscle becomes weakened, and its action counterbalanced by the internal adductor muscle.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

TUESDAY, JULY 20.

MEDICAL PRACTITIONERS BILL.

On going into Committee on this Bill,

The Earl of CARNARVON said the Bill might probably not please everybody; but almost all the leading Medical corporate bodies in the kingdom were, with very little difference, agreed in its favour, with the exception, he was sorry to say, of the College of Physicians. The state of things which it was the intention of the Bill to remedy was very anomalous. They had a variety of Medical interests existing throughout the country, each *mutatis mutandis*, with a separate and distinct jurisdiction. The College of Physicians claimed an exclusive privilege seven miles round London, and the College of Surgeons and Apothecaries' Hall claimed similar privileges with regard to conferring power on practitioners, and they existed together with similar institutions in Scotland and Ireland, without any reciprocity whatever. The most eminent Scotch Physician had no right to practise in London; the most eminent Physician had no right to practise in Scotland, and the same question arose regarding Irish practitioners. The Bill before their lordships would tend to remove those complications and anomalies that had grown up in the course of centuries. The Bill was no destructive Bill, because, while it remedied existing anomalies and evils, it kept alive the twenty-two corporate bodies that now existed in this country. Its further object was to improve the position of the Medical profession, to infuse fresh life into these institutions, and to preserve them in their efficiency, besides instituting a complete reciprocity between them. To effect this, it proposed to establish one general Council of supervision for the kingdom, with branch councils and subordinate committees. The council would have the power of investigating and determining as to the standard of examination. The Council would have the controlling and regulating power over the working of the system, and there would be a

Digitized by Google

virtual power of suspension by appeal to the Privy Council. The Bill contained an important provision relative to the much desired power of registration, for which at present there was no official means of reference. The Bill, he thought, would be productive of great benefit both to the Medical profession and to the public. The noble Lord concluded by presenting the following petitions:—From members of the Midland Branch of the British Medical Association, and from practitioners in medicine and surgery in Chilcompton, Bath, and Chew Magna, in favour of the Bill; and from Physicians and Surgeons of Middlesex Hospital and Lecturers in the Hospital School of Medicine, praying the re-insertion of the clause which enforces a preliminary educational test.

Lord Ebury said the ostensible object of the Bill was to remedy the anomalies that at present existed in the Medical profession of this country; but the real effect of it would be to secure a monopoly to these various associations. The only petition in favour of the Bill had come from the Medical bodies themselves, and not from the qualified practitioners. It was, in point of fact, a doctors' bill—(a laugh.) He should object to clauses in Committee. What, he would ask, was the state of the practice of medicine in this country? They were going by this Bill to confer a monopoly in the practice of medicine in this country upon persons who themselves said that they had no confidence whatever in that practice. What said Dr. Bailey just before he died? "He doubted whether the medicine which he had prescribed had not done more harm than good." (A laugh.) What said Dr. Chambers in his funeral oration over Dr. Williams?—why, that he had no confidence in medicine. What said Sir John Forbes?—why, that the present practice of medicine was so entirely unsatisfactory that he hoped some new school would be set on foot. (Laughter.) In the Bill before the House they were going to confer a monopoly of the Medical practice of this country on a set of men who declared they had no confidence in the system.

Their Lordships then went into committee on the Bill.

Clauses 1 to 35 were agreed to, with verbal amendments.

On clause 36, which enacts that any person who shall wilfully and falsely pretend to be, or take or use the name or title of a Physician, Surgeon, General Practitioner, etc., shall pay a sum not exceeding £20 or less than £5,

Lord Ebury moved to omit the words, "or take or use the name or title of." The noble Lord said, if he divided alone, he would go into the lobby against this clause.

Lord Redesdale said that by the new rule two tellers were to be appointed for divisions; and, as the noble Lord appeared to stand alone, he did not see how he could divide.

The clause was then agreed to, schedule C was struck out, and the Bill as amended went through committee.

Wednesday, July 21.

PUBLIC HEALTH BILL.

On the order of the day for the second reading of this Bill,

Lord Wynford complained of the noxious trades on the south of the Thames. There was an unfortunate defect in the law in respect to those trades. He was anxious for the introduction of a clause into the Bill giving power to inspectors to visit those places where noxious trades were carried on, and either with or without compensation to have a stop put to them.

The Earl of Hardwicke said, there was no doubt that those trades alluded to were great nuisances. The Privy Council had, however, powers under the Bill to exercise a certain supervision over all such trades, and to control them.

The Bill was then read a second time.

HOUSE OF COMMONS.

PUBLIC HEALTH BILL.

This Bill was advanced a stage, Mr. Adderley stating that it was only intended to continue for a year—namely, until August, 1859.

MEDICAL RELIEF.

Mr. Cobbett asked the President of the Poor Law Board whether he intended, before the recess, to propose to Parliament any measure for altering the present scale of payment to medical officers of Poor Law Unions?

Mr. Estcourt replied that he had considered the matter referred to in the question, and hoped to be able, after communicating with all the parties concerned, to introduce and carry a Bill next session.

Monday, July 19th.

SHEEP, ETC., CONTAGIOUS DISEASES PREVENTION BILL.

This bill was read a third time and passed.

PUBLIC HEALTH BILL.

On the third reading of this Bill,

Mr. Coningham expressed his objections to the principle of the compulsory vaccination clause; and after some remarks from Mr. Cox in opposition to the measure, the Bill was read a third time and passed.

VACCINATION (IRELAND) BILL.

This Bill was read a third time and passed.

UNIVERSITIES AND COLLEGE ESTATES BILL.

The Lords' amendments to this Bill were considered and agreed to.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 16th inst., viz.:—

Achy, Thomas, Hull.
Anderson, James, Liverpool.
Ashenden, Charles, Sittingbourne, Kent.
Bond, Florio St. Quintin, Brighton.
Bowling, Thomas, Waterloo-street, Birmingham.
Day, William White, Clifton-vale, Bristol.
Gardiner, George, Bristol.
Harrison, Garland William Langdon, Royal Navy.
Hooper, Thomas Robert Limberg, Cape of Good Hope.
Knaggs, Sidney Henry, Brompton.
Mackenzie, Morell, Woodford, Essex.
Seccombe, John Thomas, Hackney.
Squire, Charles Farran, Army.

At the same meeting of the Court Mr. Michael Waistell Cowan, of Her Majesty's ship *Victory*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the Edinburgh College of Surgeons, his diploma bearing date March 22, 1854.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 15, 1858:—

Belcher, Paul, Burton-on-Trent.
Braden, John George, Kelvedon, Essex.
Corbet, Daniel, Orsett, Essex.
Croucher, Alexander Richard, High-street, Shadwell.
Featherstone, John Tyler, Bristol.
Footner, Edward, Romsey.
Hargood, Frederick H., Highbury-place, Islington.
Picken, Samuel, Plymouth.
Reynolds, R., Bowondora, near Melbourne, Victoria.
Simpson, William, Lynn, Norfolk.
Slyman, William Daniel, St. Germans.
Stafford, Stephen John Frederick, Beccles.

The names of the Gentlemen who passed their Examination in Classics and Mathematics, on Tuesday and Wednesday, the 20th and 21st inst.:—

Alcock, Robert, Burslem, Stafford.
Allen, John, H.M. Dockyard, Portsmouth.
Arnold, Thomas Cotton, Charing-cross Hospital.
Atkinson, Charles, Norwich.
Baines, Charles W., King's College.
Baker, Thomas F., General Hospital, Birmingham.
Barker, William L., Hungerford, Berks.
Barnes, Thomas Henry, Clare, Suffolk.
Boldero, Frederick, King's College.

Digitized by Google

Bond, Charles R., Edwardes-square, Kensington.
Bowes, William, Hythe, Kent.
Bracey, William Arthur, Bristol-st. Birmingham.
Bradley, Samuel M., Longsight, Manchester.
Brown, Alfred Gardiner, Guy's Hospital.
Bryan, John M., Maze Fair, Northampton.
Bury, Henry C., Whetstone, Middlesex.
Carr, Charles, Newcastle.
Carrey, Llewelyn, Queen's College, Birmingham.
Clarke, Julius St. Thomas, Leicester.
Clifton, George H., Cambridge.
Clift, George, Redruth.
Coates, John Quick, Bedford.
Cosby, Charles Edward, Basingstoke.
Cox, Albert G., Holbeach.
Craister, Thomas Lawson, Leeds, York.
Dale, Benjamin, Harborne, Birmingham.
Daniel, William A., Ramsgate.
Davies, Wilbiam Thomas, York Town, Surrey.
Dawson, E., Manchester.
Eccles, Henry George, Plymouth.
Elkington, George, Frederick-street, Birmingham.
Evans, John Tasker, Hertford.
Everitt, Herbert, Norwich.
Fielden, Samuel, Bishops Auckland, Durham.
Foster, John B., Huntingdon.
Garlike, Edward W. B., Rickmansworth.
Grenfell, Henry, St. Just.
Griffiths, William H. Llandovery.
Griffith, Jesse, Bangor, N.W.
Harrison, Robert, Low Levens, Milnthorpe.
Hamlyn, William T. B., Oxford-place, Plymouth.
Heap, William Edmund, Congleton.
Horton, William J. S., Rugeley.
Hunt, Henry John, Melksham, Wilts.
Janes, Thomas, Llandysil, Carnarvon.
Jefferson, Thomas J., Market, Weighton.
King, Edmund C., Great Coram-street.
King, Robert, Moulton.
Leach, John Conyers, Crediton.
Lydden, Charles, Exeter.
Mackenzie, George W., Tiverton.
Mahon, George A. D., Aspley, near Woburn, Beds.
Mallett, Frederick B., Bolton, Lancashire.
Maling, Edwin Allen.
Mann, Allen, G. C., the Infirmary, Worcester.
Martin, Paulin, Abingdon.
Marshall, H. F., Moulton, Northampton.
Marriott, Henry Thomas, Colsten Bassett.
Massey, John C., Camden Town.
Mason, Philip B., Burton-on-Trent.
Matthews, John, 6, Mount-street.
May, Lewis J., West Retford, Devon.
Mickley, Arthur George, Buntingford, Herts.
Morris, F. H., Spalding, Lincolnshire.
Mumford, William Lugar, Little Cornard, Suffolk.
Nice, Henry Josiah, Holloway.
Oliver, George, Stockton.
Osbaldiston, L. F., Hatfield, Herts.
Passmore, Thomas Henry, Werlington-house, Siston, North Devon.
Perks, Charles, Queen's College, Birmingham.
Piggott, Paynton, 30, Chesham-street.
Pretty, G. M., Fressingfield.
Prideaux, Walter Alfred, Higher Lux-st., Liskeard.
Ralfe, Charles Henry, Bath, Somerset.
Rhodes, Charles, 15, Addison-road.
Redfern, Thomas, Chesterfield.
Salter, Henry John, Arundel, Sussex.
Sealy, George, Marazion.
Sharood, Edward J., University College.
Slipper, R. G., Clapham-road.
Smith, Gordon, Charing-cross Hospital.
Snaith, Francis, Boston.
Snowden, George Hugh, Ramsgate.
Spurgin, Herbert B., Thrapstone.
Stevenson, Thomas, Bradford, York.
Tarlton, John, Birmingham.
Taylor, Hugh, Norwich.
Thorne, Thomas H., Leamington, Warwickshire.
Thurston, Edward W., Ashford, Kent.
Trevan, Matthew, Port Isaac, Cornwall.
Turner, Ebenezer F., Manor-road, Stamford-hill.
Tuxford, Arthur, Boston, Lincolnshire.
Venning, Edmund, Redruth.
Wilkinson, Owen D., Spalding.
Wilson, James, Sydenham College.
Wildash, Thomas R., Guildford-street.
Woods, Henry C., Leinster-square.

APPOINTMENTS.

Mr. S. H. Green, New Garratt, Manchester, has been appointed to the office of Medical officer of the Bury No. 1 District of the Bury Union.

Mr. Charles Williams has been elected House-Surgeon to the Norfolk and Norwich Hospital.

DEATHS.

Bellew.—July 16, at Rock Lodge, Blackrock, Ireland, J. Bellew, Esq., M.D., M.R.C.S.L., aged 69.

Ogilvie.—On the 17th instant, at Broughton Blean, John Ogilvie, Surgeon, R.N., aged 81.

The twenty-sixth annual meeting of the British Medical Association will take place at Edinburgh on the 29th, 30th, and 31st of July. Dr. Alison being the President-elect.

The *Dreadnought* is to be removed at once from Greenwich to Greenhithe, to avoid possible consequences, which may arise through the stinking emanations from the Thames.

A list of the *Employés* of the British Museum has just been published. Mr. Panizzi receives £1200 a-year; Professor Owen £800; Dr. J. E. Gray £600, etc., etc.

The New French Army Medical Inspectors.—The two new Army Medical Inspectors appointed in place of MM. Begin and Guyon, are M. Hutin, Senior-Surgeon of the Invalides, and M. Ceccaldi, Senior-Surgeon of the Gros-Caillou Military Hospital.

Paris Surgical Society. — The following are the officers elected for the session 1858-9: President, M. Deguise; Vice-President, M. Marjolin; General Secretary for five years, M. Broca; Treasurer, M. Houel; Honorary Librarian, M. Verneuil.

Well Water, Dr. Dundas Thompson tells us, is in large towns charged with sewage, and therefore very ill drinking; but the public are difficult of teaching, and they *will* drink it, spite of the diseases it engenders and aggravates. Doctors should be teachers here.

On the 19th of June, the officers composing the Niger Expedition were all well at their encampment near Rabba, with the exception of Mr. Davey, the Surgeon, whose state of health has obliged him to return to England in the mail-packet Hope.

Philanthropy running wild.—Looking after the Slave-trade is no child's play. During the months of March and April of 1857 and 1858, the crew of the *Virago* on the east coast of America, "suffered severely from yellow fever at Rio Janeiro, where she lost twenty-six men and seven officers, including Commander Haggard."

A novel Mode of Amputation.—During the pitching and straining of the *Agamemnon* in the Atlantic, an opening took place between one of the beams and the plank; into this an unfortunate man put his fingers to steady himself, and on its reclosing his fingers were some of them taken clean off.

A notice from the Board of Trade appears in the *Gazette* stating that a despatch has been received from Her Majesty's Chargé d'Affaires at St. Petersburg, announcing that the importation of various "medicinal substances" into Russia has been prohibited. Among the excluded articles are Morison's Pills and Revalenta Arabica.

The Aristocratic *fête* at Cremorne has been of service to our Hospitals. Out of a net surplus of £1000, £50 have been paid to each of the following Hospitals:—to St. George's Hospital, Middlesex Hospital, St. Mary's Hospital, Charing

Digitized by Google

Cross Hospital, Poplar Hospital, *Dreadnought*, King's College Hospital. The Hospital which overlooks Cremorne appears to have been forgotten or snubbed, on this donative occasion.

LADY BULWER LYTTON'S unfortunate case has naturally excited much attention. Certain of the daily press are very wroth with the doctors and the Lunacy Commissioners, in so far as they are connected with it. The case is clear enough to a professional eye. The lady was irritable, and was subjected to control; and now she is removed from professional, and placed under moderate family control. This appears the whole mystery of the affair.

The SALE OF POISONS BILL was on Friday week withdrawn by the Home Secretary in consequence of the outcry of the druggists against it. *Apropos*, a child was poisoned the other day by syrup of poppies, the mother having bought the drug of a Chemist, who gave her no instructions as to its use. On the inquest, the jury advised that the mother should be cautioned. No exception was taken to the druggist's share in the business.

THE temperature on the 16th of June was intense—89 degrees in the shade in Regent's-park. An American aloe in the Royal Botanic Gardens went ahead in true Yankee style, and shot up no less than ten inches in the course of twenty-four hours; on the 4th of July, when the maximum temperature was 59·5 degrees, its growth was only one inch in the same time.

ARISTOCRATIC SURGERY.—That respectable and scientific authority, the *Court Journal*, informs the world, or rather its readers, that Dr. Maisoneuve has invented a new system of taking off legs and arms, whereby amputation is avoided in cases of injury. "The invention consists in the application of a machine, by which the limb is torn from the socket without pain and without loss of blood; the patient in some cases being completely restored in the course of a few days."

METROPOLITAN CONVALESCENT ASYLUM.—A meeting of the above Institution was held this week in the board-room of the Society, Saokville-street, Piccadilly—Sir John Forbes presiding. The report for the past year stated that there were admitted into the asylum at Walton-on-Thames during the twelve months 1226 patients, of whom 848 were cured, 303 improved, 38 removed for Medical treatment, 9 left of their own accord, 1 had died, and 23 remained. The receipts during the past year from all sources were £2445 16s. 3d., and the expenditure £2,437 17s. 4d.

VALUE OF SEWAGE.—In a published letter to Mr. Coningham, M.P., Mr. F. O. Ward writes:—I would remind you, that to throw away the ammonia and phosphorus of the London sewage is virtually to throw away bread. Town sewage, which many engineers look upon as refuse to be discharged, I regard as property to be administered. The proper outfall for the London sewage is not this or that point of the river, or of the sea, but a suitable tract of land growing exhausting crops. Fifty farms of 1000 acres each might be raised in value at least £10 per acre per annum, by irrigation with the London sewage. This would produce £500,000 per annum, equivalent at 5 per cent. to £10,000,000 of capital. This ought not to be thrown into the sea.

RUSSIAN CASUALTIES IN THE CRIMEA.—A St. Petersburg letter says:—"Fresh and harrowing details have just been published of the casualties suffered by the Russian army during the war in the Crimea. It appears that in the affair of the Tchernaia alone, on August 16, 1855, there were 5048 wounded, among whom were 246 officers and 7 generals. At Fort Nicholas, where the first hospital for the wounded was organized, as many as 200 amputations were performed on a single day, and one Surgeon had often 500 patients to attend to. Most of the men who evacuated the Simpheropol Hospital died on the march homewards. These revelations, proving how defective the Russian military administration is, have made a great sensation in St. Petersburg."

DEATH FROM GLANDERS.—The awful death of Madame Palesikoff, one of the most charming among all that bevy of charming Russian ladies who sometimes gladden the winters of Paris, has created a terrible shock among the circles she so lately embellished by her presence. The unhappy lady left Paris but a short time ago on a summer tour to Germany. While stepping from the door of the opera house at Berlin, to gain her carriage, she let fall one of her bracelets close to the pavement. Stooping to pick it up, she noticed at the time, laughingly, that "one of the horses belonging to a carriage standing at hand had dropped his head so close to her face that he had touched her and left a moist kiss upon her cheek." In a few days the unfortunate lady was taken ill with that most horrible disease glanders, and in a few days more breathed her last, in spite of the attendance of the first Physicians of Berlin, and every resource to be obtained by wealth or by the ceaseless vigilance of friends.—*Court Journal.*

RE-VACCINATION.—Experiments have been made, under the direction of M. Vleminckx, to ascertain the results of re-vaccination. 262 persons, between 10 and 60 years of age, were re-vaccinated, and the following results obtained:—Of these, 180 had been already vaccinated, 82 had not; 67 had had small-pox. The operation succeeded only in 24; that is, in 9 per cent. Six of these 24 bore traces of former vaccination, and consequently the re-vaccination was of service only in 6 of the 180 already vaccinated; that is, in 3 per cent. 18 of these same 24 had had small-pox; so that the re-vaccination was successful in 18 of the 67 who had previously had small-pox; that is, in 27 per cent. These cases, therefore, show that re-vaccination is useful only in a very few cases; that the patient who has suffered from small-pox has more necessity for re-vaccination than he who has been vaccinated; that it succeeds better the more distant the time of the first vaccination; and that susceptibility to it does not occur before the age of 25. Hence re-vaccination before the age of 25 is useless; but it is of use in a very small number of cases between the ages of 25 and 35. After 35, it becomes necessarily and really a preservative influence.

IN RE JOHN SUTTON.—This insolvent, a young man, described as a student and assistant to a Medical practitioner, applied for a day to be named for a final order. A long examination was gone into upon the point of description, the insolvent having described himself as Dr. Sutton, and in his schedule stated that he had acted as assistant to Dr. Sidney Hall, now in Canada. The practice, which was one of a peculiar nature, had been carried on by the insolvent in Goswell-street, at 1, Upper Gower-street, and other places. Evidence was given that in a publication called "Quackery Unmasked" the insolvent, as Dr. Sutton, M.R.C.S., referred patients to 27, Great Russell-street, as his residence. It was suggested by the opposition that Dr. Hall was a mere *nominis umbra*, and that no such person existed. The principal witness was Mr. Daniel Blott, who, under the name of Phillips, had been assistant to the insolvent, who, he said, referred patients to him as Dr. Hall, the insolvent himself pretending to be Mr. Montague, the assistant. One patient came from Dublin, and paid a fee of 10 guineas, which the insolvent received, and subsequently obtained in addition a promissory note for 150*l.* from the same gentleman. In another instance he received 10*l.* and three 20*l.* bills from a gentleman. The witness professed his sorrow for having lent himself to such frauds, and added that he had obtained an indemnity from prosecution from the attorney for the opposing creditor. Mr. Gayleard, a tailor, and landlord of 27, Great Russell-street, was also examined. He said he became acquainted with the insolvent in Whitecross-street Prison, and had believed he was a Surgeon. About thirty or forty letters a-day used to come to the insolvent at his house under the name of Gilbert. The insolvent, who maintained that he only managed the business for Dr. Hall, said he returned the 150*l.* promissory note to the gentleman who gave it, and sold the three bills which had been spoken of to his mother for 50*l.* The learned Commissioner, after a sitting which lasted until after 6 o'clock, named the 2nd of August for the final order, when he should expect evidence as to the bill of sale, and would give his opinion upon the question of description.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·634 in.
Mean temperature	66·4
Highest point of thermometer	88·2
Lowest point of thermometer	51·5
Mean dew-point temperature	57·0
General direction of wind	S.W.
Whole amount of rain in the week	0·61 in.
Amount of horisontal movement of air in the week ...	440 miles.

Digitized by Google

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 17, 1858.

BIRTHS.

Births of Boys, 788; Girls, 796; Total, 1584.
Average of 10 corresponding weeks, 1848-57, 1408.

DEATHS.

	Males.	Females	Total.
Deaths during the week	593	580	1173
Average of the ten years 1848-57	500·2	476·0	976·2
Average corrected to increased population	...	...	1073
Deaths of people above 90	...	4	4
Deaths in 15 General Hospitals	29	17	46

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	4	9	8	16	5
North....	490,896	..	6	5	11	35	8
Central ..	393,256	..	5	9	4	23	6
East	485,522	3	17	25	20	28	8
South	616,635	..	15	25	18	29	8
Total..	2,362,236	3	47	73	61	126	35

TO CORRESPONDENTS.

A Clinical Lecture by *Dr. Budd* will appear on the 7th of August.

Mr. Flower's communication is in type, but unavoidably postponed.

Mr. Davey's case is in type.

Dr. Scott Alison's paper on the Causes of Consumption is unavoidably delayed until next week.

Mr. J. Wilson should send his address, and his question could be answered by a note.

Dr. Corfe's paper on the treatment of Diabetes shall appear in an early number.

M.D.—The cost of a trip to Carlsruhe, to the meeting of German naturalists, with expenses for a fortnight, by way of Paris and Strasbourg, need not exceed 10 or 12 pounds.

A Student.—Mr. Maunder's scheme is a good one, and offers great advantages to English Medical Students in Paris not conversant with the French language.

Mr. Cox. — Rogers's Carbonized Peat Moss has been used at the Samaritan Hospital, and found very useful in deodorizing the effluvia from offensive discharges.

ERRATUM.—In the list of gentlemen who took the degree of M.B., T.C.D., on July 6th, the name of Wm. *T*emple should be read instead of Wm. *S*emple.

HAND-FEEDING *v.* WET-NURSING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The admirable paper by Dr. Wegschieder, "On the Suckling and Feeding of Infants," published in your Journal of the 17th inst., is a very valuable production, deserving of deep consideration by Medical men, and by those scientific inquirers, who may be interested in solving that important question, "How ought infants to be fed?"

One statement in this "paper," however, seems to require explanation; the author says that, "Children brought up by hand are always during the early months, smaller, thinner, and paler, more liable to disturbance of health, and possessing less power of vital resistance, their mortality is at least double that of children brought up by the breast."

Now this is a very startling fact; but such an unfavourable result should be attributed to the true cause, viz. the prevalent ignorance as to the proper method of feeding infants.

Dr. Wegschieder seems to recognise the existence of this ignorance, for he glances at it incidentally more than once: it is, however, a matter that requires to be brought forward prominently with a view to a remedy, for it is one great cause, it might almost be said *the* great cause, of the high rate of mortality among our infant population.

But to return to the "paper:" we find the writer recommending as essential, "that the mother, or some trustworthy person, should superintend the feeding;" and again, "the Practitioner must himself watch carefully the effects of feeding."

Dr. Routh has lately published a pamphlet, in which he treats the subject of feeding infants in a very able manner; and introduces a chapter, "On the advantages and dangers of Wet Nursing," wherein will be found some cautionary remarks as to the choice of a wet-nurse, and the risk incurred in hiring such.

Tracts on feeding infants are published by the "Ladies' National Association for the Diffusion of Sanitary Knowledge," written in a simple, clear and popular style; these tracts are intended for distribution among the poor, and contain directions "On the Feeding and Management of Infants," "Rules for the Use of the Feeding Bottle," etc. etc. I would earnestly recommend these publications to the perusal of those who are studying the important subject of Infant Alimentation.

I am, &c. M.A.B.

ASSUMPTION OF MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to send you a part of the first page of a newspaper sent to me this morning by a friend residing at Wick. I am tempted to do so seeing that you gave in Saturday's *Medical Times*, an advertisement inserted in a country paper by a Dr. Watson; here is another of a more objectionable character than it.

My surprise was great, when, upon referring to the Directory, I find this man's name actually appears in the general list, with "See Foreign list" appended to it; he there styles himself "M.D., New York." Could it not be easily verified? and is it not the duty of the Editor of the Directory to do so before he inserts men of this character?

I am assured by a neighbour that he possesses no legal qualification whatever, that he belongs to the great Jew fraternity abounding in this neighbourhood, and living in the best houses in Bedford-square, and keeping the handsomest equipages about, whilst we poor legally qualified can scarcely earn bread to eat. I am, &c. K. W.

[The advertisement enclosed by our correspondent is that of a Dr. Watson, described in the Directory as a M.D., of New York. We are informed that the Editor of the Directory never inserts qualifications without the authority of the practitioner, or that of the lists of the various licensing bodies when such lists are published. If Dr. Watson is really a graduate of the University of New York, it would be well for that learned body to be acquainted with the unprofessional advertisements published by one of its alumni. It would be easy to write a letter to the authorities in New York asking information on the subject.]

COMMUNICATIONS have been received from—

Dr. ROBERT LEE; Dr. BUDD; Dr. CONOLLY; Mr. W. ADAMS; Dr. SCOTT ALISON; Dr. ROBERTSON, Edinburgh; Dr. MCWILLIAM: Dr. CORFE: Dr. MACLEOD, Glasgow; REGISTRAR GENERAL, Edinburgh; SECRETARY, GENERAL BOARD OF HEALTH; Dr. BARNES; Mr. DAVEY; Mr. G. COODE; M. A. B.; Mr. GREEN; Mr. RIVERS; Mr. MAUNDER; Mr. WHISTLER; Mr. SHAW; Mr. KEENE; REGISTRAR GENERAL; PRO BONO PUBLICO; A FATHER; Mr. W. HEATHCOTE; Mr. J. ENTWISTLE; Mr. J. ADAM; Mr. C. DANDY; Mr. W. INGRAM; Mr. R. PERREY; Mr. J. WORSLEY; Mr. M. F. MANIFOLD; Mr. W. COOPER; Mr. CROOK; Dr. RIGBY; Mr. WILLIAMS; Mr. H. SMITH; Dr. MOORHEAD.

APPOINTMENTS FOR THE WEEK.

July 24. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

26. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

27. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.
ZOOLOGICAL SOCIETY, 9 p.m.

28. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, p.m. Orthopædic Hospital, 2 p.m.

29. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

30. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday):—

Staphyloraphy; lithotomy; fistula in ano and stricture of the rectum. By Mr. Fergusson.

St. Thomas's Hospital.—The following operations will take place this day (Saturday), at one o'clock:—

Lithotomy (two cases), by Mr. Solly; lithotomy, by Mr. Mackmurdo; lithotomy, by Mr. Le Gros Clarke.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES

ON THE

CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE

Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.

Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE III.

OCULAR AND MICROSCOPICAL EXAMINATION OF HUMAN EVACUATIONS—CONSTITUENTS OF FOOD WHICH HAVE NOT BEEN DIGESTED—BODIES ACCIDENTALLY EATEN AND NOT DIGESTIBLE—CRYSTALS OF PHOSPHATE OF AMMONIA AND MAGNESIA.

GENTLEMEN,—With the view of deriving from the examination of a patient's motions such information as may lead you to an insight into the nature of the disease, it is advisable to begin by an ocular and microscopical investigation of their solid constituents, or anatomical elements; and to proceed afterwards by submitting the excreta to a process of analysis, which I shall describe in the following lectures. I do not propose to insist on the difference of colour, odour, or consistence of fæces in health and disease; and shall merely observe that the little we know of these characters has not yet proved to be of much assistance, except, perhaps, in a few cases, in the practice of Medicine.

The following is the method to be adopted in order to determine the various solid constituents of an evacuation. It is first to be gently triturated in a mortar for the purpose of effecting a perfect mixture of its elements; it must next be divided into two portions, one of which is set aside for the determination of its *immediate principles*, or substances it contains in solution, and the other is mixed with water, and submitted at once to a careful ocular inspection. By agitating the diluted excreta with a glass rod or a pestle, and crushing the concrete masses, a healthy motion may be noticed to contain pulpy bodies, woody fibres, masses resembling small shot, fragments of vegetable tissue, hard seeds, and bodies accidentally swallowed and undigestible. These are all to be removed by means of the forceps into a capsule, and then thoroughly washed with a stream of water from a washing-bottle; by this means the foreign matters are removed, and the substance is brought into a fit condition for being submitted to microscopical examination. I have thus been often able to detect in an alvine evacuation the yellow pulp of undigested carrots, the white fleshy substance of the potatoe, the paranchyma of a pear or apple, or the gelatinous pulp of unripe gooseberries. In one case I obtained the unmistakeable remains of fresh grapes. The pulp of the pear is easily distinguished from that of the apple, from its containing an infinite number of small hard bodies, varying in size from that of a particle of sand to that of middle-sized shot; they may be crushed between two glass slides, and when submitted to the microscope, are found to consist of a number of cells marked with lines radiating from the centre to the circumference. By cutting a thin slice of a ripe pear, and holding it before the light these bodies will be distinctly seen; they appear to be abundant, especially towards the centre of the fruit, and constitute what is called the gritty tissue of the pear. Quekett describes these cells, as exhibiting a distinct central cavity, with tubes radiating from it, the solid deposit contained within the cell being almost as clear and transparent as quarts, and reflecting light very strongly. These bodies are not digestible; and in a motion are usually found adhering to the pulp of the fruit; sometimes, however, they remain perfectly free: I have found them in both conditions. Woody fibres may be often observed adhering to the soft remains of vegetable food, as in the case of the apple, pear, grape, etc.: they assist in enabling to make out the nature of the fruit eaten. Seeds are also frequently noticed imbedded in the fleshy paranchyma of the remains of vegetable food. I have never succeeded in detecting starch corpuscles in the evacuation of a healthy adult, by the microscopical examination of the vegetable substances which had escaped digestion. Vesarg, whose researches I have alluded to in our previous lecture, had arrived at a similar result. This circumstance is easily accounted for from the known liability of starch corpuscles to be decomposed: when taken as food they remain for many hours in a moist medium at the temperature of the body, and under such conditions, in other respects, as favour their metamorphosis in the highest degree; we are consequently deprived of this means of determining the nature of the vegetable remains under examination. There are cases, however, where the starch corpuscles of amylaceous food pass undecomposed into the evacuation of the healthy individual; I have found in the motions of a young child about one year old a considerable number of arrowroot and rice starch corpuscles, its food having consisted partly of arrowroot and ground rice pudding. These corpuscles possessed their characteristic features, giving a blue colour when tested with tincture of iodine. The child was in perfect health, and I can only account for the phenomenon, by assuming that the digestive powers of children on amylaceous food are imperfect. At all events, this observation shows the importance of assisting as much as possible the digestion of food of this kind to be taken by children, by boiling it or cooking it thoroughly.

It is in this stage of the investigation that undigestible bodies accidentally eaten are detected, and with a little care those of the minutest description may be observed. Thus in one instance I found in a sample of excreta the sharp end of a needle, which had been broken off with the teeth, and accidentally swallowed; it was extremely minute, and required being dissolved in hydrochloric acid, and tested with ferrocyanide of potassium, for its presence to be determined. I have also observed in fæces pieces of sealing-wax, coal, and earth. A child whose bowels were seriously disordered, was found to pass in its motions quantities of earth it had eaten, and which had evidently been the cause of its illness.

In order to proceed with the examination of the evacuation, it is next to be mixed with an additional quantity of water, thoroughly triturated in a mortar, and allowed to stand undisturbed for a few minutes. The fluid portion being then decanted, leaves a residue which is to be similarly treated with another quantity of water, and so on. A few hours afterwards, by decanting the supernatant water in each vessel, a series of residues is obtained consisting of the various microscopical elements of the motion in a fit state to be submitted to the microscope. Certain of these bodies are almost constantly found in healthy human excreta. They are:—1. Flattened particles, possessed of a yellow colour, being irregularly striated with dark marks. 2. Muscular fibres, more or less abundant, but exhibiting clearly their characteristic structure. 3. Certain elongated bodies, resembling vegetable hairs, thickened and rounded at one end, and tapering at the other, with a minute canal running along their whole length. These bodies are evidently owing to the bread eaten, hairs having precisely the same structure existing on the husks of wheat. These hairs have been noticed in some instances to be matted together, and forming a peculiar kind of concretion. The peculiar interest connected with this part of my subject, induces me to read to you the following account of these intestinal calculi given by Quekett in his Lectures on *Histology*:—"The occurrence of intestinal concretions, of anomalous character and of no ordinary size, was at one time far from uncommon in this country, especially in the North of England and in Scotland, and many such specimens are preserved in the museum of the College of Surgeons. Some of them are of considerable bulk. One of these was brought to the College many years since, for the purpose of ascertaining its nature, and the *rationale* of its formation; Mr. Clift suggested that it might be in some way connected with the husks of the oat becoming mixed with the oatmeal, which forms a staple article of food among our northern countrymen; but it remained for the microscope to confirm and complete the explanation, and Dr. Wollaston proved, by the assistance of this instrument, the identity of the elements of these calculi with the hairs or setæ from the Palea of a recent oat. Calculi are sometimes formed by the accumulations of the hairs of the wheat husks, where brown bread is extensively used as an article of diet." It is the only residue from bread I have been able to find in evacuations; it may therefore be inferred that this element of food usually undergoes a very complete digestion.

Digitized by Google

The cold, which engendered disease, was not experienced in this climate only, it produced its baneful effects in India, Australia, and the West Indies. Damp was found greatly to aggravate the operation of cold. Besides, the patients who spoke of cold as being productive of their disease, 26 other patients referred their diseases to the action of cold and wet. Twenty-three of these were males and 3 were females. Many of the men who thus suffered had been exposed to wet in the course of their occupations.

From alternations of temperature 15 persons suffered; 13 were males and 2 were females. Of the men, 3 were bakers, 1 was a cook, and 2 were blacksmiths; of the females, one was employed in an open shop, and the other was a muffin baker.

Three men referred their disease to the cold they had experienced in working in cold vaults and cellars. One young lad stated that many of the men engaged in the same establishment (an ale and porter one), suffered in their health from the great cold. It is during the summer that the cold of vaults is most injurious. The temperature out of doors may be as high as 90°, while within the vault it may be as low as 60°. In general, no provision in the way of an increase of clothing is made by persons descending into vaults, though a precaution so simple as additional clothing, would be an almost certain protection. Though the author has not heard it from any Hospital patient, he may mention that in the docks of London cold is experienced in winter by the attendants to a very dangerous degree. The necessity of guarding against fire prevents the burning of coals within the docks, and the cold which the officials endure for hours is often sufficient to freeze the ink in their offices upon the quays. The necessity for increased clothing, occasional active exercise and fatty aliment is here very obvious. Some safe mode of warming might be adopted. That by heated water would surely be harmless. It is the more necessary to point out this evil, as from prudential motives the attendants themselves remain passive. In some patients it is probable that disease had already begun when the injurious operation of cold was first noted.

Gasiform agents were referred to by 11 persons, all of whom were males, as productive of their diseases. Two patients engaged in a patent candle manufactory, complained of acid fumes in the factory. Three attributed their disorders to coal gas. The fumes of naphtha injured one, while those of sulphurous acid proved hurtful to the other two. The vapour of turpentine was the provoking cause in two, and the smoke in a factory in one. Eight of these persons had pulmonary consumption. The other three suffered simply from congestion and irritation of the air-passages.

Five men suffered from the inhalation of dust. Two were millers, one was a soft stone hewer, and another was a labourer in a barn. Four suffered from severe pulmonary disease, and one from bronchitis.

Cotton particles and feather fluff produced disease in two young men, one a lamp cotton manufacturer, and the other a worker in feathers.

Excessive labour was a potent cause of disease: 30 suffered in this way, viz. 16 men and 14 women. The males were chiefly engineers, porters, watermen, and labourers, the females were nearly all laundresses and servants. Pulmonary consumption was common among them, but disease of the heart was above the average prevalence. Among the 30 examples of disease, there were 8 of important alteration of the heart, a very high proportion. While the rate per cent. of heart disease to the whole cases in which causes were assigned, is found to be 7·2; to the 30 cases caused by excessive labour it is no less than 26·6, affording further confirmation of the opinion that violent exertions are very favourable to the induction of heart disease. It is lamentable to think that disease should have thus overtaken, as it has certainly done, delicate females toiling beyond their strength for the maintenance of fatherless families.

It should be more known than it appears to be among the employers of artizans and labourers, that a vast amount of disease is produced among working people by the very violent and long-continued exertions they are called upon to make. A ship's cable is not more strained than the delicate organization of many of our people.

Violence was the exciting cause of disease in 9 patients, 6 of whom were males, and 3 females. The forms of violence were blows, falls, and severe bruises. One fine-looking man still in the army had a hepatized and contracted lung from a musket-ball received at the battle of the Alma. But these cases suggest nothing of material importance.

Sedentary occupation was referred to by five persons only, or ·53 per cent. of the whole number interrogated, as the cause of their illness. This fact goes to support the view that sedentary employment is in itself by no means the frequent cause of pulmonary disease it is commonly believed to be, and that its potency in this respect is greatly inferior to cold or wet. Sedentary employment in a pure atmosphere, and with a substantial diet, may almost be regarded as a protective against this class of diseases compared with occupations which necessitate exposure to all sorts of weather. Sedentary employment is chiefly operative in the production of chest disease when it is the ally of depressed spirits, unwholesome confined air, and scanty diet. The large number of young milliners and dressmakers who suffer from pulmonary disease, has been too readily accepted as evidence of the sufficiency of mere sedentary occupation to produce this form of malady. Many of the young women and girls following these occupations, who have been examined by the author at the Hospital, did not suffer so much from confinement to the house as from other causes. Many complain of cold and wet endured when sent out on messages in the cold season; and there is good reason to believe that cold bedrooms, scantily furnished, with ill-adjusted doors and windows, insufficiency of bed-clothes, the absence of bed-curtains in winter, and exposed shoulders, were infinitely more connected with the rise and development of their disease.

Of scanty food little was said by the patients as a cause of chest disease. Only five persons out of the whole 935 referred their disease to this cause. Many, however, as their disease progressed, and they became unfit for work, have stated that their treatment was much interfered with by the want of sufficient nutriment, and have on this account eagerly looked forward to the day when they would be admitted as inmates of the Institution. Though little, perhaps, entitled to consideration as a cause amenable to sanitary influence, it may be interesting to mention that fourteen persons ascribed their disease to grief and allied affections of the mind. Of this number only three were men. The forms of disease were heart affections and pulmonary consumption, there being three of the former and eleven of the latter. Two others, females, ascribed their disease to fright.

The excessive use of liquors containing spirits of wine was distinctly mentioned by twelve persons as the exciting cause of their maladies. They were all males. Gin was the offending beverage in most instances. The examples of disease were very grave. All had pulmonary consumption, and one had, in addition, very serious heart disease. Though only 12 gave this as the efficient cause of their illness, many with obvious bitterness of heart admitted, that excess in this direction had greatly operated in the ruination of their health. It had, in the first place, led them into situations where they had suffered from cold and exposure, and in the next it had made them indifferent to nascent disease. The anguish which they seemed to experience on discovering that it was now too late to amend, so far as health was to be considered, might well deter young men from the slightest compliance with a practice so fraught with every form of evil.

Four shoemakers ascribed their disease to pressure on the chest by the use of the last. Two suffered from pulmonary consumption, one from bronchitis, and one from organic disease of the heart.

Neglect and low diet in prison was most distinctly and emphatically stated by a young man to be the cause of his disease; and this cause is mentioned here, though only one person suffered from it, because of its importance, and if the statement be true, of the injustice and cruelty involved. It is not too much to say, that, if the statement be true, an act of cruelty has been perpetrated in the sacred name of English justice. A costermonger got drunk, became uproarious upon the street, was tried and confined in Cold Bath Prison for the offence. He was placed upon the wheel, and performed what he called drill. He had much less food than he had been accustomed to, and could have taken. His allowance was 6 ozs. of bread three times a-day, 2¼ pints of gruel per diem, 6 ozs. of meat twice a-week, and soup twice a-week. He was taken ill in prison, and neglected. The term of his imprisonment was one month. This patient had spitting of blood, and was in the first stage of pulmonary consumption. The interests of society and the demands of justice can alike

Digitized by Google

be respected, without placing a growing youth of 17 on an amount of food which must almost necessarily induce mortal disease, and deprive the sufferer of his health, the greatest boon that God has given, and in reality inflict, for a trivial offence, a punishment reluctantly awarded to the gravest crimes.

Exercitationes libidinosæ puerorum were specified as the cause of two cases of pulmonary consumption, one of bronchitis with nervousness, and one of palpitation of the heart. A boy of 16 stated that he had been addicted to improper practices at school, in common with many others. The other sex, he stated, were not guiltless of aiding and encouraging. The confessions of one and all were entirely voluntary, and not prompted in the slightest degree. They suggest careful surveillance on the part of schoolmasters, particularly where both sexes are taught in one institution.

Other diseases were mentioned by 92 patients as having proved the exciting cause of their present illness. Catarrhs, inflammation, pleurisy, influenza, hooping-cough and croup, caused 24 examples of disease of the chest. Fever, small-pox, scarlet-fever, and measles, produced 11. Acute rheumatism induced chest disease in 15 patients, of whom 10 were females and only 5 were males. The forms of chest disease thus produced were organic changes of the heart and its enveloping membrane and great vessels and pulmonary consumption. There were no less than 13 cases of heart disease, and only two of consumption. The fact of the striking predominance of heart disease, is in remarkable accord with the known tendencies of acute rheumatism, and it argues well for the general correctness of the information communicated by the patients at large.

Hereditary disposition was the only cause assigned by 19 patients; 11 were females, and only 8 males. 4 lost father and mother, 4 father, 2 mother, and one mother and grandmother. The others lost brothers or sisters, or both, all by pulmonary consumption.

This part of the inquiry is very imperfect; for though predisposition was mentioned as a cause by only 19 out of the above 936 patients, it was ascertained that a very considerable proportion had lost very near relatives both by consumption and heart disease. One patient who assigned no cause, had lost 10 brothers and sisters by consumption. It is proposed on another occasion to make the facts ascertained the subject of further consideration. The author would merely remark that the strongest possible predisposition, measured by the number of deaths, seems to have required for its development into active disease the presence and operation of an exciting cause, which is indeed a circumstance of great encouragement; for this at least may be avoided. On the other hand, it appears that no freedom from predisposition, however perfect, ascertained by the utter ignoring of consumption in the family history, has been sufficient protection against the deleterious operation of cold, exposure or dissipation. While the one fact may encourage the predisposed, the other may well prove a warning to the healthy. That predisposition may lie dormant for many years, or during the whole course of life, with moderate care, is sufficiently proven by the facts before the author.

This important fact may assure the minds of persons predisposed to consumption, who may be about to marry. Where the predisposition exists on one side only, little apprehension need be entertained if strict attention be paid to the avoidance of occasional causes of disease. This avowal may do good, and can do no harm; for few will resist on grounds of what will appear distant good, the powerful sentiments which make men acknowledge the truth that it is not good man should be alone, while it may impart comfort and assurance to the mind of those already joined in wedlock, or determined to incur its responsibilities.

With respect to the exciting causes of disease in the 332 who could not specify them, the author is greatly disposed to believe that a large proportion of them were the ordinary forms of cold and exposure. The excited action in the lungs, at least necessary for the induction of tubercle, is moderate, and sudden reductions of temperature experienced particularly by the upper parts of the body, such as the head, neck, and shoulders, are amply sufficient to produce it, while the little cough and tightness of the chest, and the sensations of malaise at first experienced, are disregarded.

Congenital malformation was discovered to be the cause of great suffering in a child, one of these 332. The pulmonary arteries came from the aorta. The heart was formed on the plan of that of the serpent.

The chief causes of chest disease discovered in this inquiry have now been referred to. Some encouragement may be drawn from the view which regards predisposition as almost incapable of independent activity, and the chief exciting causes to be cold, exposure, over-work, and depression, all of which are of a preventible and avoidable character. And it is to be borne in mind that the exciting primary diseases which have been enumerated, such as rheumatism, for the most part also proceed from cold.

So much for the development of chest disease. One word on the treatment of its most common form—Pulmonary Consumption. It is with it as with cholera: when greatly advanced Medical treatment is of little avail; but at its commencement much may be done. In its early stage the disease is certainly, in a great proportion of cases, capable of complete arrest; and it is certainly as amenable to Medical treatment as many other diseases.

The current belief in the incurability of pulmonary consumption has arisen from the practice of not regarding the disease as pulmonary consumption at all, until it has advanced to its second or third stages, when the delicate structure of the lung has been completely broken down, or actually expectorated. In its early stage, the curable one in this as in other diseases, the malady has not only been not treated—it has been ignored. But do we ignore diseases of the brain, of the stomach, of the liver, or of the eye, until those organs are softened, become the seat of purulent secretion, or—dead and corrupted—are expelled from the body?

Pulmonary consumption, recognised as such in its earlier stages, promises in reality to be ere long—what audacious empirics with the light of coveted and filthy lucre have declared consumption in all stages—a curable disease. The discovery of percussion by Avenbrugger, of the science of auscultation by Laennec, and the researches in physical diagnosis of modern physicians, have rendered the observation of chest disease about as clear as that of skin disorders. The steps we make in the detection of the slightest departure from the healthy condition of the thoracic organs, by means of faculties sharpened by practice and education, and assisted by recent physical aids for the appreciation of sound, of motion, and of form, excite the hope that Medical science will shortly achieve in this quarter results as important as those which have lately rendered marvellous the progress of electrical and anæsthetic knowledge.

But the chief security of society against a class of diseases, which, as before stated, destroyed in one year, 1855, in England and Wales, 116,032 persons, lies in the efforts of the friends of public health. Their efforts in the way of prevention must be guided by a knowledge of causes, and it is hoped the present communication may prove of some little value in this direction.

A PECULIAR FORM OF DIFFUSED HYDROCELE,

WITH TUBERCULAR PERITONITIS, SIMULATING STRANGULATED HERNIA.

By W. H. FLOWER, F.R.C.S.,

Surgeon to the St. Marylebone General Dispensary, Demonstrator of Anatomy in the Middlesex Hospital School of Medicine, etc.

James D., aged five, a delicate-looking, fair-haired child, was brought to the St. Marylebone General Dispensary, in March, 1858, in consequence of a tumour having been discovered in the left side of the scrotum. The history given was that, though previously a healthy child, he had for several months been falling away in health, strength, and appetite, and his abdomen had been increasing in size. The swelling was observed for the first time while washing him on the previous Saturday evening, and certainly did not exist on the Thursday before; it generally disappeared when he lay down, and presented the usual characters of an easily reducible inguinal hernia, but no testicle could be felt: the absence of this organ had been previously remarked by the parents of the child. On the right side the testicle was of the usual size and position. He was ordered to wear a truss, and was not under observation again until the 20th of May,

Digitized by Google

when I was called with Mr. J. Z. Laurence to visit him at the house of his parents. We found him extremely weak and emaciated, and complaining of severe pain in the abdomen, which was distended, tympanitic, and tender throughout; and we were informed that about a fortnight before the truss had been left off, in consequence of its chafing the skin, and that, for the last ten days, the "rupture" had been down, and resisted all attempts on the part of the parents to reduce it, although before that time there had been no difficulty in doing so. Frequent vomiting of green, bilious-looking fluid had come on yesterday, and continued to the present time, but had not assumed a stercoraceous character. The bowels had been irregular, but a motion of hardened fæces was passed early this morning. The swelling in the scrotum was found to be rather larger than a pigeon's egg, hard, inelastic, smooth, oval in shape, and becoming much narrower as it approached the abdominal ring, where it appeared greatly constricted. It was translucent to candlelight; but as the effort to cough was more than the child could bear, it could not be ascertained whether there was any impulse. Handling it appeared to give rise to much pain, but an attempt was made at reduction by the moderate employment of the taxis, combined with the warm bath, without producing any diminution of its size or tension. The case now presented so many of the features of strangulated hernia, that the question of the propriety of an operation arose; but in the absence of more conclusive evidence as to the existence of intestinal obstruction, and in the feeble and exhausted condition of the patient, with the suspicion of tubercular disease in the abdomen, any Surgical interference was considered unadvisable; and the child, continuing to grow weaker, died on the 24th, having previously had the bowels several times freely evacuated.

On *post-mortem* examination, the body was found to be quite destitute of fat, the abdomen large and tympanitic, and the scrotal tumour presenting the same external characters as during life. In dissecting it, after removing the skin and superficial fascia, a smooth shining pyriform body was exposed, covered by the cremasteric fascia: when an incision was made into the lower part of this, a quantity of serum escaped from the meshes of a reddish areolar structure, which occupied the lower part of the tumour, and when collapsed appeared like a band lying outside and below the tunica vaginalis, extending downwards from the lower end of the testicle, and widening out and losing itself in the bottom of the scrotum, being in fact the central portion of the gubernaculum; hence the swelling was a diffused hydrocele, formed by the infiltration of the gubernaculum, and some surrounding cellular tissue, and retained in its shape by the proper coverings of the cord, but differing from ordinary hydrocele of the cord, by being situated altogether below the testicle, which organ was found lying in the upper part of the inguinal canal. The elements of the cord appeared to have been displaced and spread out, as if by continued pressure upon them; the vas deferens passed down to about an inch below the lower end of the testis before it turned up again, behind the gubernaculum, to join the epididymis. The gland itself was smaller and more flaccid than that on the right side, its substance was paler and tougher, and its tubular structure less distinct, the tubuli being atrophied and imbedded in much fibroid and nucleated tissue. Both the testis and epididymis were more elongated and separated from each other than usual. The tunica vaginalis was enlarged into a sac extending into the scrotum below the testicle, and freely communicating upwards with the general peritoneal cavity, the opening at the internal ring readily admitting the index finger, though there were some bands of very soft recent lymph around it. Although no part of the bowel at present occupied this pouch, the appearance of its internal surface, and the patency of the ring, gave every indication of a congenital hernia having existed. On the right side the testicle was quite normal in appearance and situation, and the communication between the peritoneum and the tunica vaginalis perfectly obliterated.

The whole of the intestines were distended with flatus, and were adhering to each other and to the parietes of the abdomen by flakes of recent and partially organized whitish lymph. The peritoneum lining the abdominal walls and covering the intestines, was thickly studded with roundish patches of a yellow colour, varying in size up to that of a split pea, or larger, owing to the coalescence of smaller ones; each was surrounded by a plexus of injected vessels, and was formed by a deposit in the subserous tissue, slightly raising the peritoneal surface, and presenting both to the naked eye and microscope the usual characters of tubercle.

A review of the symptoms presented by this case during life, taken together with the appearances observed after death, will, I think, lead to the conclusion that, when first seen, a so-called "congenital" hernia existed. I regret not having made more particular notes at the time of the appearance of the tumour, and especially as to the impulse on coughing; but I have a distinct impression that this sign was present, as both the examination of the patient and the history given left me no doubt of its being a rupture,—an idea which the post-mortem examination of the tunica vaginalis quite justifies. During the period of two months, when the child was not seen, the hernia appears to have been replaced by the hydrocele. The mode of origin of the latter disease is somewhat obscure; but the following passage from Curling ("Practical Treatise on the Diseases of the Testis, &c.," p. 199) may assist to throw some light upon it:—"This affection (diffused hydrocele of the cord) is said to have been induced by the pressure of a truss applied for the cure of an inguinal hernia." Following out this idea, it will be seen that, in the above case, the irritation caused by the pressure of the truss was so great as to render it necessary to leave it off, and the point on which the greatest pressure would be, was exactly that which became the seat of the serous infiltration. From whatever cause arising, diffused hydrocele of the cord, even in its ordinary form, is a rare affection; but the peculiar variety of the disease above described, combined with undescended testicle, congenital hernia, and tubercular peritonitis, gave to the case an extremely interesting character in a practical point of view, and rendered the diagnosis, and consequently the line of treatment, a subject of considerable difficulty. Here was a tumour bearing an exact resemblance to strangulated hernia both in its history and appearance; so much so, that even after exposing it, by the removal of the skin, the difference could not be told (a circumstance to which the position of the testicle in the upper part of the inguinal canal greatly contributed) in a patient obviously suffering from peritonitis, with severe and frequent vomiting; but, on the other hand, though without being able to decide upon the exact nature of the case, the evidence of obstruction of the intestinal canal being not conclusive, and more especially for reasons before mentioned concerning the general condition of the patient, it was considered not one for operation, and, as the event showed, justly so; for it is clear that any such proceeding would only have accelerated the inevitable termination.

CASE OF COMPOUND FRACTURE OF THE SKULL.

COMPLETE REMOVAL OF BOTH FRONTAL SINUSES.—RECOVERY.

By NORRIS F. DAVEY, Esq.

Martha Sutton, aged 11½ years, a healthy girl, in service at a farm-house, on Upminster Common, received a kick on the forehead from a horse, on the evening of the 6th of May, 1852: she was picked up apparently in a dying state, insensible, and vomiting large quantities of blood from time to time.

My friend, Mr. Charles Butler, of Hornchurch, was sent for, and finding a compound fracture of the skull with depression, requested my attendance.

I found her in bed, partially sensible, pupils widely dilated, countenance pallid and collapsed, pulse very small and irregular in frequency.

A large clean semicircular cut, corresponding to the shape of the horse-shoe, occupied the forehead: it was exactly symmetrically placed, its convexity uniting the eyebrows, and its cornua extending nearly to each temporal ridge: the convex flap was considerably retracted, exposing to view an extensive fracture of the frontal bone with depression.

There were three distinct lines of fracture horizontally; a central one corresponding to the line struck by the horse-shoe, and passing just above the superciliary ridges; an upper one an inch higher; and a lower one crossing the nasal tuberosity at its lowest part. Laterally, the fractures extended to within half an inch of the extremities of the scalp wound.

Digitized by Google

The broken portions of bone shelved down to the central line of fracture, where they were depressed rather more than half an inch, and were firmly wedged in their new position.

The left supra-orbital nerve was stretched across the chasm thus formed, apparently uninjured. All bleeding had ceased. There appeared to be no injury elsewhere, the vomited blood having no doubt been swallowed.

As it was evident that the patient must die if the bone were left in this state, we determined to give her the chance of an operation. Finding it impossible to move the fragments, I proceeded to cut through the depressed bone with Hey's saw, a little above, and again a little below the central line of fracture; this being done the bones were easily raised, but, proving to be almost completely detached, I removed them altogether: many smaller pieces were also found to be more or less separated from their attachments, and were taken away lest they should become necrosed, and cause subsequent trouble. The dura mater was lacerated in several places by the sharp points of bone; one piece impacted in it was removed with forceps; no blood appeared to be effused beneath it.

Immediately upon the removal of the bone the girl became more sensible, and cried feebly. The wound being thoroughly free from particles of bone, and the dura mater sponged clean, I brought the integuments together accurately with five sutures, and some strips of adhesive plaster; a lint compress, and a lightly applied bandage completed the dressing. We gave her a dose of calomel, to be followed by castor oil, and ordered her to be kept in perfect quietude and darkness, on low diet.

It is unnecessary to detail her daily progress to recovery the whole wound united by the first intention, the sutures were removed on the fourth day, and on the fourteenth day when I went to see her, I found her out of doors. For a considerable time she was obliged to wear a shield of tin covered with leather to protect the forehead, as pressure upon the pulsating gap caused giddiness, headache, and sickness.

I have lately had her under my observation as nurse in a family near Romford, and find that the chief consequence of the injury is a very considerable loss of memory. She can now bear firm pressure on the forehead without sickness or uneasiness, although the gap is a very large one, and pulsates visibly.

Upon examination of the fragments of bone removed, they were found to comprise the whole of both frontal sinuses, the nasal tuberosity, and a large portion of the right supra-orbital ridge and roof of the orbit.

I have reported this case at the present time as it will probably possess additional interest if read in connexion with Mr. Hewett's valuable lectures on Injuries of the Head.

Romford June 9, 1858.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

RECOVERY FROM TRAUMATIC TETANUS.

(Under the care of Mr. CURLING.)

[Reported by Mr. RUTTLEDGE, late House-Surgeon.]

Cornelius Macarthy, aged 45, a labourer, was admitted into the London Hospital under the care of Mr. Curling, April 26, 1858, with an injury to the left foot, which had been crushed. There was much laceration of the soft parts of the dorsum of the foot, and the second and third metatarsal bones were fractured: the parts were in a dirty condition. Mr. Curling saw the man when he was admitted, and ordered the application of a linseed poultice, and directed the patient to take milk and beef tea. The wound progressed favourably under this treatment. On April 29th he had middle diet, and on May 1 full. Healthy granulations had now appeared.

10th.—Slight constipation. To take haust. domest. ʒiss, and wet lint to the wound.

12th.—The patient complained of having caught cold. About this time tetanus was prevalent in the Hospital. The patient was seen in the afternoon by Mr. Curling, who found a slightly anxious countenance, a wrinkled forehead, a peculiar frown, the eyebrows were arched, and the angles of the mouth were a little elevated, the jaws could not be separated to their full extent, although the oral fissure was considerable, the cervical movements were constrained, which induced the patient to believe he was suffering from an ordinary stiff neck. There was no well-marked tension of the recti abdominis muscles, but the patient experienced some pain near the xiphoid cartilage, and there was likewise difficult and painful deglutition, but not to a considerable extent. I may state that there was no tonsillitis, as I have known a symptom of this disease mistaken for trismus. The pulse was small and quick, and the skin moist. Before Mr. Curling saw the patient he had tr. opii ɱxxx. and enema com.; no action of the bowels followed, therefore Mr. Curling ordered him to have ol. croton 8thj. statim, et rep. post hor. ij. si opus sit. (a second dose was needful), and likewise to take tr. opii. ɱxl. Mr. Curling requested the House Surgeon to place the patient under the influence of ether; and as he (the House Surgeon) had failed in two previous cases to induce anæsthesia, Mr. Curling introduced him to the late Dr. Snow, who kindly volunteered to exhibit at the Hospital his mode of etherisation, and also to lend his apparatus. Dr. Snow therefore attended at the Hospital in the evening, and at first failed to produce anæsthesia; the ether was then examined, and found miscible with water; it was afterwards ascertained to have been kept for some time, and had undergone some change, which had destroyed its anæsthetic properties. A fresh supply of ether was obtained; in twenty minutes, with ʒiij. of ether, anæsthesia was produced, known by insensibility of the conjunctivæ.

The inhalation of the vapour of the ether appeared to have an irritating effect at first. The patient moved about, somewhat impeding the use of the inhaler. Dr. Snow was careful to have a large admixture of atmospheric air. After the patient had inhaled the ether for about five minutes, the excitable stage was very violent. There was an intensely-exaggerated risus sardonicus, and every muscle in the body seemed to be in a state of spasmodic rigidity; but as the anæsthetic influence increased, the rigidity slowly disappeared, and profuse perspiration followed. The pulse in the early stage became more full, but subsequently resumed its usual condition, or rather slower. When the patient was fully under the influence of ether, all muscular rigidity had passed away.

The patient remained under the influence of the ether for about thirty minutes; he then expressed himself as somewhat better, but he did not feel inclined for sleep. He was ordered tinct. opii ɱxl. h. s. s.

13th.—The nurse states that he slept about four hours during the night. He was at once ordered to take tinct. opii ɱxxx. (9 a.m.) Mr. Curling saw the patient at his visit. He ordered B. T. Oiij., beer Oj., and also tinct. opii ɱxl. 4tis horis, and to continue the ether. The tetanic symptoms were not so well marked to-day. The ether was used as before, with a similar effect. The patient slightly objected to its use, as he complained of some undefined uncomfortable feeling from it. No narcotic effects ensued from the use of the opium. The patient had haust. domest. ʒiss., as the bowels had not been relieved.

14th.—The patient had obtained some sleep during the night, he had a somewhat restless and excited appearance, and the tongue was slightly coated. He complained of an uncomfortable feeling in the abdomen, which he attributed to the non-action of the aperient draught. He also complained of some difficulty in passing water. There was no increase of the tetanic symptoms. He was ordered to continue the tinct. opii, and to have another aperient, haust. domest. ʒij. The bowels were relieved in the afternoon, and the patient said he was able to pass water better, and that the uncomfortable feeling was relieved. I should state that, during the night, the patient was not awakened, and therefore did not take the tinct. opii. The ether was used in the evening with similar effects. The patient appeared to be more accustomed to its use, and did not complain.

15th.—The patient appeared to have been affected by the opium, the pupils were contracted, and he was very drowsy; it was therefore omitted. He was unwilling to take nourishment; the bowels were confined, and he again complained of painful micturition. The ether was not used this evening as the patient was asleep.

Digitized by Google

16th.—The tetanic symptoms were slightly increased, the oral fissure was not so wide, and there was more anxiety about the countenance; the skin was moist. He was ordered to take tr. opii. ♏xl. statim., and to continue it every four hours. The ether was administered in the evening, with like results.

17th.—He was more depressed to-day. There was no alleviation of the tetanic symptoms, and he was uncomfortable, as the bowels did not act, and the painful micturition again troubled him. Mr. Curling ordered for him wine ʒxiv. eggs ij., and haust. domest. ʒiss. This did not operate, and was repeated in the evening without any effect. The ether was again used.

18th.—Enema cum c. ol. ricini ʒiss. was used, and a free evacuation obtained. The patient expressed himself as much relieved. The ether was again used as before.

19th.—The patient was improved; he had lost some of the facial anxiety, and appeared more cheerful. The tinct. opii. was omitted.

20th.—He continued to slowly progress. A bread poultice was applied to the wound, as it presented a somewhat unhealthy aspect. The ether was again used.

21st.—The patient complained of abdominal pain, and of difficult micturition. Enema commune was used without any relief. Ol. crotonis 8thj. was then ordered, which procured a free evacuation, and an alleviation of the pain.

22nd.—The ether was used again. Great improvement was visible in the patient. There was free motion of the lower jaw; but there was left some wrinkling of the forehead, and also arching of the brows.

23rd.—Constipation was again troublesome: it was relieved with ol. ricini ʒiss. The patient had a slight cough, which interfered with his rest at night. Mr. Curling ordered him to take P. Doveri gr.x. c. pil. scillæ co. gr.v. o. n. h. s. s.

24th.—The patient had obtained relief from the pills. He was gradually improving.

26th.—For constipation he took ol. ricini ʒiss.

27th.—He complained of hunger, which was satisfied with a mutton chop daily. The tetanic symptoms had now disappeared entirely, and there was only a small wound upon the dorsum of the foot, which healed in a few days, and the patient was discharged cured.

ST. THOMAS'S HOSPITAL.

TRAUMATIC TETANUS.
TREATMENT BY NICOTINE—RECOVERY.

(Under the care of Mr. SIMON.)

[Reported by Dr. CLAPTON.]

John Hunt, aged 32, a servant, was admitted 5th May, 1858, with an irregular wound of the left hand extending across the palm from near the root of the thumb to the mass of muscles covering the metacarpal bone of the little finger. The wound was an old one, having been inflicted a week previously by a fall upon a scythe. It had evidently implicated the palmar arch, for at the time of the accident he lost a large quantity of blood, and fainted. The wound had, however, gone on favourably up to the day of his admission, when he again bled to syncope, and on his arrival at the Hospital was found in a very anæmic state. The edges of the wound were thick, and showed but little disposition to repair. A compress and cold were applied, and the arm kept in an elevated position. He was put upon meat diet and porter. During the following three or four days bleeding occurred several times; it could not be commanded by compression of the arteries at the wrist, but was at last finally stopped, by placing the well-padded palm between two flat pieces of wood drawn tightly together at the ends. This was removed in the course of twenty-four hours. After this he had no unfavourable symptom until May 12, when he complained towards evening of pain and stiffness about the chest and shoulders. Was ordered hydr. chloridi gr.ij., pulv. ipecac. co., gr.x., horâ somni.

13th.—Passed a tolerably comfortable night; pain somewhat easier; bowels not open. To have hydr. chloridi gr.iij., and afterwards a black draught if required.

14th, 9 a.m.—He now complains of uneasiness about the fauces, and last night had slight twitchings of the arm; the hand, too, feels stiff and uncomfortable; the bowels were well relieved yesterday after the purgative medicine.

1 a.m.—The above symptoms are hourly increasing, and, moreover, there is great difficulty of swallowing, and rigidity of the muscles of mastication. Muscular spasms of the affected hand and arm are very frequent; pulse eighty-eight, irritable but compressible; respirations eighteen per minute (when he is free from the spasms). He was now ordered to be put under the influence of nicotine. At first, one-twelfth of a minim was given hourly, combined with a teaspoonful of brandy and a desert-spoonful of water. The dose of nicotine was gradually increased until in the evening it reached one-sixth of a minim hourly. The effects of this alkaloid appear to be very transitory; it first produces giddiness, profuse perspiration, and nausea, and together with these a slower and feebler pulse, and marked alleviation of the muscular spasms. After the lapse of a few minutes, however, generally about a quarter of an hour, the pulse becomes fuller and stronger, the face flushed, and all the tetanic symptoms as severe as ever.

15th, 8 a.m.—The tetanic rigidity about the neck, jaws, and back, is hourly increasing, and the muscular spasms of the hand and arm come on about every half hour, and are more severe. He had no sleep during the night, for the moment he begins to dose off he is roused up by very frequently repeated sharp twitches of the arm. He takes nourishment very well in spoonfuls, which was ordered to consist of beef-tea, arrowroot, and brandy. Pulse eighty-four, strong, full, and regular; respirations twenty. The nicotine was increased to ♏ss, and then ♏ss every half-hour; but in the afternoon the dose was lowered to ♏ss, and given hourly, as it produced faintness and sickness, and the latter symptom was the more necessary to be avoided, inasmuch as it was very difficult and tedious for him to get rid of the fluid contents of the stomach from his mouth. The contraction of the jaws is complete, and deglutition painful and difficult.

Vespere.—Complains of more pain in his back; spasms more general over body; those in the arm and jaws are very severe, and occur about every twenty-five minutes; bowels not open; to have a common enema.

16th.—Slept for some little time during the night, when the spasms, although they came on even more frequently, did not wake him. He has been sick two or three times; takes his food very well; enjoys most his tea and brandy; to have only ♏ss of nicotine every two hours.

Vespere.—No sickness since the dose was lowered; paroxysms frequent and severe, but not more so than they were; pulse seventy-eight; continues to take plenty of nourishment; bowels not open; repeat enema.

17th.—Very little change; slept somewhat better during the night; the paroxysms are more frequent, but not quite so severe. The wound is going on favourably, but the two inner fingers are very stiff and contracted, and there is intense aching pain up the arm. He is now having nicotinæ ♏ss hourly.

18th.—To-day he expresses himself as somewhat more comfortable, and can open his mouth very slightly. Pulse 72, more feeble. Perspiration still very profuse after taking the nicotine. He is paler, and more anæmic. The bowels are opened daily by means of a clyster. Takes sufficient nourishment, and during the day about ten ounces of brandy. Ordered to continue the nicotine, and to have ferri. sulph. gr.vii. ex aquâ ter die.

19th.—No great alteration as regards the tetanic symptoms. His face and eyes have a somewhat jaundiced hue, and his breath is very foul. Bowels not open. To have four grains of calomel directly, and a purgative enema afterwards.

20th.—Passed a very restless night, for the reason that directly he sleeps the rigidity of the maxillary muscles becomes relaxed, but the spasmodic paroxysms being more frequent causes his tongue to be severely bitten. To-day he has slight opisthotonos, but less pain and spasms in the hand and arm. Wound going on favourably. Bowels well relieved after the calomel. Motions very offensive.

Vespere.—The tetanic spasms are more and more extending to the muscles of the back and abdomen, the paroxysms occurring about every three minutes, but only of momentary duration. Perspiration very profuse. Pulse 88, weaker, more irritable, and often intermitting. Up to this day he was always benefited obviously by the nicotine, but it is now found that he is decidedly better after taking brandy alone than after nicotine, so that the latter was ordered to be omitted alto-

Digitized by Google

gether, and the steel to be continued, together with about twelve ounces of brandy daily, and various articles of nourishment at frequent intervals.

21st.—The pulse has risen rapidly since leaving off the nicotine, being now 112. The tetanic spasms are gradually extending downwards, and now affect the thighs; opisthotonos increasing. The patient is continually calling out for some one to press down forcibly his chest and abdomen, which he says not only keeps the back from being excessively arched and stiff, but materially relieves the pain of the crampy seizures. One dose of the nicotine draught, containing m½, was tried to-day, but the pulse became directly more feeble and intermitting, and the opisthotonos increased, so that it was not repeated.

22nd.—Passed a restless night, but says he feels decidedly better, and is always easier for a short time after taking the brandy. Requires an enema daily. Continues to take the steel draught, brandy, and sufficient nourishment. The spasms occur about every quarter of an hour, and chiefly affect the back and lower extremities.

23rd.—Slept very well last evening, but not during the night. Hand more painful, but wound healing nicely; fingers much contracted. Opisthotonos considerably better. The cramps are now only in the legs, but there are frequent "catches" in his breathing, with hiccough.

24th.—Decidedly better in all respects.

25th.—Spasms only about every half hour, and much less severe. There is, however, rather more tonic contraction of the muscles of the back, though not more pain, and he sleeps very well. Pulse ninety-eight.

27th.—Still daily improving; this morning his chest, abdomen, and legs became covered with sudamina. From this time the patient gradually recovered. Occasionally, indeed, the symptoms were aggravated without any obvious cause, but only for a few hours each time. During these periods the pulse was invariably quicker and intermitting, and the breathing more rapid; but it was not found necessary to alter the plan of treatment, and all went on favourably. It was on the evening of the 23rd (the twelfth day after the first appearance of the tetanic attack), that a decided change for the better took place, and from that time all misgivings as to a fatal result were at an end.

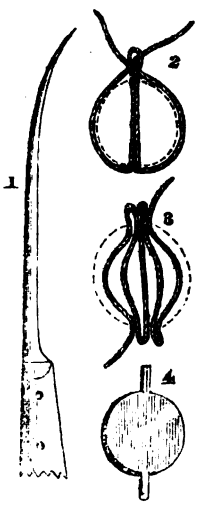
July 26.—The man is still in the Hospital, but quite well, and up about daily. No contractions remain, but he complains of still feeling some soreness in the muscles which were affected.

KING'S COLLEGE HOSPITAL.

SUBCUTANEOUS LIGATURE OF EXTENSIVE NÆVI MATERNI.

(Under the care of Mr. WOOD.)

The subject of this case, a female infant, aged fourteen months, has been under observation during the last two months. Various parts of the body, chiefly the head, neck, and right leg are affected, and present every variety of gradation from the superficial, raised, nodulated tumour, to the purely subcutaneous nævus, in which the true skin is entirely unaffected. On the right parotid, a little below, and in front of the ear, is a tolerably defined, entirely subcutaneous tumour, increasing steadily, and somewhat rapidly of late, and swelling out largely when the child cries. On the back and side of the neck on the same side are two other tumours elongated transversely, and showing on the surface a greater implication of the true skin in the malformation. On the same side of the head and temple the skin is thin, translucent, and drier than natural, as if from the want of the sebaceous secretion, and it is traversed by numerous enlarged veins and capillaries. This condition reaches upon the upper eyelid, that of the true nævoid tumour, enlarging during lacrymation. On the right buttock, and extending down the thigh, is an irregularly-shaped, raised, nodulated, red, nævoid excrescence, of the usual well-known appearance. A less degree of this condition affects also the labia pudendi and nymphæ. On the face and neck it is very desirable, if the skin be little implicated, to constrict the malformed tissue without loss of skin, and with as small a permanent cicatrix as possible. To attain this end, Mr. Wood has devised and practised with uniform success on several cases during the past year, the following subcutaneous knot. Its explanation will be best understood by reference to the accompanying diagram. A strong needle (fig. 1), with a short open curve, and mounted on a handle, with its flat surface in the plane of the curve, and a shoulder on the concave side only, to facilitate the raising of the point through the skin, is armed with a single piece of strong, well waxed and greased ligature thread. This is the only apparatus required. The needle is first passed close under the skin around one-half of the base of the tumour, as far as the opposite end of its diameter or pole, where the point is pushed through the skin. One end of the thread is then disengaged and left, and the needle, still bearing the other end, withdrawn. Then the tumour being well pinched up from the subjacent structures by the finger and thumb of the left hand, the needle is again passed through the first opening, under and across the base of the tumour, and its point protruded a second time at the opposite puncture. This time a loop of the ligature is left behind, when the needle is withdrawn. Still bearing one end of the thread, the needle is now passed round the remaining half of the circumference of the tumour, close to the skin, and through the openings previously made. The end of the thread is now entirely disengaged, and the needle withdrawn. We have now the two free ends of the string and a median loop protruding from the opening last made, *i. e.* that opposite to the point of entrance of the needle (fig. 2). Each of the ends is then passed through the loop in opposite directions, so as to cross within it exactly in the same way as in the ordinary "clove-hitch." This prevents the loop receding as the string is tightened. This being done, the ends may be tied in a bunch, or loop-knot, so as to be readily braced up, and re-tied from time to time, as the tumour shrinks in the process of cure. The skin is slightly puckered between the two punctures on tightening the ligature. No part of the latter is seen except the final tie, as it sinks entirely out of sight at the point of the first puncture. One or two drops of blood escaped during the operation. Two small sloughs usually form in the track of the ligature, and easily escape on the final withdrawal of the latter, which can usually be accomplished by traction, at the end of eight or ten days. The isolated portions of the tumour seem to shrink, and become consolidated into fibrous tissue, the vascular connexion with the superjacent skin being insufficient to keep up the nævoid dilatation of the vessels. Some months ago the strong nitric acid had been applied to the nævi on the buttocks in the above case. This, though effectual in destroying the growths, had caused such a painful, slowly-healing sore, that the parents strongly objected to its reapplication. Accordingly, about a month ago, Mr. Wood operated upon a portion of it in the following manner:—Worsted threads, soaked in a strong iodine paint, were passed, by means of a blunt needle, superficially through the nævoid skin, by means of two opposing punctures, as in the preceding operation, but so as to traverse the growth in the lines of longitude (as seen in fig. 3), and left in loops at each puncture. A flat piece of wood, of the size and shape of the part operated on (fig. 4), covered with sticking plaster, and furnished with two opposing projecting points, was then placed upon the nævoid surface. Over the projecting points the loops were passed, and the threads tightened and tied, so as to exercise a considerable amount of pressure, and the whole covered with sticking plaster, pad, and bandage. Complete obliteration of the nævus at the part operated on was the result in about a fortnight or three weeks, with trifling pain to the little sufferer.



In three years ending 1857 about £1,600,000 were spent on Barracks; and General Codrington the other evening complained of the parsimony of Parliament in this particular.

Digitized by Google

HOSPITAL NOTES.

OPERATIVE TREATMENT OF GLAUCOMA.

The favourable opinion which was formed at the Moorfields Ophthalmic after the first trials of iridectomy, as recommended by Graefe, for the relief of glaucoma, has thus far been fully confirmed. Most of the Surgeons, we believe, now always adopt it in such cases, when the two conditions of pain and increased tension of the globe are co-existent. The more acute the case the greater the hopefulness, provided the operation be performed early enough. It is in the very slow and comparatively painless cases that the prognosis is worst. Mr. Bowman in some clinical remarks the other day on a case in which he had just performed the operation, observed that there could no longer be the slightest doubt as to its efficiency in bringing back to a normal state of fulness an eye which previously had been hard and tense. With the relief to the tension was almost always equal relief to the pain, and often benefit to vision. The latter, however, does not generally follow immediately. He stated that when carefully performed it appeared to be all but devoid of ill consequences. Of course there have been not a few disappointments as to the improvement in sight, but these could only have been expected, seeing that in many cases it has been adopted quite as a *dernier ressort* in eyes that were all but hopeless. In adverting to the steps of reasoning by which M. Graefe had been led to its first suggestion, Mr. Bowman expressed most warmly his admiration of the "boldness of true genius" which was exhibited in its proposal and adoption.

LITHOTOMY SÉANCES.

At some of the Norfolk and Stafford Hospitals three lithotomies at a sitting are, we suppose, not very much of a rarity. In London, however, it is otherwise; and the announcement in our "Expected Operations" that four were to take place at St. Thomas's on last Saturday, drew together a large number of spectators. Mr. Solly's two cases were both children. Excepting that, in the first, the stone was of very large size, and, in the second, that owing to its outer shell breaking some difficulty was experienced in extracting it, nothing unusual occurred in either. Mr. Le Gros Clarke's patient was also a little boy. The stone was both very small and very light, and fully explained the circumstance that he had often been sounded without its being discovered. Mr. Clarke stands almost alone amongst London Hospital Surgeons in declining to use chloroform in lithotomy. He informed us that in one case a few years ago a healthy little boy under his care had sunk after the operation, without there being anything to explain the result, a certain share in which he was quite inclined to attribute to the anæsthetic. In a second case violent vomiting had followed from the chloroform, and during it bleeding had commenced, which very nearly proved fatal. These occurrences had induced him to prefer operating without it. A fourth operation (by Mr. Macmurdo), which had been expected, did not take place. The man we were informed was a sailor, and, not suffering very much from his stone, had left the Hospital when the day approached, and had gone to sea again. On Saturday week Mr. Fergusson removed five large stones, weighing together four ounces and a half, from a man 79 years of age, who has since done remarkably well. Last Saturday he removed one stone from a boy, and made some very instructive remarks on the sources of danger in lithotomy in children; the chief one, the liability to tear the urethra across, and push the prostate before the finger or forceps, instead of through it into the bladder.

BELLADONNA IN JUVENILE INCONTINENCE OF URINE.

The use of belladonna against incontinence of urine in children, as strongly recommended about a year ago by Mr. Brooke, of the Westminster Hospital, has, we believe, well borne the test of the trials which his laudation of it induced. Several Surgeons have, we know, formed most favourable opinions of its efficiency. A case under Mr. Hutchinson's care, at the Metropolitan Free Hospital about three months ago, afforded very conclusive evidence of its power. The patient was a boy of ten who had from infancy been exceedingly troubled by inability to retain his water. Nightly incontinence was a matter of rule, and very often the urine would escape during the daytime also. Nux vomica, sesquichloride of iron, etc., had been fairly tried, and without benefit. At first the belladonna seemed to do no good, but being pushed until symptoms of poisoning were apparent, it finally effected a complete cure. The bladder appeared to have wholly lost its morbid irritability, and during six weeks that the boy remained under observation, his mother stated that no single instance of incontinence had occurred. The remedy was given in solution in water, and without any adjuvant whatever. Belladonna is one of our remedies which certainly deserves a more thorough clinical investigation of its powers than it has yet received.

USE OF NICOTINE IN TETANUS.

At another page will be found the particulars of a case of tetanus treated by Mr. Simon by nicotine. Dr. Clapton, from whose notes the case is condensed, informs us that he has now carefully watched the effects of this potent alkaloid in several instances. At first, he says, it does undoubted good, counteracting the spasms, and reducing the frequency of the pulse, but if pushed too far, or continued too long, it causes profound depression, without alleviating the disease. In the case under notice, it was observed that after a time the tendency to spasm was decidedly less after the exhibition of stimulants than after the doses of nicotine, whilst after the latter the man became depressed, and the skin covered with clammy perspiration. It might be worth trying the effect of smoking in these cases, long continued, if the patient was accustomed to it. It is possible that it might do mischief in some by exciting cough, etc., but any disagreement of this kind would soon be noticed and prevented.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, JULY 31.

THE MEDICAL ACT.

The Medical Practitioners' Bill was read a third time and passed in the House of Lords on Monday evening last. This Bill, which is of such great importance to all present and future Practitioners, we publish *in extenso* this week. It has had a most eventful and strange history in its passage through its various stages in the two Houses of Parliament. A fortnight ago we gave our readers the first chapter of events which occurred during its progress through the Commons. We have now to recount the not less singular episode of its passage through the Lords.

It would seem that the Corporations, not content with the fair and open fight in the Committee of the House of Commons which had resulted in their entire discomfiture, made a later and more subtle attempt to attain their object in Committee of the House of Lords. This attempt consisted in the draughting of a new clause (XVI.), and of certain changes in the Schedule D of the Commons, the combined effect of which would have been to leave in the hands of the Council the power to determine what designations should be given to those about to register, while all Practitioners would have been classified under three appellations—Physicians, Surgeons, and Apothecaries. No mention was made of University graduates in the clause or in the appended schedule; and the practical effect of the amendment would have been, not to preclude University graduates

Digitized by Google

from registration and practice,—these privileges were secured to them by Clause XXX. of the Act,—but to exclude them from taking any one of the appellations expressed in the fourth column of the Schedule, viz. Physician, Surgeon, or Apothecary, and thus from all appointments to which these designations were necessary.

We are informed that before procuring the proposed changes in the Bill, the opinion of eminent counsel was taken by the Colleges of Physicians and Surgeons, and they were advised that the new clause would prevent all Graduates assuming any of the designations in Schedule D, or, at any rate, ten years might be expended in litigation before the question of right could be settled!

The above amendments were actually allowed by the present Government to form part of the Bill when in Committee of the Lords on Tuesday week; and this notwithstanding the strong expression of opinion given by a majority of 117 in the Commons, that University graduates should be entitled to all the privileges of Physicians without being obliged to join the College of Physicians. What, however, appears greatly to the discredit of those who took part in this plot is, that the alterations in the Bill were done insidiously, and at a period of progress when, except for the greatest vigilance, they would have passed undetected, and must have become law before the Universities could have any chance of defending themselves.

The most amusing portion of the history remains in the sequel. While prominent members of Corporations were congratulating themselves on the passing of the Bill with their own clauses, and even boasting of the future lustre which would be shed on the Colleges by their newly-acquired privileges, it gradually oozed out that the Bill in passing through its third reading in the House of Lords on Monday, had been shorn of the portions most desired by the Corporations, and now remained unalterable, so far at least as the Upper House was concerned. When the Bill was reported in the House of Lords on Friday evening, Lord Granville, who is Chancellor of the London University, first became acquainted with the proposed changes, and protested against them as injurious to the interests of University graduates. But no hope was held out to him of their withdrawal in the Lords; and he had to content himself at that late period of the Session, with the preservation of the London Graduates' Act of 1854. The rumoured alterations, however, speedily reached the Commons; and as soon as the report acquired a definite and certain form, a perfect storm of indignation was stirred up among all who have previously interested themselves in the question. Lord Carnarvon, who had charge of the Bill, and Mr. Walpole must have felt that they had unwittingly drawn a nest of hornets about them; and it became perfectly evident, from the extent and prevalence of feeling about the added clauses, that if they could not be expunged the Bill would be rejected altogether. When it was finally amended, for the Commons to consider the Lords' alterations, the result was, that under this pressure Mr. Walpole and Lord Carnarvon, who acted under his direction, at length gave way, the obnoxious portion of the Bill was withdrawn, and all Practitioners will in future be registered much after the fashion of the old Medical Directory, in the present form of Schedule D, as we print it to-day, without being compelled to range themselves under any designation whatever; while University graduates and Royal Colleges are alike saved the expense and vexation of the ten years' litigation promised by the learned counsel.

THE WEEK.

The Faculty of Lecturers of the Grosvenor Place School of Medicine gave a conversazione at the School on Tuesday evening. The rooms of the school were filled with members of the Medical Profession; and despite a confirmed wet night, the meeting was considered very successful. In the course of the evening, Dr. Richardson gave an address on "The probable influence of recent legislation on Medical Education and Practice." Referring first to the failures in the present system of Medical education, Dr. Richardson noticed the late attempts that had been made for its improvement by the College and Hall. He then came to consider the new Bill, and gave an analysis of it, which created a great deal of merriment. We give one specimen showing the speaker's prophecy in relation to the duties of the intended Medical Council.

"The duties of the Council will be to look after their Registrar and their Registrar's Register. To look after the examining boards and keep them up to the mark, and to bring out from time to time a 'British Pharmacopœia.' As these duties are not very onerous, it is probable that the Members of Council will inflict new duties on themselves by dining together occasionally and making a night of it. This is not definitely settled; but it is settled—and the fact ought to have come forward sooner—that the Members of Council will be provided with certain fees for their attendance, if it accords with their own feelings to accept them. The paternal government will, however, leave this point optional. The Profession will pay the piper."

In its influence on Medical education, Dr. Richardson expressed the hope that the new measure will lead in its practical working to many important changes:—To an improved system of examination; to the gradual extinction of the curriculum; to a more practical and demonstrative system of teaching; and to the election of teachers on the principle of selecting for teachers those only who have time and skill for the work. He held also, that in relation to Medical practice, the Bill will have a wise influence, in that it will define the duly qualified Medical man, break up artificial distinctions, revise the qualificational system, supply ultimately a definite scale of fees for professional aid, improve the social status of Medical men, and establish uniformity in dispensing and compounding of medicines. Dr. Richardson concluded by showing what the Bill would *not* do. The pure science of Medicine could be advanced by no legislation; that remained still to be done by men who, like Hippocrates, labour under the influence of no man-made law.

The questions proposed at the last examination for Medical appointments in the East India Company's Service will be found in another column. There were thirty-seven candidates; one retired owing to illness, and thirty-one were nominated for appointments, whose names will be found among our Medical News.

Those who think that Homœopathy is a harmless delusion would do well to read the following letter from Mr. May of Reading:—

"Sir,—A Medical friend has recently mentioned to me an homœopathic practice, which as it illustrates the little value of the Compulsory Vaccination Act, deserves public notice.

"On reminding one of his patients that the time had arrived for the vaccination of her infant, she replied that this was no longer necessary, for that an homœopath, under whose care her family had been placed whilst she resided in London, had sent her a powder which would answer the same purpose. To convince her Medical attendant of the truth of her assertion, she gravely showed him a pimple on the nates, which had followed the administration of the medicine.

"My friend remained incredulous; and to test the value of this homœopathic discovery, the child was vaccinated. The vesicles ran their usual course, and the parents were so far convinced, that they allowed their two elder children to be vaccinated, and with the same result.

"I need only add, that the homœopath had filled in one of the ordinary certificates for transmission to the registrar, without ever seeing the child."

Digitized by Google

We had to call attention very recently to an advertising aurist named Watters. A case tried this week before Mr. Baron Bramwell throws some light upon his mode of proceeding. A Mr. Parry brought an action against Watters for £2 10s. It appeared from the evidence of the plaintiff that he is a farmer at Debden, and that in December last, upon seeing an advertisement representing that a Dr. Watters, of 32, Spring-gardens, had, while in China, discovered some extraordinary and certain cure for deafness, which he was desirous the public should have the benefit of, he went to the address indicated for the purpose of being cured. He there saw a person who represented himself to be Dr. Watters, who put some questions to him, and then told him that he would provide him with an apparatus that would cure him for £5. He objected to pay so large a sum, and the doctor then said he would let him have it for £2 10s., and he would rely upon his honour for the other £2 10s. The plaintiff consented to this arrangement, paid £2 10s., gave his address, and the doctor undertook to send the apparatus packed up to the cloak-room of the Eastern Counties Railway in the course of the day, in order that the plaintiff might take it home with him in the evening. Upon his applying at the cloak-room it appeared that nothing of the sort had been sent, and the plaintiff wrote to the doctor, informing him of the fact, but he heard nothing more upon the subject until some days afterwards, when a small box arrived at his residence, which he found to contain some medicine and a lotion, and these things being of no use to him he sent the box back to the doctor's address. Being unable after this to get the apparatus or to obtain any satisfactory explanation, the present action was brought, to recover back the money he had paid to the defendant. The defence that was set up was rather an extraordinary one. Two persons, named Allen and Edwards, who represented themselves to be the assistants of Dr. Watters at the time of the transaction, were called, and they swore that the plaintiff did not see Dr. Watters at all, but that Allen was the person with whom the arrangement was made, and that this arrangement was that the plaintiff was to pay £2 10s. on account, and he was to send the remainder. They also stated positively that the plaintiff told them to send the apparatus to the cloak-roam of the South-Western Railway at the Waterloo station, and that the address was read over to him, and he said it was right. The witness Edwards also swore positively that, in accordance with the instructions, he took two boxes containing the ear apparatus to the cloak-room of the South-Western Railway, addressed to the plaintiff, and left them there. Some questions were put to these witnesses by Mr. Tayler, with a view to ascertain how the one box came to be sent to the plaintiff's residence by the Eastern Counties Railway, but they were unable to give any explanation how it had happened.—The plaintiff was recalled, and he stated in the most positive manner that he did not mention the South-Western Railway, but distinctly said that the apparatus was to be sent to the Eastern Counties Railway, which was the only one that led into Essex. He also said that he did not remember ever having seen the witness Allen before.—Baron Bramwell, in summing up, said the only question was whether the jury believed the plaintiff or the defendant's witnesses; but he could not help saying that it was an odd thing for an Essex farmer to have ordered the article in question to be sent to the South-Western Railway, which he must have known had no communication with his own county.—The jury almost immediately returned a verdict for the plaintiff.

Proof after proof of the necessity of increasing the authority of the Medical Officers of the Army! It is clear that, had not Colonel Stratton fallen a victim to his own folly, the only course open to the Surgeon of the 77th was to certify that his Colonel was insane, as a Naval Surgeon once did in the case of a naval Captain who persisted against all remonstrance in keeping his ship at anchor in a most pestiferous part of the harbour of Rio de Janeiro. Surely no one but a lunatic could act as thus described by the *Times'* Correspondent:—

"All over the North-West the troops are being housed, and operations cease until the fierce heat has a little abated. The sun has been more deadly than the enemy. As if to try the endurance of Englishmen to the utmost, the season has been such as has not been known since 1833. Those who know Bengal will understand it when I say that on the 15th inst. one clergyman in Calcutta buried 48 Englishmen, chiefly sailors. In one ship the captain, chief mate, and 26 men had all apoplexy at once. Nine men from Fort William were buried one morning from the same cause. Her Majesty's 19th, at Barrackpore, who are nearly all under cover, and who are most carefully looked after, have 200 men unfit for duty from immense boils. Colonel Stratton, of Her Majesty's 77th, just arrived from Australia, marched his men to Dumdum, eight miles, with their stocks on. An hour after, he and his instructor in rifle practice were both dead of apoplexy. All over the country, paragraph after paragraph announces the deaths of so many men at such a place from apoplexy. Fortunately the rains are setting in, and in a month it will be comparatively cool."

The civilizing influence of the Saxon race is spreading rapidly over the earth. So, at the Antipodes, we find a Lunatic Asylum established, which is conducted upon the principles of the most advanced psychological knowledge. In the *Hobart Town Daily Mercury* of May 8, 1858, we read an account of the New Norfolk Asylum, under the management of Dr. Huston, just such as we might expect from the pen of a reporter who had been inspecting our Model Asylums in England. Lunatics, there as here, are on the increase, it seems. The cry is still for more room. One inmate, a quondam mesmerizer, claimed a former acquaintance with the visitor, who had been manipulated by him many years before. We have often heard of the mesmerized finding their way into a madhouse, and it is not the first time that we have known the operator go there.

All sorts of wild reports have been lately spread abroad by a portion of the press, of horrors committed in Lunatic Asylums. They came out as fitting pendants to a case which last week caused *a sensation*, and very unnecessarily. In answer to an inquiry about one of these rumours by Mr. Fitzroy, Mr. Walpole said that, after making inquiry, he could not find that the Commissioners of Lunacy had discovered in a private provincial Lunatic Asylum a concealed cell, in which a man, stated to be in full possession of his faculties, had been for many years confined. But another case strengthens the popular view. An inquiry was held on the 23rd instant, at the Castle at York, to ascertain the mental condition of Mrs. Turner, the wife of Mr. Charles Turner, of Liverpool, a patient at Acomb House, near York. In support of the Commission, *four* Physicians were called, namely, Drs. Simpson, Swaine, Tuke, and Williams; and *four* Surgeons,—Messrs. Hey, North, Metcalfe, and Procter. The Commission was opposed, and the alleged lunatic's soundness of mind and competency to manage her affairs maintained by Mr. Edwin James, Q.C. Mr. John Owen, the keeper of an asylum near Liverpool, and Dr. George Wilkin, of London, asserted that the patient was of sound mind. The Jury, in the face of all the Medical evidence adduced, decided that Mrs. Turner was of sound mind, and competent to manage her affairs. A Yorkshire Jury will judge for themselves, it seems. The conduct of Mr. Metcalfe was animadverted upon in very severe terms, and the revelations in this inquiry certainly support the view we have again and again expressed, that the Medical Commissioners in Lunacy are too few in number to be able to inspect efficiently the private lunatic asylums of this country.

Digitized by Google

THE MEDICAL ACT.

ARRANGEMENT OF CLAUSES.

Short Title, Sect. 1.
Commencement of Act, 2.
Medical Council, 3.
Members of Council, 4.
Providing for Appointment, if Universities of Glasgow, Aberdeen, and Saint Andrew's disagree, 5.
Branches of the Council for England, Scotland, and Ireland, 6.
Qualification, 7.
Resignation or Death of Member of General Council, 8.
Time and Place of Meeting of the General Council, 9.
Appointment of Registrars and other Officers, 10.
Appointment of Registrars and other Officers by Branch Councils, 11.
Fees for Attendance at Councils, 12.
Expenses of the Councils, 13.
Duty of Registrar to keep the Register correct, 14.
Registration of Persons now qualified, and Persons hereafter qualified, 15.
Regulation of Registers, 16.
Persons practising in England before 1st August, 1815, entitled to be registered, 17.
Council may require Information as to Course of Study, etc., required for obtaining Qualifications, 18.
Colleges may unite in conducting Examinations, 19.
Defects in the Course of Study or Examinations may be represented by the General Council to Her Majesty's Privy Council, 20.
Privy Council may, by Order, suspend the Right of Registration in respect of Qualifications granted by College or Body in default. Provision for Revocation, 21.
Persons not to be registered in respect of Qualifications granted by the College or Body before the Revocation of the Order, 22.
No particular Theory of Medicine or Surgery to be imposed on any Candidate, 23.
Making and Authentication of Orders, etc., 24.
As to Registration by Branch Registrars, 25.
Evidence of Qualification to be given before Registration, 26.
Register to be published, 27.
Names struck off from List of College or Body, 28.
Medical Practitioners convicted of Felony may be struck off the Register, 29.
Registered Persons may have subsequent Qualifications inserted in the Register, 30.
Privileges of registered Persons, 31.
None but registered Persons to recover Charges, 32.
Poor-law Medical Officers not disqualified if registered within Six Months of passing of Act, 33.
Meaning of legally qualified Medical Practitioner, 34.
Registered Persons exempted from serving on Juries, etc., 35.
Unregistered Persons not to hold certain Appointments, 36.
No Certificate to be valid unless Person signing be registered, 37.
Wilful Falsification of Register, 38.
Penalty for obtaining Registration by false Representations, 39.
Penalty for falsely pretending to be a registered Person, 40.
Recovery of Penalties, 41.
Application of Penalties, 42.
Application of Moneys received by Treasurer, 43.
Accounts to be published, 44.
Notice of Death of Medical Practitioners to be given by Registrars, 45.
Provision for Persons practising in the Colonies and elsewhere, and for Students, 46.
New Charter may be granted to the College of Physicians of London, 47.
Her Majesty may grant Power to College of Surgeons to institute Examinations as to Fitness of Persons to act as Dentists, 48.
New Charter may be granted to College of Physicians of Edinburgh, 49.
The Faculty of Glasgow may be amalgamated, 50.
New Charter may be granted to the King and Queen's College of Physicians in Ireland, 51.
Charters not to contain new Restrictions in the Practice of Medicine or Surgery, 52.
Provisions of 17 & 18 Vict. c. 114, as to University of London to continue in force, 53.
Pharmacopœia, 54.
Chemists, etc., not to be affected, 55.
Schedules.

A BILL, AS AMENDED ON THIRD READING IN THE HOUSE OF LORDS,

INTITULED

AN ACT TO REGULATE THE QUALIFICATIONS OF PRACTITIONERS IN MEDICINE AND SURGERY.

Whereas it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified practitioners: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Short Title.

I. This Act may for all purposes be cited as "The Medical Act."

Commencement of Act.

II. This Act shall commence and take effect from the first day of October, 1858.

Medical Council.

III. A Council, which shall be styled "The General Council of Medical Education and Registration of the United Kingdom," hereinafter referred to as the General Council, shall be established, and Branch Councils for England, Scotland, and Ireland, respectively formed thereout as hereinafter mentioned.

Members of Council.

IV. The General Council shall consist of one person chosen from time to time by each of the following bodies; (that is to say,)

The Royal College of Physicians:
The Royal College of Surgeons of England:
The Apothecaries Society of London:
The University of Oxford:
The University of Cambridge:
The University of Durham:
The University of London:
The College of Physicians of Edinburgh:
The College of Surgeons of Edinburgh:
The Faculty of Physicians and Surgeons of Glasgow:

One person chosen from time to time by the University of Edinburgh and the two Universities of Aberdeen collectively:

One person chosen from time to time by the University of Glasgow and the University of Saint Andrew's collectively:

One person chosen from time to time by each of the following bodies:

The King and Queen's College of Physicians in Ireland:
The Royal College of Surgeons in Ireland:
The Apothecaries Hall of Ireland:
The University of Dublin:
The Queen's University in Ireland:

Digitized by Google

And six persons to be nominated by Her Majesty, with the advice of her Privy Council, four of whom shall be appointed for England, one for Scotland, and one for Ireland; and of a President, to be elected by the General Council.

Providing for Appointment, if Universities of Glasgow, Aberdeen, and Saint Andrew's disagree.

V. If the said Universities of Edinburgh and Aberdeen, of Glasgow and Saint Andrew's respectively, shall not be able to agree upon some one person to represent them in the Council, it shall be lawful for each one of the said Universities to select one person; and thereupon it shall be lawful for Her Majesty, with the advice of her Privy Council, to appoint one of the persons so selected to be a member of the said Council for the said Universities.

Branches of the Council for England, Scotland, and Ireland.

VI. The members chosen by the Medical Corporations and Universities of England, Scotland, and Ireland, respectively, and the members nominated by Her Majesty, with the advice of her Privy Council, for such parts respectively of the United Kingdom, shall be the Branch Councils for such parts respectively of the United Kingdom, to which Branch Councils shall be delegated such of the powers and duties vested in the Council as the Council may see fit other than the power to make representations to Her Majesty in Council as hereinafter mentioned: the President shall be a member of all the Branch Councils.

Qualification.

VII. Members of the General Council representing the Medical Corporations must be qualified to be registered under this Act.

Resignation or Death of Member of General Council.

VIII. The members of the General Council shall be chosen and nominated for a term not exceeding five years, and shall be capable of re-appointment, and any member may at any time resign his appointment by letter addressed to the President of the said Council, and upon the death or resignation of any member of the said Council, some other person shall be constituted a member of the said Council in his place in manner hereinbefore provided; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

Time and Place of Meeting of the General Council.

IX. The General Council shall hold their first meeting within three months from the commencement of this Act, in such place and at such time as one of Her Majesty's Principal Secretaries of State shall appoint, and shall make such rules and regulations as to the times and places of the meetings of the General Council, and the mode of summoning the same, as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning a meeting of the General Council, it shall be lawful for the President to summon a meeting at such time and place as to him shall seem expedient by letter addressed to each member; and at every meeting, in the absence of the President, some other member to be chosen from the members present shall act as President; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight, and at all such meetings the President for the time being shall, in addition to his vote as a member of the Council, have a casting vote, in case of an equality of votes; and the General Council shall have power to appoint an executive committee out of their own body, of which the quorum shall not be less than three, and to delegate to such committee such of the powers and duties vested in the Council as the Council may see fit, other than the power of making representations to Her Majesty in Council as hereinafter mentioned.

Appointment of Registrars and other Officers.

X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers; and the person or persons so appointed shall likewise act as Registrar for England, and as Secretary and Treasurer or Treasurers, as the case may be, for the Branch Council for England; the General Council and Branch Council for England shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed by any Council shall be removable at the pleasure of that Council, and shall be paid such salary as the Council by which he was appointed shall think fit.

Appointment of Registrars and other Officers by Branch Councils.

XI. The Branch Councils for Scotland and Ireland shall each respectively in like manner appoint a Registrar and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, and be removable at the pleasure of the Council by which they were appointed; and the person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other person or persons as Treasurer or Treasurers.

Fees for Attendance at Councils.

XII. There shall be paid to the members of the Councils such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the General Council and approved by the Commissioners of Her Majesty's Treasury.

Expenses of the Councils.

XIII. All moneys payable to the respective Councils shall be paid to the Treasurers of such Councils respectively, and shall be applied to defray the expenses of carrying this Act into execution in manner following; that is to say, separate accounts shall be kept of the expenses of the General Council, and of those of the Branch Councils; and the expenses of the General Council, including those of keeping, printing, and publishing the Register for the United Kingdom, shall be defrayed, under the direction of the General Council, by means of an equal per-centage rate upon all moneys received by the several Branch Councils; returns shall be made by the Treasurers of the respective Branch Councils, at such times as the General Council shall direct, of all moneys received by them; and the necessary per-centage having been computed by the General Council, the respective contributions shall be paid by the Treasurers of such Branch Councils to the Treasurer or Treasurers of the General Council; and the expenses of the Branch Councils shall be defrayed, under the direction of those Councils respectively out of the residue of the moneys so received as aforesaid.

Duty of Registrar to keep the Register correct.

XIV. It shall be the duty of the Registrars to keep their respective Registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always, that the same may be restored by direction of the General Council should they think fit to make an order to that effect.

Registration of Persons now qualified, and Persons hereafter qualified.

XV. Every person now possessed, and (subject to the provisions hereinafter contained) every person hereafter becoming possessed, of any one or more of the qualifications described in the Schedule (A.) to this Act, shall, on payment of a fee, not exceeding £2, in respect of qualifications obtained before the 1st day of January, 1857, and not exceeding £5, in respect of qualifications obtained on or after that day, be entitled to be registered on producing, in the form set forth in Schedule (D.) to this Act, or to the like effect, to the Registrar of the Branch Council for England, Scotland, or Ireland the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered, or upon transmitting by post to such Registrar information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively

Digitized by Google

obtained: provided always, that it shall be lawful for the several Colleges and other Bodies mentioned in the said Schedule (A.) to transmit from time to time to the said Registrar Lists certified under their respective seals of the several persons who, in respect of qualifications granted by such Colleges and Bodies respectively, are for the time being entitled to be registered under this Act, stating the respective qualifications and places of residence of such persons; and it shall be lawful for the Registrar thereupon, and upon payment of such fee as aforesaid in respect of each person to be registered, to enter in the Register the persons mentioned in such lists, with their qualifications and places of residence as therein dated, without other application in relation thereto.

Regulation of Registers.

XVI. The General Council shall, with all convenient speed after the passing of this Act, and from time to time as occasion may require, make orders for regulating the Registers to be kept under this Act, as nearly as conveniently may be in accordance with the form set forth in Schedule (D.) to this Act, or to the like effect.

Persons practising in England before 1st August, 1815, entitled to be registered.

XVII. Any person who was actually practising medicine in England before the 1st day of August, 1815, shall, on payment of a fee to be fixed by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland, a declaration according to the form in the Schedule (B.) to this Act signed by him, or upon transmitting to such Registrar information of his name and address, and enclosing such declaration as aforesaid.

Council may require Information as to Course of Study, &c., required for obtaining Qualifications.

XVIII. The several Colleges and Bodies in the United Kingdom mentioned in Schedule (A.) to this Act shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A.) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such council, or by any Branch Council, may attend and be present at any such examinations.

Colleges may unite in conducting Examinations.

XIX. Any two or more of the Colleges and Bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.

Defects in the Course of Study or Examinations may be represented by the General Council to Her Majesty's Privy Council.

XX. In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such College or Body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession it shall be lawful for such General Council to represent the same to Her Majesty's Most Honourable Privy Council.

Privy Council may, by Order, suspend the Right of Registration in respect of Qualifications granted by College or Body in default—Provision for Revocation.

XXI. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: Provided always, that it shall be lawful for Her Majesty, with the advice of her Privy Council, when it is made to appear to her, upon further representation from the General Council or otherwise, that such College or Body has made effectual provision to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order.

Persons not to be registered in respect of Qualifications granted by the College or Body before the Revocation of the Order.

XXII. After the time mentioned in this behalf in any such order in Council no person shall be entitled to be registered under this Act in respect of any such qualification as in such order mentioned, granted by the College or Body to which such order relates, after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of any qualification granted before such revocation.

No particular Theory of Medicine or Surgery to be imposed on any Candidate.

XXIII. In case it shall appear to the General Council that an attempt has been made by any Body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of Medicine or Surgery as a test or condition of admitting him to examination, or of granting a certificate, it shall be lawful for the said Council to represent the same to her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such Body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such Body shall cease to have the power of conferring any right to be registered under this Act, so long as they shall continue such practice.

Making and Authentication of Orders, &c.

XXIV. All powers vested in the Privy Council by this Act may be exercised by any three or more of the Lords and others of the Privy Council, the Vice-President of the Committee of the said Privy Council on Education being one of them; and all orders and acts of the Privy Council under this Act shall be sufficiently made and signified by a written or printed document signed by one of the clerks of the Privy Council, or such officer as may be appointed by the Privy Council in this behalf; and all orders and acts made or signified by any written or printed document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council; and every such document shall be received in evidence in all Courts, and before all Justices and others, without proof of the authority or signature of such clerk or other officer or other proof whatsoever, until it be shown that such document was not duly signed by the authority of the Privy Council.

As to Registration by Branch Registrars.

XXV. Where any person entitled to be registered under this Act applies to the Registrar of any of the said Branch Councils for that purpose, such Registrar shall forthwith enter in a Local Register in the form set forth in Schedule (D.) to this Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the qualification or several qualifications in respect of which the person is so entitled, and the date of the registration, and shall, in the case of the Registrar of the Branch Council for Scotland or Ireland, with all convenient speed send to the Registrar of the General Council a copy, certified under the hand of the Registrar, of the entry so made, and the Registrar of the General Council shall forthwith cause the same to be entered in the General Register; and such Registrar shall also forthwith cause all entries made in the Local Register for England to be entered in the General Register; and the entry on the General Register shall bear date from the Local Register.

Evidence of Qualification to be given before Registration.

XXVI. No qualification shall be entered on the Register, either on the first registration or by way of addition to a registered name unless the Registrar be satisfied by the proper evidence that the person claiming is entitled to it; and any appeal from the decision of the Registrar may be decided by the General Council, or by the Council for England, Scotland, or Ireland (as the case may be); and any entry which shall be proved to the satisfaction of such General Council or Branch Council to have been fraudulently or incorrectly made may be erased from the Register by order in writing of such General Council or Branch Council.

Register to be published.

XXVII. The Registrar of the General Council shall in

Digitized by Google

every year cause to be printed, published, and sold, under the direction of such Council, a correct Register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule (D.) to this Act, or to the like effect, and Medical titles, diplomas, and qualifications conferred by any Corporation or University, or by doctorate of the Archbishop of Canterbury, with the dates thereof, of all persons appearing on the General Register as existing on the first day of January in every year; and such Register shall be called "The Medical Register;" and a copy of the Medical Register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all Courts and before all Justices of the Peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy, under the hand of the Registrar of the General Council or of any Branch Council, of the entry of the name of such person on the General or Local Register shall be evidence that such person is registered under the provisions of this Act.

Names struck off from List of College or Body.

XXVIII. If any of the said Colleges or the said Bodies at any time exercise any power they possess by law of striking off from the list of such College or Body the name of any one of their members, such College or Body shall signify to the General Council the name of the member so struck off; and the General Council may, if they see fit, direct the Registrar to erase forthwith from the Register the qualification derived from such College or Body in respect of which such member was registered, and the Registrar shall note the same therein; provided always, that the name of no person shall be erased from the Register on the ground of his having adopted any theory of Medicine or Surgery.

Medical Practitioners convicted of Felony may be struck off the Register.

XXIX. If any registered Medical Practitioner shall be convicted in England or Ireland of any felony or misdemeanor, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the Registrar to erase the name of such Medical Practitioner from the Register.

Registered Persons may have subsequent Qualifications inserted in the Register.

XXX. Every person registered under this Act who may have obtained any higher degree or any qualification other than the qualification in respect of which he may have been registered, shall be entitled to have such higher degree or additional qualification inserted in the Register in substitution for or in addition to the qualification previously registered, on payment of such fee as the Council may appoint.

Privileges of Registered Persons.

XXXI. Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other Medical or Surgical appliances rendered or supplied by him to his patients: provided always, that it shall be lawful for any College of Physicians to pass a Byelaw to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such Byelaw may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College.

None but Registered Persons to recover Charges.

XXXII. After the 1st day of January, 1859, no person shall be entitled to recover any charge in any court of law for any Medical for Surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act.

Poor Law Medical Officers not disqualified if registered within Six Months of passing of Act.

XXXIII. Provided also, that no person who on the 1st of October, 1858, shall be acting as Medical officer under an order of the Poor Law Commissioners or Poor Law Board, shall be disqualified to hold such office by reason of his not being registered as herein required, unless he shall have failed to be registered within six months from the passing of this Act.

Meaning of legally qualified Medical Practitioner.

XXXIV. After the 1st day of January, 1859, the word "legally qualified Medical Practitioner" or "duly qualified Medical Practitioner," or any words importing a person recognised by law as a Medical Practitioner or member of the Medical Profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act.

Registered Persons exempted from serving on Juries, &c.

XXXV. Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all Juries and Inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia, and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid.

Unregistered Persons not to hold certain Appointments.

XXXVI. After the 1st day of January, 1859, no person shall hold any appointment as a Physician, Surgeon, or other Medical officer either in the military or naval service, or in emigrant or other vessels, or in any Hospital, Infirmary, Dispensary, or Lying-in-Hospital, not supported wholly by voluntary contributions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, parochial or union workhouse or poorhouse, parish union, or other public establishment, body or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age, or as a Medical officer of health, unless he be registered under this Act; provided always, that nothing in this Act contained shall extend to repeal or alter any of the provisions of the Passengers Act, 1855.

No Certificate to be valid unless Person signing be registered.

XXXVII. After the 1st day of January, 1859, no certificate required by any Act now in force, or that may hereafter be passed from any Physician, Surgeon, Licentiate in Medicine and Surgery, or other Medical Practitioner, shall be valid unless the person signing the same be registered under this Act.

Wilful Falsification of Register.

XXXVIII. Any Registrar who shall wilfully make or cause to be made any falsification in any matters relating to the Register shall be deemed guilty of a misdemeanor in England or Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be imprisoned for any term not exceeding twelve months.

Penalty for obtaining Registration by false Representations.

XXXIX. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanor in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

Penalty for falsely pretending to be a Registered Person.

XL. Any person who shall wilfully and falsely pretend to be, or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20.

Digitized by Google

Recovery of Penalties.

XLI. Any penalty to which under this Act any person is liable on summary conviction of any offence, may be recovered as follows; (that is to say,) in England, in manner directed by the Act of the session holden in the eleventh and twelfth years of her Majesty, chapter forty-three, and in Ireland in manner directed by "The Petty Sessions (Ireland) Act, 1851," or any other Act for the time being in force in England and Ireland respectively for the like purposes; and any such penalty may in Scotland be recovered by the Procurator Fiscal of the County, or by any other person before the Sheriff or two Justices, who may proceed in a summary way, and grant warrant for bringing the party complained against before him or them, or issue an order requiring such party to appear on a day and at a time and place to be named in such order, and every such order shall be served on the party by delivering to him in person, or by leaving at his usual place of abode, a copy of such order and of the complaint whereupon the same has proceeded, and upon the appearance or default to appear of the party, it shall be lawful for the Sheriff or Justices to proceed to the hearing of the complaint, and, upon proof on oath or confession of the offence, the Sheriff or Justices shall, without any written pleadings or record of evidence, commit the offender, and decern him to pay the penalty named, as well as such expenses as the Sheriff or Justices shall think fit, and, failing payment, shall grant warrant for recovery thereof by poinding and imprisonment, such imprisonment to be for such period as the discretion of the Sheriff or Justices may direct, not exceeding three calendar months, and to cease on payment of the penalty and expenses.

Application of Penalties.

XLII. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the Treasurer of the General Council.

Application of Moneys received by Treasurer.

XLIII. All moneys received by any Treasurer arising from fees to be paid on registration, from the sale of registers, from penalties, or otherwise, shall be applied for expenses of registration and of the execution of this Act.

Accounts to be published.

XLIV. The Treasurers of the General and Branch Councils shall enter in books to be kept for that purpose a true account of all sums of money by them received and paid, and such Accounts shall be submitted by them to the respective General Council and Branch Councils at such times as the Councils shall require; and the said Accounts shall be published annually, and such Accounts shall be laid before both Houses in the month of March in every year, if Parliament be sitting, or, if Parliament be not sitting, then within one month after the next meeting of Parliament.

Notice of Death of Medical Practitioners to be given by Registrars.

XLV. Every Registrar of Deaths in the United Kingdom, on receiving notice of the death of any Medical practitioner, shall forthwith transmit by post to the Registrar of the General Council and to the Registrar of the Branch Council a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office, and on the receipt of such certificate the Medical Registrar shall erase the name of such deceased Medical practitioner from the Register.

Provision for Persons practising in the Colonies and elsewhere, and for Students.

XLVI. It shall be lawful for the General Council by special orders to dispense with such provisions of this Act, or with such part of any regulations made by its authority as to them shall seem fit, in favour of persons now practising Medicine or Surgery in any part of her Majesty's dominions other than Great Britain and Ireland, by virtue of any of the qualifications described in schedule (A.); and also in favour of persons practising Medicine or Surgery within the United Kingdom on foreign or colonial diplomas or degrees before the passing of this Act; and also in favour of any persons who have held appointments as Surgeons or Assistant-Surgeons in the Army, Navy, or Militia, or in the service of the East India Company, or are acting as Surgeons in the public service, or in the service of any charitable institutions, and also, so far as to the Council shall seem expedient, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

New Charter may be granted to the College of Physicians of London.

XLVII. It shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England," and to make such alterations in the constitution of the same Corporation as to her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such charter under their common seal, and such acceptance shall operate as a surrender of all charters heretofore granted to the said Corporation, except the charter granted by King Henry the Eighth, and shall also operate as a surrender of such charter and of any rights, powers, or privileges, conferred by or enjoyed under an Act of the Session, holden in the fourteenth and fifteenth years of King Henry the Eighth, chapter 5, confirming the same as far as such charter and Act respectively may be inconsistent with such new charter: provided, nevertheless, that within twelve months after the granting of such charter to the College of Physicians of London, any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of the United Kingdom called England, and who may be desirous of becoming a Member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of £2 to the said College.

Her Majesty may grant Power to College of Surgeons to institute Examinations as to Fitness of Persons to act as Dentists.

XLVIII. It shall, notwithstanding anything herein contained, be lawful for her Majesty, by charter, to grant to the Royal College of Surgeons of England, power to institute and hold Examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness.

New Charter may be granted to College of Physicians of Edinburgh.

XLIX. It shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland," and it shall be lawful for the said Royal College of Physicians, under their common seal, to accept such new charter, and such acceptance shall operate as a surrender of all charters heretofore granted to the said Corporation.

The Faculty of Glasgow may be amalgamated.

L. If at any future period the Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow agree to amalgamate, so as to form one united Corporation, under the name of "The Royal College of Surgeons of Scotland," it shall be lawful for her Majesty to grant and for such College and Faculty, under their respective common seals, to accept, such new charter or charters as may be necessary for effecting such union, and such acceptance shall operate as a surrender of all charters heretofore granted to such College and Faculty; and in the event of such union it shall be competent for the said College and Faculty to make such arrangements as to the time and place of their examinations as they may agree upon, these arrangements being in conformity with the provisions of this Act, and subject to the approval of the General Council.

New Charter may be granted to the King and Queen's College of Physicians in Ireland.

LI. It shall be lawful for her Majesty to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new charter, and thereby to give to such Corporation the Name of "The Royal College of Physicians of Ireland," and to make such alterations in the constitution of the said Corporation as to her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such charter under their common seal, and such acceptance shall operate as a surrender of the charter granted by King William and Queen Mary, so far as it may be inconsistent with such new charter.

Digitized by Google

Charters not to contain new Restrictions in the Practice of Medicine or Surgery.

LII. Provided always, That nothing herein contained shall extend to authorise her Majesty to create any new restriction in the practice of Medicine or Surgery, or to grant to any of the said Corporations any powers or privileges contrary to the common law of the land or to the provisions of this Act, and that no such new charter shall in anywise prejudice, affect, or annul any of the existing statutes or byelaws of the Corporations to which the same shall be granted, further than shall be necessary for giving full effect to the alterations which shall be intended to be effected by such new charters and by this Act in the constitution of such Corporation.

Provisions of 17 & 18 *Vict. c.* 114, *as to University of London to continue in force.*

LIII. The enactments and provisions of the University of London Medical Graduates Act of 1854, shall be deemed and construed to have applied, and shall apply, to the University of London for the time being, notwithstanding the surrender or determination of the therein-recited Charter, and the granting or acceptance of the now existing Charter of the University of London, or the future determination of the present or any future Charter of the said University, and the granting of any new Charter to the said University; and that every Bachelor of Medicine and Doctor of Medicine of the University of London for the time being shall be deemed to have been and to be entitled, and shall be entitled to the privileges conferred by the said Act, in the same manner and to the same extent as if the Charter recited in the said Act remained in force, subject, nevertheless, to the provisions of this Act.

Pharmacopœia.

LIV. The General Council shall cause to be published under their direction a book containing a list of Medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed, and containing such other matter and things relating thereto as the General Council shall think fit, to be called "British Pharmacopœia;" and the General Council shall cause to be altered, amended, and republished such Pharmacopœia as often as they shall deem it necessary.

Chemists, &c. not to be affected.

LV. Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful occupation, trade, or business of Chemists and Druggists and Dentists, or the rights, privileges, or employment of duly licensed apothecaries in Ireland, so far as the same extend to selling, compounding, or dispensing medicines.

SCHEDULE (A.)

1. Fellow, Licentiate or Extra Licentiate of the Royal College of Physicians of London.
2. Fellow or Licentiate of the Royal College of Physicians of Edinburgh.
3. Fellow or Licentiate of the King's and Queen's College of Physicians of Ireland.
4. Fellow or Member or Licentiate in Midwifery of the Royal College of Surgeons of England.
5. Fellow or Licentiate of the Royal College of Surgeons of Edinburgh.
6. Fellow or Licentiate of the Faculty of Physicians and Surgeons of Glasgow.
7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.
8. Licentiate of the Society of Apothecaries, London.
9. Licentiate of the Apothecaries' Hall, Dublin.
10. Doctor or Bachelor or Licentiate of Medicine, or Master in Surgery of any University of the United Kingdom, or Doctor of Medicine by Doctorate granted prior to passing of this Act by the Archbishop of Canterbury.
11. Doctor of Medicine of any foreign or colonial University or College, practising as a Physician in the United Kingdom before the 1st day of December, 1858, who shall produce certificates to the satisfaction of the Council of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the Council, under Section XLV. of this Act, that there is sufficient reason for admitting him to be registered.

SCHEDULE (B.)

Declaration required of a person who claims to be registered as a Medical Practitioner, upon the ground that he was in practice as a Medical Practitioner in England or Wales before the 1st day of August, 1815.

To the Registrar of the Medical Council.

I, residing at in the County of hereby declare that I was practising as a Medical Practitioner at in the County of before the 1st day of August, 1815.

(Signed) [*Name.*]

Dated this day of 185 .

SCHEDULE (D).

Name.	Residence.	Qualification.
A.B. -	London - - -	Fellow of the Royal College of Physicians of London.
C.D. -	Edinburgh -	Fellow and Member of the Royal College of Surgeons.
E.F. -	Dublin - - -	Graduate in Medicine of University of.
G.H. -	Bristol - - -	Licentiate of the Society of Apothecaries.
I.K. -	London - - -	Member of the College of Surgeons, or Licentiate of the Society of Apothecaries.

QUESTIONS AT THE EXAMINATION FOR EAST INDIA COMPANY'S SERVICE.

NATURAL HISTORY, ETC.

Monday, July 12, 1858.—10 *to* 1 *o'clock.*

DR. HOOKER.

Answer five or more of the following Questions.

1. What are the functions of nutrition in vegetables?
2. In what does the germination of a monocotyledonous seed differ from that of a dicotyledon?
3. What are the characters of the natural orders *Fumariaceæ*, *Cruciferæ*, and *Papaveraceæ*?
4. What plants yield sugar; to what natural orders do they belong; and what are the differences between grape-sugar and cane-sugar?
5. What are nut-galls; how are they produced; and what are their chemical principles and properties?
6. Describe the fruits of an apple, strawberry, mulberry, and pine apple.
7. What are the principal anti-scorbutic plants; and to what are their properties attributed?
8. What are animal and vegetable charcoal; and in what do their properties differ?
9. Classify the principal vegetable poisons; and give the names and natural orders of the plants producing them.
10. What are the medicines obtained from *Ranunculaceæ*, *Compositæ*, and *Papaveraceæ*; and what are the symptoms of poisoning by aconite?
11. Define the terms morphology, analysis, aëration, psychology, physiology, development, and gemmation.
12. What are the principal modifications of the auditory apparatus in the mammals, birds, reptiles, and crustaceans?
13. What are the divisions of the order insecta; and what are their transformations?
14. What is meant by polarised light; and how may it aid in recognising or distinguishing animal or vegetable substances, etc.?

SURGERY.

Monday, July 12, 1858.—2 *to* 5 *o'clock.*

MR. PAGET.

1. Describe the states of the circulation in the conditions named, respectively, active congestion, passive congestion, and acute inflammation, as exemplified in the eye or skin.
2. What are the chief signs indicating the commencement of traumatic tetanus; and how would you, generally, treat the disease in its earliest stages?
3. What would you do in each of the following injuries?

Digitized by Google

(1) gunshot wound through the knee-joint; (2) punctured wound in the calf of the leg, with free arterial bleeding; (3) simple fracture of the leg, with wound or rupture of either of the tibial arteries; (4) compound fracture of the leg, with wound or rupture of the posterior tibial and peroneal arteries.

4. State the principal arguments for and against opening the sac in operations for strangulated femoral hernia.

5. Describe "granular eyelids"; the conditions in which the disease so named is usually produced, and its most frequent consequences.

6. Describe the signs and results of the destructive inflammation which may follow a wound of a joint (say the knee-joint).

7. By what diseases, in the adult, may the signs of calculus in the bladder be nearly simulated? and what are the best signs of calculus, next to that of its detection with the sound?

8. What are the symptoms and treatment of ovarian dropsy?

ANATOMY AND PHYSIOLOGY.

Tuesday, July 13, 1858.—10 *to* 1 *o'clock.*

MR. BUSK.

1. Describe the larynx, entering fully into its anatomy, relations to surrounding parts, and functions.

2. Describe the parts contained in the perineum and ischio-rectal region in the male.

3. Describe the parts contained in the space bounded above by the lower border of the inferior maxilla, below by the os hyoides, behind by a line drawn from the angle of the jaw to the extremity of the great cornu of the os hyoides, and internally by the middle line.

4. Describe the parts exposed when the pectoralis major muscle is removed.

5. Describe the mechanism of the heart's action, the sounds attending it, and their causes.

6. Under what circumstances, or what conditions of age, sex, stature, or configuration of the chest, is the extreme inspiratory capacity (vital capacity) of the thorax augmented or diminished? and mention the average inspiratory capacity of a healthy man about five feet ten inches in height.

7. Enumerate the various kinds of epithelium met with in different parts of the body, noticing the characteristic peculiarities and functions of each kind.

MEDICINE.

Tuesday, July 13, 1858.—2 *to* 5 *o'clock.*

DR. PARKES.

1. Describe the various conditions of surface which are supposed to give rise to malaria; and state what hygienic and medicinal measures you would recommend, if a body of troops were obliged to enter, and to remain in, a highly malarious country.

2. Describe the symptoms of Asiatic cholera; and state what measures you would adopt if that disease appeared in a town.

3. What are the symptoms and treatment of myelitis?

4. What are the symptoms, causes, and treatment of dilatation of one or both ventricles of the heart?

5. What are the physical signs of empyema; and what are the effects produced on surrounding organs by large collections of fluid in one or other pleura?

6. What is the composition of gall-stones; and what are the symptoms produced respectively by the passage of a gall-stone, and of a renal calculus?

7. Describe an attack of croup, of laryngismus stridulus, and of diphtherite.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Library will be closed from Monday, August 16, to Saturday, September 11, both days inclusive. Books taken out by Fellows of the Society previous to the 16th of August will be allowed to remain in their possession during the time the library is closed, and any work particularly required by a fellow during the same period may also be had upon the third day, after special application by letter, addressed "To the Hon. Librarians."

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 230.—BLOOD-LETTING.

"Yet in these days of ours," wrote one worthily renowned Riverius about two hundred years ago, "that same large blood-letting is out of date; which is not without danger, seeing Galen himself relates in his book of curing by phlebotomy, chap. 12: That it befell three Physicians, while they were practising this large blood-letting, that instead of fainting away, their patients died outright."

No. 231.—DIGITALIS IN DELIRIUM TREMENS.

A friend tells me that he has given half-ounce doses of tincture of digitalis in delirium tremens with excellent effect. Can any of your readers corroborate this statement from personal experience?

July 28. M. D.

No. 232.—A QUERY FOR OPHTHALMOLOGISTS.

Savigny, the naturalist, thus describes the painful sensations which he experienced, and which compelled him to retire from his labours. Can any of your readers tell us the nature of the malady which occasioned them?

"This affection, however violent it may be, does not produce absolute blindness; but it has gradually rendered my eyes incapable of supporting the light. In the deepest obscurity a crowd of images variously coloured, succeeding one the other, and infinitely repeated, weary and incessantly torment me. Sometimes phenomena bright, ardent, immense, luminous, and impetuous, seem for nights and days to fill the space around me, and excite the most intense and painful crisis. . . . Then all the other senses become affected; a fœtid odour, acute whistlings, harmonious or discordant sounds, the voices of men singing, talking or declaiming. . . . Then again come on threatening and painful visions . . . a spacious roof formed of innumerable human faces all equally expressive, fixing angry and sinister looks upon me" (a).

Savigny appears to have lived thus miserably tormented for twenty-seven years in retirement, in a darkened room, a faithful female friend watching over him, and, by reading, keeping him alive to the progress of science.

No. 233.—EVERY RUSTIC HIS OWN DOCTOR.

In France there is "A Poor Man's Doctor;" you may buy it for fifty centimes. It contains, the Charivari tells us, infallible receipts for all diseases. For example:—To cure a *carbuncle*, you must first, at the foot of the altar, intercede with the Patron Saint of the district in which the patient lives; then take some ivy leaves as near the ground as possible, and soap that has never been used; beat these together with fresh cream, apply them at prayer time, and your patient will be quickly cured. But carbuncles are rare, says the wit; let us therefore see how to manage that every day affair, a *colic*. This is the recipe:—Put the middle finger of your right hand on your navel and say: "Mary, thou Mary; oh! colic-passion that lies between my liver and heart, between my spleen and lungs, cease, 'au nom du Père, du Fils, et du St. Esprit;'" then say three Aves and three Paters, and speak the patient's name, saying, "Dieu t'a gueri. Amen."

No. 234.—LUTHER ON LICENSED HOUSES OF PROSTITUTION.

"We must hold no relations with those who seek to set up houses of evil resort. We must resolutely repress the devil, instead of encouraging him. They who would restore the bagnios are not Christians, but Pagans, knowing not God. The Lord has said He will punish debauchery; and assuredly He will also punish those who foster and authorise it. It may be said, if we have not public establishments of the kind the result will be fearful disorders in families. I answer that God of His grace has instituted a remedy, marriage. I hold that the example of public license in this respect is calculated to draw women and girls into vice. We must in no way tolerate or even wink at aught that is contrary to the will of God—*fiat justitia et pereat mundus.*"—*Luther's Table Talk.*

(a) Recueil des pieces officielles relatives à la vie de Savigny.

Digitized by Google

REVIEWS.

On the Causes of Idiocy; being the Supplement to a Report by Dr. S. G. Howe and the other Commissioners appointed by the Governor of Massachusetts to inquire into the condition of the Idiots of the Commonwealth, dated February 26, 1848. With an Appendix. Pp. 78. Edinburgh: 1858.

The object of the Commission appointed by the Legislature of Massachusetts appears to have been twofold: first, to inquire into the amount of idiocy existing in the Commonwealth, and secondly, to recommend some plan for the better care of idiots by the State. Dr. Howe has appended an essay on the causes of idiocy, which he traces in almost every case to some natural imperfection or acquired bad habit on the part of the parents. The chief causes are the low condition of the physical organization of one or both parents; habits of intemperance, self-abuse, and the intermarriage of relatives. It is shown from the tables, that more than one-twentieth of all the idiots examined by the Massachusetts Commission were the offspring of the marriage of relatives.

The present volume has been printed at the expense of the trustees of a gentleman deceased, who directed the residue of his property to be devoted to "the advancement and diffusion of the science of phrenology;" but the Commissioners cautiously avoid attempting to prove that the physical organization of idiots bears out the doctrines of phrenology; for, although it is true that a positive deficiency of brain is accompanied by idiocy, yet there are many idiots whose brains and skulls present in the living state (and perhaps after death) nothing abnormal. The facts in this Report and its accompanying appendix, are very interesting, and will repay perusal.

An Essay on Wasting Palsy. (Cruveilhier's Atrophy.) By William Roberts, B.A., M.D. With four lithographic plates. Pp. 210. London: 1858.

The object of this work is to make known the history and symptoms of a disease which is not very often seen, or at least, has not been very often described in this country. Cruveilhier, who had previously observed several scattered cases of this peculiar affection, was the first to draw special attention to its nature in a memoir read before the Académie de Médicine in the year 1850. Since that time, various authors, among whom may be mentioned Aran, Meryon, Duchenne, Oppenheimer and Wachsmuth, have recorded instances which have fallen under their notice; and Dr. Roberts has been able to collect the histories of one hundred cases in addition to five of his own, and has arranged them in a tabular form. The first case recorded appears to be that related by Dr. Cooke, which occurred in the year 1795: the subject was an officer of the army, who presented in the left arm a wasting of the muscles from the shoulder to the elbow, and in the right arm a wasting of the muscles of the fore-arm; the health in all other respects being perfectly good. In none of the cases was there any loss of sensation, or any symptoms which could be referred to the brain or spinal cord. The affection "is seen to attack isolated muscles, reducing them to mere membranes, while those around are plump and vigorous; falling capriciously in one case on the muscles of the thumb, in another on the two shoulders, in a third on the fore-arm and hand on one side, and the shoulder and upper arm on the other, according extraordinary immunity to one or a few muscles amid the general ruin, and lastly, not disturbing the even course of the vegetative functions, nor impairing in the least the operations of the intelligence." In all the cases recorded, the absence of lead poisoning has been clearly ascertained.

The examinations of the bodies of those who have died of wasting palsy have revealed no other lesion of the nervous system, than a diminution in size and a difference in colour of the anterior roots of the spinal nerves, together with atrophy of the affected muscles, and a fatty degeneration of their tissues. In a very interesting case related by Cruveilhier, nearly all the muscles of the body seem to have undergone this atrophy and degeneration; the patient became at last unable to stand, and from the extension of the disease to the muscles of articulation, deglutition, and respiration, he could not speak, he swallowed with great difficulty and only fluids, and was almost unable to breathe. He died of epidemic influenza, apparently being unable to expectorate the mucus from the air-passages. In this case, the disease was attributed by the patient, to a cold caught by lying in the open air at night on a muddy pavement; but in most of the other cases no definite cause could be assigned for this curious malady.

Dr. Roberts, who has examined the whole subject with great care, arrives at the conclusion that the disease is not a general but a special one, taking its origin in the affected muscles only, the lesions observed in parts of the nervous system being secondary to and consequent upon the muscular degeneration. Such being the case he regards constitutional treatment as of little efficacy, but places considerable confidence in the effects of local medication. The chief means employed are frictions with stimulating liniments; but the most powerful therapeutic agent is galvanism, which in some cases has been attended with beneficial results. It must, however, be admitted that most of the cases hitherto treated have derived little benefit from the therapeutic means employed. The whole history of the disease is at present very obscure; but Dr. Roberts is entitled to great praise for bringing together all the facts already known, and for his able and lucid reasoning upon their pathological and therapeutical bearings.

Handbuch der Medicinischen Klinik für Studirende und Aerzte Von Professor Leubuscher. Vol. I. Part I. Pp. 378. Leipzig: 1858.

Manual of Clinical Medicine for Medical Students and Practitioners. By Professor Leubuscher.

Professor Leubuscher, Lecturer on the Practice of Medicine, and Physician to the University Hospital at Jena, favourably known to the Profession by a monograph on the Diseases of the Brain, proposes to enlarge Medical literature by a new systematic treatise on Pathology and Therapeutics, of which, according to the custom now almost universally adopted throughout Germany—never to publish an entire work at once—the first half of the first volume has just appeared. That part of the work before us comprises general pathology, and the diseases of the organs of circulation and respiration. It is very well written, and contains, in clear and concise language, what is necessary to know about those matters at the bedside of the patient. There is one feature, however, which gives a peculiar interest to this work, inasmuch as the author, though fully appreciating the value of the labours recently made in morbid anatomy by Rokitansky and Virchow, wields a successful opposition against the know-nothingism in therapeutics which is now prevailing among most young German Physicians, generally influenced as they are by the sceptic teachers of the Vienna school of medicine. Professor Leubuscher very properly asserts that a patient requires somewhat more from his Physician than to be able to tell him that not his mitral but his tricuspid valve is affected, or that there is bronchial breathing in the apex of the left lung. The chapters on fever and on pneumonia are, in our opinion, the best of the book, which we hope may soon be completed, and be found very useful to the young practitioner of medicine.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged if you will allow me, through the medium of your journal, to address the Poor-law Medical officers on the subject of the accompanying correspondence.

On the receipt of the draft bill from the President of the Poor-law Board, it will probably be necessary that I should communicate individually with each Medical officer, in order that our replies may, as nearly as possible, be of a uniform character, otherwise difficulties may arise to impede the progress of the measure; but without funds at command this will be impossible.

During the last three years upwards of 800 Medical men

Digitized by Google

have thrown up their appointments; indeed, during the last seven months 160 officers have quitted the service, many of whom were liberal supporters of our cause; these frequent resignations necessitate a continuous agitation, in order to maintain the position of the Association, which has already laid the foundation for important changes; I therefore trust every gentleman, especially those who have recently accepted appointments, will join our ranks, that by numerical strength we may assist the President of the Poor-law Board to overcome the selfish opposition of Boards of Guardians, and enable him to redress the grievous wrongs that he has admitted now exist. I am, &c.

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, July 22, 1858.

12, Royal-terrace, Weymouth, 9th July, 1858.

SIR,—May I take the liberty of asking you to inform me if the "Bill to Improve the Position of the Poor-law Medical Officers" will speedily be introduced into the House of Commons? I fear it may not be considered etiquette for me to see the Bill before its introduction; if it were, I should be glad to do so, as it is possible from my acquaintance with the subject that I might be able to point out things that have been overlooked, and prevent trouble hereafter.

I have the honour to be, Sir,
Your obedient Servant,
RICHARD GRIFFIN.

The Right Honourable the President
of the Poor-law Board.

31, Eaton-place, S.W., 13 July, 1858.

DEAR SIR,—I delayed answering your letter of the date of the 9th, as I had received notice that the question which you put to me would be addressed to me in the House. You will probably have seen the answer which I gave to Mr. Cobbett. In fact, I have found in dealing with the subject of Medical relief I should have to propose such material changes in the present practice, that it seemed to me desirable to ascertain from all parties concerned what they would think of the new plan, before it is made public in so formal a shape as a Bill presented to Parliament. I have therefore decided to print my plan in the form of a Draft-bill, and to communicate it during this autumn to all Unions and Medical officers, with a view to learn their opinions on the provisions of it. In this way I hope to receive their sentiments in a more unreserved manner, and thus to be better prepared for my ultimate object, which is, to be ready with a well-digested Bill when Parliament shall re-assemble.

I am, dear Sir, yours truly,
T. SOTHERON ESTCOURT.

You are at liberty to communicate this letter to any persons interested.

R. Griffin, Esq.

THE GLOBULE TRADE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In corroboration of the facts related in your last journal, I send you the following particulars:—About seven or eight years ago, a young man, who described himself as a confectioner, called to consult me respecting some complaint he was suffering from, with a view to obtain my advice. On my asking him how he had been employing his time, he informed me that he had been engaged for a considerable time in manufacturing globules for the homœopathic chemists in London. He told me they were made exclusively of sugar of milk rum through a sieve while in a state of fusion, and that he had never known any medicinal ingredient to be mixed with them, which he was sure could not be the case, for as they came from his hands, so they were, having simply been previously dried, put into the bottles to form the homœopathic medicine chest. Thinking I might be desirous of possessing a specimen of his manufacture, and as a proof of the delusion he had been practising, he presented me with a box, containing about thirty bottles, which were labelled, as far as I can recollect, with aconite, mercurius, lobelia, ignatia nux, pulsatilla, camomilla, and indeed many other names of the Materia Medica, telling me, at the same time, that if they were of no other use, they might please the children, which I have no doubt they did, as on going two or three days after to the bookcase, in which I had placed the little cabinet, I found all the globules had disappeared, as I afterwards ascertained, without doubt, down their little throats. I need scarcely maintain that neither of them displayed any "symptoms;" and all I could observe in them was a strong desire for "more," which I had some difficulty in allaying.

The man never gave me any fee for my attendance (he had been, I suppose, too long in the trade of homœopathy not to have imbibed a little of the knavery of the business); and I understood he afterwards went to work at a biscuit manufactory, at his original trade as a confectioner, and subsequently to Australia; since which I have not been able to hear anything of him.

The above is a true history of my interview with the globule maker; and if it should be thought of any service in illustrating your views, you are perfectly welcome to it.

I am, &c. F. B.

COMPULSORY PRELIMINARY EXAMINATION.

LETTER FROM JAMES ORWIN, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—Some disappointment has been expressed, that the clause, in reference to a *preliminary* examination, has been struck out of the Medical Bill; but it appears to me that, practically, no evil will ensue from this circumstance. The General Council is empowered to require the various Colleges and Universities to transmit to them a statement of the course of study which the candidates for their diplomas will be required to pass through; and should the Council deem the curriculum insufficient, power is given to them to take such steps as will compel the examining body to amend it. If, therefore, the General Council will insist on a preliminary examination being required by *all* the examining boards, it is evident that no person can, in future, become a member of the Profession without his preliminary education having been sufficiently tested. I am, &c.

JAMES ORWIN, M.D.

Haverstock-hill, July 26, 1858.

ASSUMPTION OF MEDICAL TITLES.

LETTER FROM DR. WADES.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been directed to a letter in your Journal of Saturday last, regarding a person named Watson, who styles himself M.D. of New York; and as you suggest the propriety of making inquiry at the University of New York, I think it proper to save any one that trouble.

I may state that I studied at the University of New York last winter, and graduated there in March. I possess a catalogue of all the graduates since the establishment of the Medical Department of the University, and I am glad to say that there is no graduate of the name of Watson in the whole catalogue. I am, &c.

JOHN W. B. WADES, M.D. of the University of New York, L.R.C.S. Edinburgh, &c.

Edinburgh, July 28, 1858.

CAUSES OF THE HEART'S SOUNDS.

LETTER FROM DR. LEARED.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a discussion which has lately taken place in the *Medical Times and Gazette* on the sounds of the heart, the cause of the first sound was that about which opinions especially differed. The explanation, which refers it to the tension of the intra-cardiac valves, was that which appeared most generally received. I may be excused for stating my conviction that the true explanation was not touched upon. I have long held that the first sound originates in the blood itself; and I beg to refer those interested in the subject to a paper of mine in the *Dublin Journal of Medical Science* for May, 1852. My views remain unaltered, although they are

Digitized by Google

modified in some points of detail. Experience since then, derived from direct experiments and from pathology, as well as from observations on the sounds of the heart in animals in which the structure of the organ is widely different from that of mammalia, tend to confirm my opinion. I hope shortly to elucidate my views by a communication of greater length.

I am, &c. ARTHUR LEARED.

48, Finsbury-square, July 25, 1858.

ON THE FREQUENCY OF THE ESCAPE OF THE LUNGS IN GUNSHOT WOUNDS OF THE THORAX.

LETTER FROM H. R. A. HUNTER, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—With reference to the paper alluded to in your last, by Dr. Patrick Fraser, "on penetrating wounds of the chest," kindly permit me to refer to one on the same subject by myself, in the *Medical Gazette* of the 25th October, 1850, page 713, where it is mentioned, of twenty-one such wounds (carefully observed), ten or eleven proved fatal at once; while of the remaining only one was proved to have penetrated the lung, as indicated by the least alteration in the character of the respiratory murmur. This case, it is stated, proved fatal by pneumonia on the third day, whereas of the others only one proved fatal even eventually; and in that, as a strong fæcal odour issued from the lower wound in the subscapular region, after the third or fourth day, there can be no question the wound was intestinal, notwithstanding the ball had entered the upper and fore part of the chest; that hence we were led to believe the lungs do frequently escape in a marvellous manner in gunshot wounds of the chest; as also that gunshot wounds of the lungs do almost always prove fatal.

I am, &c. R. H. A. HUNTER,
First Class Staff-Surgeon, Half-pay.

Moffat, July 27, 1858.

LOCAL USE OF BELLADONNA IN ERYSIPELAS AND CARBUNCULAR BOILS.

LETTER FROM ROBERT B. COOKE, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—The attention of the Profession was drawn to the beneficial effects of iodine in boils and erysipelas by Dr. Rigby in your last week's number.

I am not aware that the local application of *belladonna* in these affections has been generally tried; but my experience of its use justifies me in recommending it to those of my Professional brethren who may not have hitherto given it a trial. I have also found it afford the greatest relief as an application to inflamed chilblains, to which, as also to an erysipelatous surface, it may be applied in the form of tincture, or as a lotion made from the extract. To a carbuncle or boil, an ointment composed of the extract, with some simple cerate, will be found a convenient application.

I am, &c.
ROBERT B. COOKE.

The Cliff, Scarborough, July 23, 1858.

REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JULY 5, 1858.

Mr. PROPERT, Vice-President, in the Chair.

A paper by Mr. W. H. MICHAEL, of Swansea, was read by Dr. McWilliam, on

THE DIFFICULTIES ATTENDING THE STUDY OF EPIDEMIC DISEASES.

Mr. MICHAEL commenced by stating that two questions appeared to require solution, viz.:—1st. What are the causes which determine the advent of disease in such large proportion to the population of any district as to justify the title of epidemic visitation? and 2nd. What operates to check the progress of, to moderate the diffusion, and to cause the departure of such visitation? Are these causes to be sought for in the air we breathe, or in the food and water we ingest? Do they depend on some subtle electrical phenomena which depress vital agency, and make the body prone to take on disease; or is there some telluric influence which reacts in a particular manner according to some definite but uncomprehended general laws, predisposing to some particular disease or some group of diseases? for experience amply proves that such diseases as small-pox and measles, hooping-cough and scarlet fever, may not only exist together in the same household and family, and, as I believe, may co-exist at the same time in one individual, with short space between their advents, the heavier attack fighting away, as it were, the lesser visitation of disease. Has relative height of locality any influence in procuring exemption from pestilence; and, if so, how are the exceptions to this explained away, and what are the general laws which influence the velocity of transmission of diseases to various parts of a district? Can the germs of disease be communicated by food or water from person to person? Is the contagiousness of disease an accidental circumstance arising from the intensity of the poison, if such exist? Are all diseases of an epidemic type more or less under differing circumstances communicable from contact or infection, as separated from some generally prevailing cause? Are *foul smells* in themselves capable of producing disease; or is there of necessity, before such effects are seen, the presence, undetected by the senses, of some influence or emanation separable from and independent of them? And is it not possible to deodorize without disinfecting any supposed cause of disease? These and many other important questions have not yet received that attention, and had directed to them that amount of research of an inductive character, which alone can solve definitively those great problems of life and death. This is for the future. In the present, it is well for us rightly to estimate the difficulties in the way of progress, and to make sure the ground we have gained, and from the histories of epidemics we already possess, to endeavour to deduce for our guidance those great general laws, without the knowledge of which we can never adequately be masters of the situation. The author proceeded to the exposition of the subject of his paper, by reference to cases and to statistical facts; and concluded by suggesting that we may hope by this well-conducted inquiry, in the true inductive spirit, to be able eventually to discover the latent causes of all zymotic diseases, and to trace to their true sources those scourges of the apathy and crime of mankind which lie concealed in cholera, small-pox, scarlet fever, and the like. "Great," said he, "will be the boon to humanity, however ill our labours may be requited, if we can add but one step to the ladder which shall reach to that shrine in the temple of truth, where these problems may receive their solution, for the world's well-being and comparative freedom from disease and death."

A discussion followed in which Dr. Milroy, Dr. Murchison, Dr. Greenhow, and Mr. Radcliffe took part.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

WEDNESDAY, JULY 21.

PUBLIC HEALTH BILL.

On the order for the second reading of this Bill,

Lord WYNFORD complained that, owing to an unfortunate defect in the law, noxious trades were allowed to be carried on unchecked on the south side of the Thames, and he suggested that some provision should be introduced into this measure, by which nuisances of that kind should, after proper inspection, be suppressed, either with or without compensation.

The Earl of HARDWICKE pointed out that the Bill contained a clause empowering the Privy Council to direct inquiries to be made into matters of that description.

Lord WYNFORD said, that what was wanted was a power to suppress such evils, and this the clause in question did not give.

Digitized by Google

The second reading of the Bill was then agreed to.

The Vaccination (Ireland) Bill was then read a second time.

FRIDAY, JULY 23.

MEDICAL PRACTITIONERS BILL.

The report of amendments was agreed to.

PUBLIC HEALTH BILL.

The report of amendments was agreed to.

MONDAY, JULY 26.

The Medical Practitioners Bill was read a third time and passed.

HOUSE OF COMMONS.

MONDAY, JULY 26.

MEDICAL OFFICERS OF THE ARMY.

Mr. SEYMOUR asked the Secretary of State for War when the warrant augmenting the pay of the Medical officers of the army would be promulgated.

General PEEL replied that the subject was now under the consideration of the Treasury.

TUESDAY, JULY 27.

The Lunatics (Scotland) Act Amendment Bill was read a third time and passed.

MILITARY HOSPITAL.

Sir H. VERNEY inquired whether, as the Royal Commission had shown the necessity for a general Military Hospital and Medical School, and as a new hospital was about to be erected at Aldershott, the Government would consider whether such Hospital might not be used for the purpose contemplated by the Royal Commission?

General PEEL was understood to say that the question of the establishment of a Military Medical School was at present under the consideration of the Government, and no doubt it might, at some future period, be deemed advisable to connect it with the Hospital at Aldershott.

THURSDAY, JULY 29.

LUNATICS (SCOTLAND) ACT AMENDMENT BILL.

The Lords' amendments to this Bill were agreed to.

MEDICAL PRACTITIONERS BILL.

On the motion for the consideration of the Lords' amendments to this bill,

Mr. COWPER, in answer to Mr. W. Williams, said that £5 as a maximum fee had been substituted for those usually paid, and the remainder of the amendments were trifling and formal.

The Lords' amendments were then agreed to.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted licentiates in midwifery at a meeting of the Board on the 21st. inst., viz.:—

BENTLEY, GEORGE, Halstead, Essex.
BOGG, EDWARD BEVERLEY, Louth, Lincolnshire.
CROUCHER, ALEXANDER RICHARD, Shadwell.
DOW, JOHN, Keith, Banffshire.
EWEN, ALFRED BENJAMIN, Long Sutton.
FLEISCHMANN, ALFRED, Leeds.
GRIFFITH, HUGH, Edern, near Pwllheli.
LOMAS, WILLIAM, Guildford, Surrey.
MOLINEAUX, JAMES, Manchester.
MORGAN, WALTER, Bridgend.
SIMONS, ARNAUD JEAN JACQUES B., Cape of Hood Hope.
SPENCE, RICHARD GEORGE CLARK, Otley.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 23rd inst., viz.:—

BATE, HENRY FRANCIS, Trelawney, Jamaica.
BROWNRIDGE, JOSEPH, Hull.
CLUCAS, WALTER DANIEL, Ramsey, Isle of Man.
GOODALL, JOHN, Market Drayton.
HAYWARD, HENRY, Army.
HICKS, GEORGE BORLASE, Old-street-road.
JORDAN, WILLIAM ROSS, Birmingham.
LEDWICH, RICHARD, Dublin.
MASON, FRANCIS, Bedford-place.
RIX, WILLIAM HOWELLS, Tunbridge-wells.
STARLING, JOHN, Bishop Stortford.
WILDERS, JOHN ST. SWITHIN, Birmingham.

Also on the 26th inst., viz.:—

BICCARD, CARL WILHELM THALMAR, Cape of Good Hope.
BRUMWELL, JOSEPH COWNLEY, Lancashire.
BYAS, EDWARD HEGLEY, Grove-hall, Bow.
CHAMBERS, THOMAS, Lingwell, York.
CURTIS, WILLIAM, JUN., Alton, Hants.
GRIFFITH, ALICIUS JOHN, Dublin.
HILL, MATTHEW BERKELEY, Stapleton, Bristol.
MCANDREW, ROBERT JOSEPH, county of Mayo.
WEBSTER, THOMAS, Redland, Bristol.

EAST INDIA COMPANY.—Names of Assistant-Surgeons reported qualified by the Board of Examiners, July, 1858.

BONSTEAD, ROBINSON.
BROWN, THOMAS EDWIN BURTON, M.D.
BROWN, ROBERT.
BUSTEED, WILLIAM JOHN.
BYRNE, OSCAR.
COCKELL, PHILIP WYATT.
CROSBIE, PIERCE MAURICE.
DANN, HENRY TALBOT.
DAVIS, WILLIAM FARQUHAR, M.D.
FABECH, FREDERICK WILLIAM ALEXANDER DE.
GOOLD, FRANCIS.
HARRIS, WORSLEY POULETT.
HATCHELL, CHARLES.
HONSTON, JAMES MCDONALD.
LANGLEY, EDWARD HARLEY RAYNSFORD.
LAWRENCE, EDWARD.
MACKENZIE, JOHN THOMAS, M.B.
MCCLAY, WILLIAM.
MCDERMOTT, JOHN JOSEPH.
MCGRATH, HENRY F.
MURRAY, JOHN, M.D.
POTTER, HENRY, M.D.
RICHMOND, ARCHIBALD FULLERTON.
ROBERTS, WILLIAM HOWLAND, M.D.
RULE, SAMUEL.
STEPHEN, ALEXANDER, M.D.
THINDON, GEORGE YEATES.
VEREHERE, ALBERT MARC.
WELSH, JAMES.
WHISHAW, JOHN CHARLES.
WHITE, JOHN BERRY.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 22, 1858:—

BIRTWHISTLE, WILLIAM, Beverley, Yorkshire.
BLAKER, NATHANIEL PAINE, Hurstpierpoint, Sussex.
BROAD, JAMES.
DYER, GEORGE HENRY, Stonehouse, Devon.
EGARR, MICHAEL J., Terrington, St. John's, near Lynn.
LEIGH, JOHN, Holywell, N.W.
JEFFCOAT, JAMES HENRY, Leamington, Warwick.
NICOLSON, JOHN B., Greenvale-place, Glasgow.
PARSONS, CHARLES, Wells, Somerset.
SPENCER, HENRY BANKS, Corsham, Wilts.
WATSON, HENRY, Loughboro'.
WHITWORTH, JOHN, Liversedge-park, Heckmondwyck.
WILKIN, WALTER, Royal Crescent, Bath.

APPOINTMENTS.

Dr. John M'Andrew has been appointed a Companion of the Order of the Bath.

Mr. Lawson, Surgeon to the Great Northern Hospital, has been appointed joint Lecturer on Anatomy, with Dr. Halford, at the Grosvenor-place School of Medicine.

Digitized by Google

DEATHS.

BEST.—On July 25, at Thetford, Henry Best, Esq., in his 85th year.

CLARKE.—On April 30, at Paris, after a few days' illness, Dr. George Clarke, Full Surgeon, R.N., of Typhoid fever.

WALES.—On the 23rd inst., at Downham Market, William Hebgin Wales, aged 22, late Student at Guy's Hospital.

THE whole French Army has been revaccinated.

THE Sultan Abdul Medjid is seriously ill; and his people are said to be deeply moved at his distresses.

THE HOSPITAL OF THE COLDSTREAM GUARDS is about to be considerably enlarged.

Sir RODERICK MURCHISON is about to set out on a geological tour through parts of Scotland; Caithness, Sutherland, Ross, Orkney, and their northern parts, are to be the scene of his intended labours.

KEW GARDENS.—One of the most beautiful objects to be seen in these gardens is the *Araucaria Excelsa*, the Norfolk Island Pine. Its branches and foliage bear a striking resemblance to an inferior ostrich feather. It is the finest specimen of its kind in Europe, and was introduced into this country by Captain Cook and Sir Joseph Banks. It stands in a tub, which contains 17 tons weight of its native soil.

A NAVAL HOSPITAL.—The Admiralty Lords in their tour of inspection of Chatham Dockyard, ended their day of work with a visit to Melville Naval Hospital, which their Lordships found to be a model of cleanliness, order, and regularity, the sick inmates being accommodated in large, airy, clean, and well-ventilated wards.

THE STATE OF THE SERPENTINE is again attracting the attention of the public. A large meeting at the Cadogan Institute, Sloane-street, a few evenings ago, stirred the muddy subject up; and the most prominent supporters, as usual, of the advancement of sanitary measures, were members of the Medical Profession,—amongst others, Drs. Copland and Lancaster stood forward prominently.

THE ART OF VENTILATION is being taught to the Yankees by Dr. Reid. Having properly sorted the Houses of Parliament in this country, the well-known Doctor is now busied with the purification of the air in log huts, hotels, mosquito curtains, etc., in America. Great attention appears to be at present paid to this subject by the American Government, and Dr. John Reid has fallen among our cousins, and has published his work on "Ventilation in American Dwellings, with Diagrams," at a happy moment.

THE CHICK IN THE EGG.—The way in which the young bird gets out of its shell is thus described. The beak is furnished with a bony point which afterwards drops off. This is protruded through the shell. By means of its feet, as levers, the animal then turns itself a little, till by degrees the whole top of the large end is cut very clearly off, and a passage is opened for the imprisoned chick to go free.—*Laishley's History of British Birds' Eggs.*

THE DREADNOUGHT it appears does not belie her name. The report that she was to be floated to a more pure part of the River, is denied by Dr. Barnes, the Senior Physician. "She still," he says, "rides unharmed at the old spot." Whenever removal "becomes necessary, the Medical staff will not hesitate to recommend this step." We will only suggest whether it would not be more wise to recommend the step, *before it becomes necessary.*

TESTIMONIAL.—Last week a gold watch and printed testimonial were presented to Dr. Tate, Assistant-Surgeon, R.A., by upwards of 300 of his late patients at the Alnwick Infirmary. The following inscription is upon the watch:—"Presented to George R. Tate, Esq., M.D., Royal Artillery, by upwards of 300 of his late patients and a few friends, as a mark of regard and esteem, and in appreciation of his unremitting attention and kindness in the performance of his duties while House-Surgeon to the Alnwick Infirmary. July, 1858."

YELLOW FEVER.—The New York journals of the 10th inst. report that several vessels from Cuban ports had arrived at quarantine with cases of yellow fever, in its most virulent form, on board. Two of these, the American ship *Grotto*, of Bath, for Scotland, and the British ship *Suzanne*, for Liverpool, were obliged to put into New York on account of having lost portions of their crews, the remainder being down with fever, so as to be unable to work the ship. The captain of the *Suzanne* died on the third day out of Matanzas; two of the crew soon followed him, and five others were taken down with the disease.

THE USE OF BIRDS.—M. Flourent Prevost, who has for fifty years presided over the Natural History Museum of Paris, and has, like the ancient Roman Augurs, examined the entrails and stomach of fowls with scientific curiosity, now propounds the results of his long experience. He avers that birds, of whatever sort, are an unmitigated blessing to the farmer, and that the detritus and organic particles found by inspection in hecatombs of volatiles, which, by the assistance of the Royal Forest Rangers he has sacrificed on the altar of utility, show an immense predominance of insect *corpuscula* in their digestive organs, the traces of cereal or other valuable products being infinitesimal in comparison.—*Globe.*

POPULATION OF PARIS.—The following figures, taken from the official census, show the increase which has taken place in the population of the communes round Paris within the last 25 years:—At Batignolles the number of inhabitants in 1831 was 6826; 1836, 11,566; 1841, 14,073; 1846, 19,864; 1851, 28,762; and in 1856, 44,094. Belleville, 8109; 10,698; 19,515; 27,801; 34,915; 57,699 respectively. Boulogne, 5323; 5993; 6906; 7847; 7602; 11,378. La Chapelle, 2440; 4177; 8724; 14,398; 18,700; 33,449. Montmartre, 4571; 6812; 7802; 14,710; 23,112; 36,450. Neuilly, 5599; 7654; 9493; 13,063; 15,897; 23,822. La Villette, 4938; 7681; 10,954; 13,485; 13,651; 30,287.

ROYAL MEDICAL BENEVOLENT COLLEGE.—"FOUNDER'S Day."—The friends of this institution and parents of the students met on the 3rd instant to celebrate the "Founder's Day," and to witness the distribution of the prizes which had been awarded by the appointed examiners. The College presented quite a holiday appearance. The Bishop of Durham handed the prizes to the boys with a few words of encouragement to each, and said that the attainments of the boys in this school reflected the greatest credit upon those under whose discipline they were placed, and satisfactorily proved to him that the auspices under which it had been founded were of the most favourable description, and calculated to produce the highest results; while the proficiency already attained gave ample reason for the impression that herein were all the elements to enable a scholar to attain to the greatest distinction, and that the system of education pursued here partook of those high advantages to be found on Harrow, and those other great schools of the country.

SEPOY ATROCITIES.—It is, of course, very difficult to procure accurate statements of the cruelties perpetrated on our unfortunate countrymen by the Sepoys and other assassins; but the following has been sent to us on most respectable authority, and ought to be made known:—"Mrs. Joyce, a European woman, residing in the Sudder Bazar, Jullender (a Roman Catholic), was severely wounded on the night of the 7th of June, 1857, during the mutiny, by bayonet thrusts, after which the Sepoys poured boiling oil into the wounds, her body was thrown into a pit in the churchyard, where it was found by the chaplain of the station, the Rev. R. Panting, M.A. Very few mutilated children and wounded could survive their sufferings in such a climate, and without Medical aid. During the flight from Delhi, on the road to Umballa, a lady saw little feet in the shoes that had been cut off, and were lying about. Let 'Judex' (a correspondent) apply for a private account of poor Mrs. M'Donald's death at Meerut, and of Mrs. Chambers's burning there."—*Calcutta Englishman*, June 16.

REPORT ON THE PRISONS OF ENGLAND.—From the following extracts from Dr. Perry's very interesting report, it will be found that there is scarcely a prison in this county in which some grievance is not to be found:—The crank-labour system is pursued at Aylesbury gaol, notwithstanding the disapproval of the Inspector, who calls for the interference of Mr. Secretary Walpole. Bradninch gaol is reported to be only fit for a temporary lock-up house. At Dorchester county gaol the dietary is insufficient. The dietary arrangements of the Gloucester county gaol are still open to grave objections. Dr. Perry made a protest against the (intended) introduction of the crank-system at the Southampton town gaol. The

Digitized by Google

want of some light labour to keep the prisoners out of mischief is pointed out as a fault in the House of Detention at Clerkenwell, Middlesex. The crank-system flourishes in the new House of Correction at Wandsworth; the labour is hard and unproductive. The cutting and picking of rags for paper, however, will be introduced shortly. In the Queen's Prison the discipline is reported as lax, and the sale of spirits is carried on to a great extent, in defiance of the law. In the Lewes county gaol Dr. Perry recognises as a grievance the refusal to allow the prisoners to take any exercise on Sundays,—a stretch of Sabbatarian strictness beyond even that of the Jewish ceremonial law, which allowed a person on the "Sabbath" to walk, although not more than two miles. There is a rule requiring exercise every day, and the violation of this rule is reported to the Secretary of State. In Salisbury county gaol the only means of ablution is at a public sink, where the prisoners must strip before each other.

TESTIMONIAL TO MR. GEORGE WILLIAM BRIDGEMAN.—Mr. George William Bridgeman, the Medical officer of the sixth district of the parish of Marylebone, having lately thrown up his appointment, the poor people who had been under his care determined to present him with a small token of the high esteem they felt for him both in his public and private capacity, and of their regret at losing his services. Each person, on the average, gave one penny, and there were between four and five hundred subscribers. With the amount thus collected a very handsome Bible, magnificently bound, was purchased, and the presentation took place on Tuesday evening, the 20th, at Clergy-house, Portland-road, when the Rev. James Amos, after a feeling speech, handed the Bible to Mr. Bridgeman. That gentleman made a reply, in which he expressed his appreciation of the deep value of such a demonstration. The company then separated. Amongst those present were the Rev. Mr. Gray and the Rev. Mr. Stafford, together with several ladies and gentlemen who had greatly interested themselves in the matter. The following inscription appeared in a fly-leaf of the Bible:—"This copy of the Sacred Scriptures, purchased from small contributions, was presented to George William Bridgeman, Esq., late Medical Officer of the Parish of St. Marylebone, as a token of the high sense with which they have been led to regard his professional skill, and of the most sincere gratitude for his unvaried kindness, ready self-denial, and generous sympathy, by some of his poor patients. July, 1858.—'They cannot recompense thee, but thou shalt be recompensed at the resurrection of the just.'—Luke xiv. 14."

NORTH OXFORDSHIRE MEDICAL AND CHIRURGICAL SOCIETY.—The annual meeting of this Society took place at Banbury, on Tuesday week, under the presidency of Dr. Wise. Among the company present were Mr. Propert, the founder of the Royal Medical Benevolent College; Mr. Hancock, Surgeon to Charing Cross Hospital; Mr. Solomon, Surgeon to the Hospital, Birmingham; Dr. Jeaffreson, Leamington; Mr. Churchill, Medical publisher; several other leading Surgeons from London, and most of the Medical gentlemen in Banbury and the neighbourhood. An excellent dinner was provided at the white Lion. After the usual loyal toasts, the Chairman proposed "The health of Mr. Propert, the benevolent founder of the Royal Medical College," which was most enthusiastically received; the Chairman added that, though much credit was due to Mr. Propert, much praise was also due to his daughters, who had acted as secretaries in the early history of the College, often sending out ten or twelve thousand letters per week. The Promenade Concert in aid of the funds of the Medical Benevolent College, took place in Dr. Wise's beautiful grounds on the following day, and was numerously attended. The gardens had a very gay appearance. Too much credit cannot be given to Dr. Wise for his kindness in throwing open his grounds; and we are happy to hear that the funds of the College will be considerably benefited by the result.

FEIGNING DISEASE IN CHINA.—We are indebted to a correspondent for the following account:—"The practice of feigning disease for the purpose of eliciting pity and alms is a most common occurrence in every city in China. It is not to avoid compulsory labour, but simply to obtain rice and copper cash without working for them. The ways in which the persons succeed are various; some do it by exciting alarm by their filthy and disgusting appearance—others by noisy rappings of bamboo or brass utensils, and singing, feigning perhaps lameness or blindness at the same time,—others by wailing, and shedding fictitious tears—others by repulsive exhibition of distorted hands and feet or various loathsome disfigurements—others by carrying with them, naked, diseased, or apparently lifeless children—and last, but not least, is the class of pretenders who simulate various complaints. Those most common in China, and seen in the public streets and thoroughfares, are epilepsy, insanity, amaurosis, closed eyelids, hæmorrhage from the stomach, nose, eyes, and ears, swooning, contusions, ulcers, lameness, false delivery of children, emaciation, etc. Another form of deception not very common and probably peculiar to this country, is simulating severe lacerated wounds. A few days ago a person of this character, not a native of this province, had been at Shanghae exciting commiseration by the exposure of a deep incised wound of the wrist joint. A gentleman of this community seeing him in this pitiable condition for two or three days in succession, felt unable to determine whether he was an impostor or not; he sent him to the Chinese hospital to have his case properly examined, and if real, offering to bear all the expenses of medical treatment for the poor man's recovery. The patient played his part most cleverly; the deep sabre-like wound looked at first sight a real one; it excited pity and alarm in the minds of the bystanders; the hand was cold, and appeared hanging by a few shreds of muscle, supported above and below by a bandage stained with the clotted blood; on a more careful examination however (very reluctantly allowed from the pretended *severe* pain it occasioned) the anomalous wrist bones were found to be those of an animal and not of a man, and more in number than they ought to have been; upon this discovery the wounded hand was held firm, in spite of loud exclamation of intense suffering, the bandages were cut open, and the bones and fictitious flesh being partially removed, a sound and healthy wrist was exposed to view! The pretended sufferer, together with his companion who had also a wound in his head, were immediately lost sight of."

SELF-SUPPORTING DISPENSARIES. — At a Meeting held at the Judge's House, Warwick, July 10th, 1858, convened for the establishment of a Society for the promotion of self-supporting dispensaries, patronised by the Earl of Warwick, Lord Leigh, and Lord Willoughby de Broke, the Right Honourable Lord Leigh, in the Chair, it was proposed by C. H. Bracebridge, Esq., and seconded by Lord Willoughby de Broke,—"That in commemoration of the recent visit of Her Majesty to this county, a Society be now formed for promoting the establishment of Royal Victoria Self-Supporting or Provident Dispensaries, in those districts where the wealthy inhabitants will subscribe towards the outfit, and the working people contribute towards their support." It was proposed by Owen Pell, Esq., and seconded by Chandos Wren Hoskyns, Esq.—"That a Committee be formed to obtain subscriptions, prepare rules and regulations for management, and for carrying out the objects of this Society." It was the opinion of this meeting, that the Provident Dispensaries—the object of which is to provide Medical attendance in sickness, from a fund supplied by the poor themselves—are calculated to save the poor from getting into debt, from resorting to the parish, from injuriously delaying necessary Medical advice, and have a direct tendency to foster provident habits, self-reliance, and self-respect, and are therefore particularly deserving of the support of the public, and more especially the gentlemen who are entrusted with the management of Life Assurance Offices.

CLOTHING OF THE TROOPS IN INDIA.—A communication, which has just reached us from Bengal, illustrates very forcibly the importance of some decided and authoritative change:—"Last month the 13th Light Infantry (in the light country Karkee clothing, which can be got for every regiment in India much more easily than the officers get beer), was on field service with detachments of the Bays and Her Majesty's 37th Regiment, when we all had occasionally to march in the heat of the day, thermometer at the time standing in the huts from 100 deg. to 115 deg. Those detachments were dressed as follows:—37th—shako and trousers all right, but with the old double-breasted tunic on, buttoned up to the throat. The Bays in English cloth tunics and trousers, to say nothing of the brass helmet, hot enough to toast bread in, weighing I don't know how much, and with merely a white cotton cover on. After it had been some time worn in

Digitized by Google

the sun you could scarce bear your hand on it, much less your head inside. What was the result? The 13th Light Infantry could march the 37th into fits, although they are as fine a lots of fellows as you would desire to see; and as for the cavalry, they were more knocked up than either, notwithstanding their being on horseback. That fine regiment, the 10th Foot, which the Sepoys dread so much, is still dressed in the red coat; but mark the difference, not for working in; they march and fight in their shirt-sleeves—about the best dress for India. The 35th often parade in scarlet, and not fine linen, but black-leather stocks; they fight in the former, and hence, perhaps, one reason, if not the chief one, why they lost so many men by sun-stroke or apoplexy at that unfortunate Arrah business the other day. The men (many of them) must have been killed by their tunics confining the chest and throat. The 37th, who have been so unfortunate in their encounters with the enemy, also fight in red, buttoned up to the throat, which is very distressing to the men, particularly if moving quickly. Their failures have been so frequent that the 37th has become quite a byword with the Sepoys, who also say that if they would only dress all the men in red they could lick us out of the country before a month,—and to a certain extent they are right. Many other regiments which I could mention are also still in scarlet, which is a great shame, as almost any amount of Karkee clothing can be got at Benares, whence it could be despatched, without much delay, to any part of India."—*United Service Gazette.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 24, 1858.

BIRTHS.

Births of Boys, 804; Girls, 851; Total, 1655.
Average of 10 corresponding weeks, 1848-57, 1456.

DEATHS.

	Males.	Females	Total.
Deaths during the week	554	578	1132
Average of the ten years 1848-57	546·2	514·4	1060·6
Average corrected to increased population	...	...	1167
Deaths of people above 90	...	...	5
Deaths in 15 General Hospitals	24	20	44

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	5	11	9	18	5
North....	490,396	2	9	11	7	26	7
Central ..	393,256	1	5	5	7	15	5
East	485,522	2	7	8	11	33	7
South	616,635	..	24	23	21	35	11
Total..	2,362,236	6	50	58	55	127	35

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·782 in.
Mean temperature	62·9
Highest point of thermometer	79·2
Lowest point of thermometer	49·3
Mean dew-point temperature	58·5
General direction of wind	S.W.
Whole amount of rain in the week	0·37 in.
Amount of horizontal movement of air in the week ...	630 miles.

TO CORRESPONDENTS.

Junior.—The Secretary, East India House.

Mr. Hussey's paper shall appear in an early number.

Mr. Paget's paper on the Diseases of the Mucous Membrane of the Tongue will appear next week.

Ingestens, Trieste—Mr. Toynbee's Lectures have not been published separately.

M.D. will be able to find the solution to his question in the Bill we publish to-day.

GOODMAN AND CO.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A stranger of showy habiliments and "eloquentiæ satis," has been perambulating this district, and levying contributions on the ignorant and unwary, by representing himself as a Physician, belonging to a clique of qualified men in London. The handbills, which promise to the afflicted relief of all the maladies inherited from Adam, represent the benevolent distributors of these benefits to be Messrs. Goodman and Co., Doctors of Medicine, etc., European Institution, Blackfriars-road, London, established 1842." Can you give me any information of these Gentry, or the institution? Whether, especially, any qualified man is really connected with it. The latter question might appear absurd did we not live in times in which strange things are done by those of college education. I am, Sir, tendering you sincere thanks for the pleasure and advantages of perusing your periodical,

L.

Ruttleedon, Suffolk, July 22.

A COINCIDENCE.

The two following advertisements appear side by side in the *Stockton Mercury.*

Medical-hall, Northgate, Hartlepool. Mr. J. Halley, Surgeon, etc. Visits and consultations at moderate charges. Medicines carefully prepared and dispensed. Advice free, daily, from Nine to Ten in the morning.

W. Edgar, Bone-setter. (Opposite the police-station), Bondgate, Hartlepool, has had many years' practice in the above branch; and solicits a trial in the worst cases, confident of success.

The third is on the same sheet.

Wm. Munro, M.D., M.R.C.S., London, (and lately of H.M. 93rd Highlanders) begs to inform the inhabitants of West Hartlepool and vicinity, that he has begun the practice of his Profession in Church-street; and, from his extensive experience for a number of years in India and at home, he hopes to have a share of their patronage. In absence of a Dispensary, Dr. Munro will give gratis advice, at his house in Church-street, between the hours of Ten and Eleven o'clock a.m., as a Physician, on Mondays, Wednesdays, and Fridays; and, as a Surgeon, on Tuesdays, Thursdays, and Saturdays. West Hartlepool, June 11th, 1858.

COMMUNICATIONS have been received from—

Mr. PAGET; Dr. MARCET; Dr. SCOTT ALISON; Dr. PRIESTLEY; Mr. PRESCOTT HEWETT; Mr. HUSSEY, Oxford; Dr. MILROY; Dr. LEARED; Mr. FLOWER; Mr. DAVEY; Mr. FIELD; Mr. BIRD; Dr. MOREHEAD; Mr. THOMAS; Dr. BROWN; Mr. DANE; Mr. F. ROBERTS; Mr. LUCAS; Mr. COOKE; Mr. MARTIN; Dr. JUNKE; Dr. ALTHAUS; Dr. BOND, Birmingham; Dr. BARNES; Mr. HUNTER; Dr. EASTON, Glasgow; Mr. FLEISCHMANN; Mr. HILDIGE, Dublin; Mr. ROUTLEDGE; Mr. H. BEST; REGISTRAR-GENERAL; PRO BONO PUBLICO; M.A.B.; SECRETARY, GENERAL BOARD OF HEALTH; Dr. SHEPPARD; Mr. N. GODFREY; Mr. J. HADDEN; Mr. H. BEVAN; Mr. H. F. JONES; Mr. D. HARTLEY; Dr. WADES; Mr. DOLMAN; Mr. WRIGHT; Mr. HEATH.

APPOINTMENTS FOR THE WEEK.

July 31. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

August 2. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

3. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

4. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, p.m. Orthopædic Hospital, 2 p.m.

5. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

6. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday):—

Hare-lip; staphyloraphy; plastic operation of mouth. By Mr. Fergusson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock p.m.:—

Fatty tumour; loose cartilage of knee-joint. By Mr. Holt.

Digitized by Google

ORIGINAL LECTURES.

CLINICAL LECTURE
ON THE
STOMACH DISORDERS CONNECTED WITH TUBERCULAR DISEASE OF THE LUNG.

DELIVERED JANUARY 11, 1858,

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

If, at any time, you will direct your attention to the cases of tubercular disease of the lung under treatment in the Hospital, you will remark that in the greater number of them the functions of the stomach are more or less disordered. Some patients complain of loss of appetite; others of pain after food; but the most common disorder is vomiting—which occurs, indeed, so generally, that it may almost be regarded as one of the symptoms of phthisis. Sometimes the matter vomited consists merely of the food recently eaten; but very commonly it contains a large amount of free acid, and is very sour.

As a general rule, this gastric disorder is much more severe in women than in men.

At the present time there are in the Hospital two cases of phthisis under my care in the men's wards. The first, that of Jeremiah Hurley, aged 32, who was admitted on January 2. He appears to have been ill about eight months, and has now most of the symptoms of confirmed consumption—much emaciation; cough, with expectoration of puriform matter; and the physical signs of extensive tubercular disease in the upper part of the right lung. In this case there has been very little vomiting or other evidence of stomach disorder. The second case is that of James Prendergast, a labouring man, 45 years of age, who was brought into the Hospital on October 31 with profuse hæmoptysis. He continued to spit up large quantities of blood for several days after his admission; the hæmoptysis then ceased, but a harassing cough continued. Three weeks ago, he began to be much troubled by vomiting, and the matters rejected by vomiting were often very sour. Hydrocyanic acid, and a light diet were prescribed, and under the influence of this the stomach disorder appears to have ceased.

In the woman's ward, under my care, there are three cases of phthisis. The first is that of Mary Adams, admitted January 6, a woman 36 years of age, pallid, and much emaciated, with marked symptoms of advanced phthisis. She states that she has been ill five months, and from the beginning of her illness has been much troubled with vomiting, which occurred at the end of fits of cough. What she vomits is usually very sour. About a month before her admission she vomited a large quantity of matter as black as ink—apparently blood, blackened by the acid secretions of the stomach. There was, she states, nothing amiss with her stomach before the cough came on. The second case is that of Sarah Page, who has been in the Hospital since the beginning of October, with extensive tubercular disease of the left lung. She has occasional vomiting, when the cough is troublesome, but what she brings up is usually not sour. Her chief complaint now is of pain in the stomach, which comes on directly after eating, and is so severe that she almost declines to take food. The food does not cause vomiting except during hard fits of cough.

The third case is that of Ellen Leonards, a woman of the age of 30, who was admitted Jan. 3. She has been troubled with cough for the last six months, and has the physical signs of phthisis. In this case there has been much vomiting, which at first occurred after fits of cough, and never at other times. What she vomits is often sour.

At almost any time, among the patients in the Hospital affected with phthisis, you may find instances of stomach disorder somewhat similar to those to which I have just called your attention; and it is, I need hardly say, very important to remedy these stomach disorders, because they interfere very much with the nutrition of the patient, already reduced by other causes of exhaustion.

In persons dead of phthisis, it is seldom that the stomach is found in a perfectly normal condition; but the changes it has undergone are very various.

Occasionally it is greatly enlarged. This condition is dependent on fatty enlargement of the liver. The large liver overlaps and compresses the pyloric end of the stomach, and thus prevents it, like a stricture of the pylorus, from readily and completely emptying itself through the pyloric orifice. Enlargement of the stomach exists only in cases in which the liver is fatty; and it is much more common in women than in men, because in women fatty enlargement of the liver much more frequently occurs.

The most common abnormal condition of the stomach in persons dead of phthisis, is a softening of its mucous membrane, caused, after death, by the action of the gastric juice. This change is most common in the big end of the stomach, where, after death, the liquid within it chiefly collects. The change may consist merely in slight gelatinising and softening of the mucous membrane, so that it can be more readily scraped away; or the membrane may be in places entirely dissolved, when the vessels that ramify beneath it come into view, blackened by the action of the gastric acid on the blood they contain. In some rare instances all the coats of the stomach are dissolved in succession, and its contents escape into the peritoneal sac.

These changes are more commonly met with in summer than in winter; because the higher the temperature, the more rapidly the post-mortem digestion proceeds. Occasionally, in the stomach of a person dead of phthisis, marks of *inflammation* are found. The mucous membrane is thickened in places, and more vascular than usual, and often coated by viscid adhering mucus. Sometimes in these cases very minute superficial ulcers of the mucous membrane are seen, and in such instances there has often been during life some traces of blood in the matters vomited.

The functions of the stomach are, no doubt, in some degree disordered in phthisis by the fever, and the constitutional disturbance that so commonly exists; but the gastric symptoms and the various abnormal appearances of the stomach found after death in the subjects of this disease, appear to be owing in great measure to a reflex disturbance of the stomach, excited by irritation in the lung.

Tubercular disease of the lung, and the inflammation it sets up, by irritation of the filaments of the pulmonary nerves, causes not only cough but reflex nervous disorder of the stomach, of which vomiting at the end of a fit of cough is commonly the first symptom. A similar extension of the spasmodic act occurs in whooping-cough, where the paroxysm of cough frequently terminates in vomiting. Vomiting is often excited in the same way—that is, by a reflected nervous influence—by causes of disturbance in other parts of the body. It is a common effect of inflammation of the brain, and occurs almost constantly during the passage of gall-stones through the gall-ducts, and during the passage of a urinary calculus from the kidney to the bladder.

In phthisis, the irritation of the lung on which the vomiting primarily depends is persistent, and consequently the stomach disorder is persistent, or very apt to recur.

Vomiting occurs more frequently, and other gastric disorder is more common in women than in men, because the nervous systems of women are more susceptible, and reflex nervous disorder of any kind is more readily excited by a given disturbance in them.

In some cases of phthisis, the mere mechanical act of vomiting is excited; there is mere vomiting of food, or, if the stomach happen to be empty, dry retching.

In other cases, the secreting apparatus of the stomach is excited by a reflex nervous influence to pour out large quantities of gastric acid, and much sour fluid is ejected from it.

In the same way, inflammation of the brain, or the passage of a gall-stone, not only excites the mechanical act of vomiting, but also, in some cases, a great outpouring of gastric acid.

By untimely secretion and waste of gastric juice the power of the stomach is exhausted; and when food is subsequently taken before this power has been restored, there is an insufficient secretion of the solvent juice, and digestion is slow and imperfect. The food, when it has remained undigested a certain time, irritates the mucous membrane, renders the stomach tender and painful, and causes, by the frequent repetition of the same process, the inflammatory appearances which the lining membrane after death sometimes presents.

In most lingering diseases the secretion of gastric juice ceases before death, and no post-mortem digestion of the coats

Digitized by Google

of the stomach takes place; but in phthisis it often happens that, through untimely secretion of gastric acid, or in consequence of fermentative processes within it, the stomach at the time of death contains a digesting acid, and its coats after death become dissolved from within outwards to a degree which depends on the energy of this digestive fluid, and the temperature at which the body has been kept.

When great fatty enlargement of the liver occurs, as it not unfrequently does in women, there may be, as I have already stated, another cause of disturbance: the pyloric end of the stomach may be compressed; the stomach may, in consequence, become enlarged; and then, superadded to the other forms of indigestion, are those which result from an impediment to the ready and complete emptying to the stomach hrough the pyloric opening.

There are three classes of remedies available in the treatment of these stomach disorders; viz. sedatives, alkalies, and astringents. Where the cough is hard, and, as often happens at first, vomiting occurs only after hard fits of cough, the most effectual remedies are sedatives. Three or four minims of dilute hydrocyanic acid, or a twelfth of a grain of the muriate or acetate of morphia, three times a-day, or these two medicines in combination, will often lessen the violence of the cough, and arrest the vomiting that depends upon it.

If there be excessive secretion of gastric acid, or excessive acidity of the stomach from other conditions, hydrocyanic acid often fails to quiet the stomach, sometimes even renders the vomiting more frequent, and the vomiting may be checked for a time by alkalies,—by fifteen minims of liquor potassæ, or by fifteen grains of the bicarbonate of potash or soda twice a-day, an hour before meals.

But, generally, where there is untimely and excessive secretion in the stomach, the most effectual remedies are astringents. Five grains of the trisnitrate of bismuth may be given three times a-day, a quarter of an hour before meals, or ʒiss of infusion of logwood, or some other vegetable astringent.

The vegetable astringents check excessive secretion in the stomach as they do in the bowels, and allay vomiting that depends on excessive secretion as they allay diarrhœa.

Medicines of these different classes may often be given in combination with better effect than either may be given singly. Hydrocyanic acid, for example, may be given with advantage in combination with soda, or potash, or bismuth, when it cannot be given alone.

Lime-water, which is at once alkaline and astringent, is often of much efficacy in these and similar cases.

When vomiting occurs soon after meals, or when food, especially solid food, excites pain—when there is reason to believe that an inflammatory state of the stomach exists—the most effectual remedy is a light and easily digestible diet.

A disposition to vomiting is always much increased by a costive state of the bowels, and it is therefore essential to obviate this by the occasional use, if need be, of some aperient that does not fret the stomach.

I need hardly add that recovery from these stomach disorders is promoted by whatever lessens the irritation in the lung on which they primarily depend.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

ON FRACTURES OF THE SKULL.
Lecture V.—*Continued.*

(Continued from page 80.)

I proceed now to the second part of my present subject—the discharge of a watery fluid from the nostrils, after a severe injury of the head.

Such a discharge occurs much less frequently from the nose than from the ear.

On the 13th of August, 1840, a man, aged 32, attempted to blow his brains out by firing a pistol into his mouth. He fell, and remained insensible for some time; and, subsequently, he lost a quantity of blood from the mouth and from the nostrils. A short time after the attempt he was admitted into the Hôtel Dieu, under the care of M. Blandin. On the following morning this patient was perfectly sensible, and answered all questions readily, but he complained of intense pain at the back of his head. In the roof of his mouth there was a large, irregular opening, through which a probe passed upwards for a distance of about two inches, and struck against some fragments of bone. But the most striking feature in this case was the enormous quantity of serous fluid, blood-tinged, which was running from the nostrils. Death put an end to the sufferings of this man a few hours after the morning visit. At the examination of the head, the cerebral membranes, both at the upper and lower part of the skull, presented their usual appearance. The brain was healthy. On removing the base of the brain, which had thus far been examined *in situ*, the bullet was found lodged in the sella Turcica, a little above its middle, and slightly to the right; the pituitary body was destroyed on this side. The bullet had passed through the roof of the mouth, at the articulation of the maxillary to the palate bones, which were smashed. The body of the sphenoid was completely destroyed, and so, too, was the back part of the vomer.

Such is the record of the post-mortem appearances, in which it must have already struck you that there are some discrepancies. For instance, the cerebral membranes at the base of the skull could not, as it is reported, have presented their normal appearance, if the bullet was seen in the sella Turcica, immediately upon the removal of the brain; and, most assuredly, with the pituitary gland partially destroyed, these membranes must have been lacerated; and to this add the total destruction of the body of the sphenoid. These inaccuracies make it difficult to say what was the exact source of the fluid in this particular case, which, notwithstanding, remains a valuable case, as it served to direct the attention of the Profession to this peculiar watery discharge from the nostrils.

But what are the characters of this watery discharge from the nostrils? Whenever carefully examined, the characters of this fluid have been found to be precisely the same as those belonging to the profuse watery discharge, observed as such from the beginning, and which we have already had to deal with in our first class of cases of watery discharge from the ear. The fluid then is marked by its limpidity, and by its containing a large quantity of chloride of sodium, and little or no albumen. These characters, you know, are precisely similar to those of the cerebro-spinal fluid. M. Chassaignac, however, sees here, as he did in the ear, nothing but a filtration of the serous part of the blood contained in the numerous venous sinuses in close connexion with the body of the sphenoid, the fluid escaping from these sinuses through a fraying of their walls. But here, again, we may point at once to the chemical analysis of this fluid, which, as we have already seen, differs so widely from that of the serum of the blood that it is impossible to admit that such can be its source. Whence, then, does this fluid come? The anatomical disposition of the cerebral membranes in the central parts of the base of the skull is such that, doubtless, a fracture of this region might involve these membranes, lay open the great reservoirs of fluid contained in the corresponding sub-arachnoid space, and thus account for the enormous discharge of watery fluid observed in some of these cases. And, in addition to the sub-arachnoid space, situated over the body of the sphenoid, we have also here, in the sella Turcica, the pituitary gland, connected, you will remember, with the infundibulum, which is continuous with the third ventricle; so that at this spot the watery discharge from the nostrils might be due to the escape of the fluid contained in the ventricles, if the pituitary gland and infundibulum were lacerated or destroyed by the accident.

In M. Blandin's case this watery discharge may, perhaps, have come both from the sub-arachnoid space and from the ventricles. But if there must be some doubt as to the exact source of the fluid in this case, there need be none, on this point, in the following instance.

On the 1st of May, 1845, a man, aged 30, was murderously assaulted by several individuals, who beat him about the head with sticks, and left him for dead. It also appeared subse-

Digitized by Google

quently that one of the wheels of his cart had passed over his head. He was picked up and conveyed to the Hôpital Beaujon. Several superficial wounds were found in different parts of the head; the eyelids were very much bruised and swollen, and the ocular conjunctiva, on the left side, was extensively infiltrated with blood, so much so that there was evident protrusion of the eyeball. There was also bleeding from the nose and from the mouth, and he had just brought up a quantity of dark, grumous blood. He was only partially sensible, could scarcely give an account of the affray, and complained bitterly of pain in the head. The following day he was somewhat better; but, as he was leaning his head over the right side of his bed, a watery discharge was observed running from the nose; the fluid, slightly roseate, flowed freely, drop by drop, and in less than half an hour, ten grammes were collected. Chemically examined, this fluid contained but little albumen, and a large amount of chloride of sodium. On the third day he was much in the same state, and there was the same amount of watery discharge from the nostrils each time the head was bent over to the right side. On the fourth day, he appeared to be going on favourably, and the watery discharge was somewhat less, but towards the evening he became restless, then violently delirious, and sank in the night.

The body was examined fifty-six hours after death. It having happened that the subject was placed on the dissecting-table, with the face downwards, about two hours before the examination, thirty grammes of a watery discharge were poured from the nostrils. The skull was extensively fractured. Traced out, this fracture, beginning in the right parietal, passed backwards into the occipital, and into the left lambdoid suture; it then ran through the mastoid and petrous portions of the left temporal, and thus reached the great wing of the sphenoid, and the sella Turcica, which it cut across in an oblique direction from left to right, and from thence it passed into the posterior æthmoidal cells, and cribriform plate of the æthmoid. The upper walls of both orbits were also broken. Throughout this extensive line of fracture, and especially at the base, the bones were somewhat separated from each other. A small fragment, of an oval shape, was detached from the body of the sphenoid, close to the right olfactory groove. This fragment evidently belonged to the plate of bone which forms the upper wall of the sphenoidal sinuses. A careful examination proved most clearly that the dura-mater, corresponding to the fracture in the sella Turcica, was torn. The laceration was about an inch in length. Some water, dropped on to this spot, soon made its way into the nostrils, and more especially into the right side. The visceral arachnoid corresponding to the two anterior lobes of the brain was also torn; but it was not clearly made out what was the exact state of this membrane on the sides of the pituitary body.

Here, then, we have a case in which the body of the sphenoid was fractured, and a small fragment detached; and, corresponding to this, the cerebral membranes were torn, and so, too, was the mucous membrane of the sphenoidal sinuses; thus making a free opening for the passage of the cerebro-spinal fluid accumulated in the large reservoir at this part of the brain. This free communication between the interior of the skull and the nostrils was, moreover, made still more manifest when some water was dropped on to the broken sella Turcica, for the drops of water soon ran out of the nostrils.

In the preceding cases of a watery discharge from the nostrils, the central bones at the base were broken; but it would appear that, every now and then, this watery discharge from the nostrils may be connected with a fracture of the petrous bone. In speaking of bleeding from the nose in connexion with fractured base, I mentioned that the blood which issued from the nostrils sometimes made its way into the nasal fossæ from the cavity of the tympanum, by passing through the Eustachian tube. In such cases the petrous bone was, I stated, broken, but the membrana tympani was generally not ruptured.

Now, what happens with regard to the blood may also happen with regard to the watery discharge.

A woman, 37 years old, was struck a violent blow on the head with a pot. The blow was followed by bleeding from the left nostril, and then, in a few hours, came a discharge of a watery fluid. The fluid was perfectly clear, and flowed so freely when the patient was leaning forwards, that within a few minutes half a teaspoonful was collected. When the patient was lying down, or even standing upright, the fluid passed into the throat. Blowing the nose gave rise to pain in the left ear, accompanied by a kind of click, and a sensation as of something being displaced. The left temporal region was painful; and depression of the lower jaw, which was both difficult and painful, was accompanied by grating in the left temporo-maxillary articulation. The watery discharge was just as copious on the second day; but it then gradually diminished, and finally ceased on the fifth day. The patient was discharged cured. But, for some time afterwards, there still remained some difficulty as to the depression of the lower jaw, which always produced a sensation of grating in the articulation.

From the peculiarities noticed in this case, Dr. Foucard concluded that the watery discharge from the nostrils was due to the escape of the cerebro-spinal fluid through a fracture of the petrous bone, in which was implicated the glenoid cavity, but without any laceration of the membrana tympani. Hence the escape of this fluid through the Eustachian tube, and into the nostrils.

And then, again, another case has been published by M. Malgaigne, in which a most copious watery discharge took place both from the ear and from the nostril, at the same time. M. Malgaigne, from the symptoms which existed, was led to the conclusion that in this case too the watery discharge was due to the escape of the cerebro-spinal fluid through a fracture of the petrous bone. The correctness of this opinion could not be verified, as the woman fortunately got well; but M. Malgaigne's view of the case is, at any rate, borne out by the dissection reported by J. L. Petit, in which blood, issuing from the ear and from the nostril, was proved to have been connected with a fractured petrous bone.

In dealing with this watery discharge from the nostrils, as a diagnostic sign of a fractured base, let us, however, bear in mind that not unfrequently a copious watery secretion, perfectly clear and limpid, is poured out by the pituitary membrane itself. Some persons, I need hardly remind you, are subject to periodical attacks of this kind, during which a perfectly clear fluid is poured out from the nostrils, in very large quantities, and for several hours together. And this it is which makes it so difficult in some cases, evidently of fractured base, to give any opinion as to the source of the watery discharge which has existed.

A man, aged 35, was admitted into the Hôpital St. Antoine, in June, 1854, in a comatose state. He had been buried under a mass of earth the day before, and when dug out was bleeding profusely from the nose. The nose was plugged. The eyelids also were bruised, and there was under the left ocular conjunctiva a large effusion of blood. The 3rd, 4th, 5th, 6th, and 7th pair of nerves were all more or less paralysed on the left side. These symptoms led to the diagnosis of an extensive fracture of the base; but it was not until the 9th day after the accident, that there was any watery discharge from the nose. It then suddenly made its appearance, and flowed rapidly, drop by drop, from the left nostril. This discharge of watery fluid ceased on the 10th day; came on again for a few hours on the 11th day, and then much more copiously on the 12th day. It then disappeared altogether for two days; came on once more, ceased again; then reappeared, and finally ceased altogether on the 16th day. The quantity of fluid thus poured out was thought to have amounted to from 500 to 800 grammes a-day. It was analysed, and found to be precisely similar to the cerebro-spinal fluid.

Doubtless, there was in this case an extensive fracture, implicating several of the bones and nerves at the base of the skull; but it must be confessed that we cannot speak so positively as to the watery discharge being due to the escape of the cerebro-spinal fluid. The fluid may have been the cerebro-spinal fluid; but of this there must necessarily be some doubt when we come to recollect the peculiar watery secretion, sometimes dependent altogether upon the Schneiderian membrane alone.

QUEEN'S UNIVERSITY IN IRELAND.—At a meeting of the Senate, held on July 19, Benjamin George M'Dowel, M.D., Physician to the Richmond, Whitworth and Hardwicke Hospital, was elected Examiner in Anatomy and Physiology, in the room of the late Professor Harrison.

Digitized by Google

ORIGINAL COMMUNICATIONS.

NOTES OF

PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.
Assistant-Surgeon to the Hospital.

No. VI.—ON THE DIAGNOSIS AND TREATMENT OF SOME DISEASES OF THE MUCOUS MEMBRANE OF THE TONGUE.

In the last paper I wrote of the various forms of ulcer of the tongue; in this I propose to write, very briefly, of the diseases, other than ulcers, of its mucous membrane, which the out-patients' room most frequently presents for study. They may be thus enumerated:—

1. Baldness. 2. Fissures. 3. Warts. 4. Condylomata. 5. Hypertrophy of mucous and submucous tissues. 6. Opaque white thickening.

1. The surface of the tongue not rarely presents patches of "baldness," as it may be called. If the rest of the tongue be clean, and naturally papillary, these patches appear smooth and glossy; or, if the rest be coated, they appear clean, as if the coating would not adhere to them. They are usually oval, and well defined, without thickening or ulceration, or any other apparent change of structure. They are, I believe, always patches of psoriasis, and, in the majority of cases, they indicate syphilis. They often coincide with syphilitic psoriasis of the palms. They may look like ulcers, but they yield no blood, even when roughly scraped. Their appropriate treatment is that of psoriasis.

2. Fissure-like ulcers of the tongue were described in the last paper; but the edges of the tongue often present clefts half a line or more in depth, which look like ulcers, but have perfect mucous membrane and epithelium, and neither bleed nor give pain when scraped. Such clefts may be often seen in company with psoriasis; but they may exist alone, and indicate no constitutional disease. Indeed, in some healthy persons, a great part, or nearly the whole of the tongue, may have its surface thus fissured—a kind of irregular network of narrow grooves or cracks traversing it, like an exaggeration of the reticular grooving of the skin. The appearance is, practically, worth notice only that it may not be mistaken for disease.

3. Warts (verrucæ, or condylomata acuta) are rare on the tongue; but they do occur, and their diagnosis need be known. They may be mistaken for syphilitic condylomata (C. lata), or for the warty growths that may precede, or may be, cancer. They may be known chiefly by their bright, florid hue, their being upraised on comparatively narrow bases, or even on pedicles, their deeply cloven surfaces covered with small pointed prominences, and often by their being evidently composed of clustered smaller growths, which are distinct down to the common base from which they spring.

The obvious treatment for such warts is excision, including a small piece of the mucous membrane on which they rest.

4. Condylomata are, among out-patients, the commonest of the diseases of the mucous membrane of the tongue that are not attended with ulceration. They are, I believe, always of syphilitic origin, occurring most frequently during the early secondary symptoms, with psoriasis, or with the superficially ulcerated patchy or condylomatous palate and fauces, or with condylomata at the anus or external female organs. In rare cases, the affection of the tongue may precede that of the skin.

In some instances of condylomata the surface—especially the upper surface—of the tongue presents small oval or irregular, slightly elevated patches, which are smooth and opaque white, as if the epithelium in those places were thickened and made opaque. In other instances, the condylomata are circumscribed and gradually elevated largely papillary portions of mucous membrane, like the ordinary condylomata at the anus. The two conditions are, probably, only different forms of the same disease: in the latter, the enlargement of the papillæ, in the former, the increase of the epithelium, predominates; but both these constituents of disease exist in both.

The diagnosis of condylomata of the tongue is rarely difficult. In the last paper (p. 502) I mentioned the characters by which they may be distinguished from cancerous papillary growths; those most to be relied on being their gradual and nearly level elevation, their pale whitish surface, and rather low vascularity, the absence of induration at and beneath their bases, and the usual absence of pain. These characters, also, will usually suffice for the diagnosis of condylomata from all the other diseases mentioned in this paper. Moreover, in a large majority of cases, the diagnosis will be certified by the co-existence of characteristic syphilitic eruptions, or by their having just preceded or quickly following the condylomata. But instances are met with in which condylomata exist alone, and long after all other signs of syphilis have disappeared from even the patient's memory: in these, the diagnosis must depend on the actual appearances of the disease.

And here I would observe how great is the need that students should learn in large practices, whether at Hospitals or in private, all the characters of syphilitic diseases so thoroughly as not to require the help of any statements from the patients. For many patients are unwilling, and those that would be willing are often unable, to tell the truth in these cases. Women in the middle and higher ranks of society, when they have syphilis, are generally ignorant of it, and must be allowed to remain without even such a suspicion as would be suggested by their being asked about it. Or, when a patient knows the truth, his account of it may only deceive; for cancerous disease may (as I have at least three times seen it) appear in the residues of syphilitic disease.

5. There sometimes occurs a disease of the mucous and submucous membranes of the tongue, which, though in many respects like condyloma, is yet different in all its relations and progress, and in many points of structure. This appears to consist in thickening of patches of the mucous and submucous tissue, sometimes, but not always, associated with overgrowth of the papillæ. The diseased portions are thick, and upraised one or two lines; their substance, not hard like cancer, is firm and tough, flexible and elastic; their surface is usually pale; it may be smooth and glossy, but is in some cases granular, and in some coarsely papillary and fissured. The end of the tongue may be covered, and as it were encased, with mucous membrane thus diseased; or the change may exist in one or more distinct patches on the side or dorsum of the tongue. No pain may be felt; but the thickening and toughening of the diseased parts may make the tongue clumsy and the speech thick.

In the diagnosis of this disease, the main reliance must be on the toughness and brawny feel of the affected parts, which distinguish them, on the one hand, from condyloma, in which the natural feeling of the tongue is scarcely changed; and, on the other hand, from cancer, in which hardness, rather than toughness, is felt. Besides, there is usually more of wartyness in both of those diseases than in this.

This disease may be of syphilitic origin; but I do not remember to have seen it associated with any other signs of syphilis; and, in some instances, there has been no reason to assign it to such a cause, or, indeed, to any marked constitutional condition. All the cases that I have had to treat have been either benefited or cured with iodide of potassium, taken in three-grain doses three times a-day, and applied in lotions, containing from a scruple to a drachm in the ounce of water. But I have seen the disease cover so large a portion of the tongue, that it was thought to require an operation. All the diseased layer was sliced off, and the patient, I believe, remained well.

6. One more morbid appearance may be here noticed; that, namely, of small, pearly-white patches of mucous membrane, the scars of former superficial ulcers. They are very like the "white patches" that are so frequent on the surface of the cardiac pericardium, and may remain for many years, and do no harm.

THE TIBIA.—The *John Bull* takes the *Globe's* correspondent to task for supposing that a tibia meant a thighbone, and gets his answer thus:—"*Bull's* medical student is thanked for his anatomic hint, which will strengthen the hand of your correspondent, who already knows the Latin for jawbone, having read Judges, cap. 15, v. 15—'*Maxillam* asini arripiens interfecit mille viros.'"

Digitized by Google

ON SOME OF THE EFFECTS OF BLEEDING IN INFLAMMATION.

By W. O. MARKHAM, M.D.

Physician to St. Mary's Hospital; Fellow of the Royal College of Physicians.

Part II.

I have endeavoured to show in a former paper, arguing from what we see of the effects of bleeding in external inflammations, that direct bleeding (whenever it can be effected) must have a beneficial influence, and venesection a very doubtfully beneficial influence, over internal inflammations. Modern experience seems to have confirmed this position, by assigning the highest value, as a remedy, to direct bleeding in all those cases of acute inflammation in which anatomy teaches us that it is practicable, and, by giving a daily decreasing estimate of the utility of venesection in such cases. The inutility and the dangers attending the practice of venesection in external inflammations have made themselves so clearly understood, that in surgery the practice is entirely abandoned. In all external inflammations, also, which fall under the Physician's notice—in acute rheumatism, erysipelas, etc., for example—the practice is likewise abandoned, and, doubtless, for exactly similar reasons. Modern pathology has definitively shown, from the very nature of some of these inflammations, that venesection is not the cure for them, and never could have been the cure for them.

But in internal inflammations, from the nature of the case, we cannot see our way so clearly to a like conclusion. The light, indeed, has broken in strongly upon us here; but it has not yet cleared away all the obscurity. One by one, however, these inflammations are also gradually being erased from the catalogue of disorders which were thought peremptorily to require the venesecting remedy. Acute dropsy, peritonitis, hepatitis, gastritis, are found no longer to require large general depletions. Even pericarditis and endocarditis, in which only a very few years ago the most copious bleedings were thought necessary, are now at last likewise removed from the list of bleedable diseases. This remarkable revolution in treatment, though no positive proof, assuredly tends to prove the assertion, that general bleeding neither is, nor ever was, a proper or necessary remedy for inflammations. The practice, however, though certainly in a very mild and modified form, is still maintained and vigorously defended in the case of pneumonia. I shall, therefore, endeavour to explain the reason of this anomaly; and I believe I shall be able to show that there are certain special facts connected with pneumonia which give to the remedy, as applied to it, a peculiar significance,—such as it possesses in reference to no other inflammation, at least in so marked a degree,—and which justify its modified use during the progress of this inflammation.

In the treatment of external inflammations, the Physician can manifestly judge much more clearly of the effects of his remedies, than he can in the case of internal inflammations. In the former case, he can draw blood directly from the inflamed part; he can remove the altered blood, and more than this, he can remove it during the earliest periods of the congestive process. He sees the congested cornea, and during the congestive stage of the inflammation abstracts blood from it; but he cannot act thus in the case of internal inflammations. I know no single instance in which he can with any certainty attack the internal disease at so early a period of its progress; and few, indeed, are the cases where in such inflammations he can draw the altered blood directly from the inflamed part. He is here then at a manifest disadvantage. The moment at which blood would be drawn most beneficially escapes him. He has to act upon the inflammation by general bleeding, and in order to produce an influence upon it by this means, he is forced to abstract a large quantity of blood. Moreover, he cannot remove the altered, the inflamed blood, from the body.

In the case of pneumonia, rusty sputa and stethoscopic cracklings are the signs which demonstrate to us the nature of the inflammatory fever with which we have to deal; and when present they surely indicate that the inflammation has progressed, at some parts of the lungs at least, beyond its congestive stage. The abstraction of blood, however, under such circumstances may still be desirable, for when the interference with the respiration, the hurried breathing, etc., is out of proportion to what might be expected from the limited extent of surface over which auscultatory signs are heard, we may reasonably suspect that large portions of the lungs are affected by inflammation, which has not as yet passed the congestive stage.

Now admitting, as I have done, the benefits which are derived from the abstraction of blood, in every case, from an inflamed part (quoad the part itself) during the congestive period of the process, it becomes evident that in inflammation of the lungs we may anticipate, that the local removal of blood would be especially of benefit. The inflammation causes a mechanical impediment to the performance of a function, whose complete arrestment, even for a very brief period, is fatal to life, and whose partial arrestments are always dangerous. The destructive consequences also of inflammation, when they happen in pneumonia, permanently injure the function of respiration, as far as they involve the tissues. The beneficial influence of abstraction of blood is admitted, then, in such case, if it could be taken directly from the part. But it is manifest that no amount of cupping or leeching over the thorax will draw blood directly from the lung. It is therefore only through the general circulation, that we can operate upon the inflammation. And now we have to run the risk of injuring the constitution of the patient, while attacking the inflammation; for in order to produce any influence upon the inflammation, such a quantity of blood must be taken from the patient as shall make an impression upon the vital powers of the individual. And then, again, we must never forget, that there is no inflammation which more impedes the process of sanguinification than this of the lungs; and that, therefore, the loss of blood—of the vital force, so to say—is, so long as the inflammatory process continues, an irreparable loss; and it is dangerous, also, inasmuch as we have to anticipate, unless the inflammation be quickly arrested, that the vital powers may succumb, before the patient struggles through the disease. In addition, this other difficulty must be mentioned: that it is just in those cases where the inflammation is most extensive, and where consequently sanguinification is most interfered with, and the vital energies most liable to subsequent depression, that bleeding is, if in any case, especially required. In slight cases of pneumonia, where the ill effects of bleeding would not be felt, and where a moderate amount of blood might be lost with impunity, the supposed good effects of the remedy are not called for by the urgency of the symptoms (a). And then at last, when the sacrifice is submitted to, what proof have we that the venesection has beneficially operated upon the inflammation? Reasoning from a just analogy—from what we *see* in the case of external inflammations—we are certainly justified in concluding, that large bleedings are more likely to be injurious by weakening the system, than beneficial by diminishing the local inflammation.

Feeling the force of these arguments, and yet impressed with the idea, that though venesection may exercise no directly beneficial influence over the inflammatory process going on in the lungs, still that it is of great service when practised in moderation during the course of the pneumonia, I was led to the conclusion that there must be something special in the case of pneumonia; that, in fact, bleeding in pneumonia must have certain effects, in addition to those usually ascribed to it, viz. reducing the febrile action, lessening the pain, aiding the action of other remedies, and controlling the inflammation. And, I think we must necessarily come to this conclusion, if we consider the accidental circumstances which attend inflammation of the lungs, in consequence of their anatomical and physiological relations to other organs. Let us see what happens. The inflammation of the lungs arrests *pro tanto* the respiration, and consequently impedes the circulation in the lungs. The heart then begins to labour, because it cannot freely force on the blood; its right side becomes congested. Again, pleurisy almost invariably accompanies pneumonia; and the pain of pleurisy prevents the free

(a) There is a curious fact, illustrating this point, to be gathered from "Andral's Clinique." In the cases of pneumonia recorded by him bleeding was most vigorously practised in all stages of the disease. And this is the result of the treatment: every case which reached the third stage—grey hepatization—died. In the second stage—red hepatization—the deaths were about one in every two and a-half. In the first stage—engorgement—the deaths were about one in four. Of the whole number of cases recorded by him, more than one-half were fatal. And yet Andral sings the praises of bloodletting, in terms which have never been exceeded!

Digitized by Google

play of the thoracic walls. Thus, then, we have three distinct facts to consider in reference to the relief of the impeded respiration; viz. the inflamed lung, the distended heart, and the inflamed pleura. Moreover, as we well know, any interference with the circulation of the blood through the heart tends to produce irregularity of its action, and therefore, also, congestion of the lungs; and thus the pneumonia, by the fact of its impeding the heart's action, produces a degree of congestion of the lungs, quite independently of, and secondary to the inflammatory congestion which belongs to it.

All this clearly shows that in the case of pneumonia, there are certain special indications for bleeding, which give to bleeding in it, as an inflammation, a very different signification from what it holds in reference to other inflammations. One important indication laid down by authority for bleeding in pneumonia is the difficulty of respiration. Andral considered it the main indication; but we now see that this sign may be caused by three different conditions, and that it would be a grievous fallacy to suppose that in every case the inflammation of the lung was the sole producer of it. It, therefore, becomes an important matter for us to distinguish between the effects of these conditions in practice. The accompanying pleurisy may be so acute as to prevent motion of the thorax, and therefore may occasion much difficulty of breathing. Then, again, as we have seen, the action of the heart is impeded; and what condition is there of any organ of the body which induces more painful and fatal oppression than distension of the right side of the heart?

These facts are, I think, enough to show us what a complicated inflammation pneumonia is, and may indicate to us in part, the different effects which bleeding has been found to produce in the hands of different observers. We may be tolerably sure that the good effects of bleeding, which have been often ascribed to the influence of the remedy over the inflammation itself, resulted rather from its effects upon the attendant pleurisy. Have not observers thus often unfairly sung the praises of bleeding in pneumonia, in cases where the motionless walls of the thorax, more than the inflamed lung, produce the impeded respiration? Again, can there be any reasonable doubt, that the relief which is frequently given by bleeding in pneumonia, must be ascribed to the influence of it over the obstructed heart, relieving its distension, and thus allowing it freedom of action? Dr. John Reid showed, that a few ounces of blood taken from the right side of the distended heart in cases of asphyxia, where the organ had already ceased to act, would once again set it in motion. Is it not certain, that in the partial asphyxia produced by pneumonia, relief after a similar fashion may be imparted to the heart? And do we not, in the fact of relief thus obtained, find an explanation of what has often appeared to authors the anomalous circumstance of a small and almost imperceptible pulse rising and strengthening under the influence of bleeding in pneumonia? And from the same fact, may we not also understand why similar relief results from bleeding in peritonitis? In this case too, it is evident that the lungs and the heart are suddenly and seriously impeded in their actions, through the arrested movements of the upraised diaphragm. The bleeding here, I suppose, acts well by relieving the oppression of the thoracic organs, not through any direct influence which it has over the inflammation of the peritoneum.

There is another circumstance, which seems to me strongly to corroborate the view here held, viz. the nature of the pain which so frequently accompanies pneumonia, and the remarkable manner in which it is relieved by venesection. This pain is by authors, as far as I know, invariably ascribed to the attendant pleurisy; but there are some very strong reasons which lead me to believe that, as a rule, it does not result from the pleuritic inflammation. I believe that it more often than otherwise arises from the obstruction to the circulation of the blood through the heart. My reasons are the following:—the pain is almost invariably referred to the self-same spot, somewhere beneath the breast, notwithstanding the signs of the pleurisy may indicate, that the pleuritic inflammation is situated over some other part of the lung, and not there, where the pain is felt. Observers, indeed, have noted, that the pain is occasionally referred to the healthy instead of the inflamed side of the thorax. Now there is certainly nothing in the anatomical relations of pleuritic inflammation, which should lead us to believe, *à priori*, that wherever the seat of the inflammation the pain should be always felt at the same spot, nor is there anything to explain the reason of the fact.

On the other hand, we constantly meet with a pain of this kind in those diseases of the heart in which the circulation is much disturbed. The pain rises suddenly, and is in these cases manifestly connected with the cardiac disturbance; and, moreover, it is relieved more readily and completely by small abstractions of blood than by any other remedy. And such pain we also frequently notice in the advanced condition of large aneurisms, excited by any cause which suddenly disturbs the circulation. The pain, often very severe, familiar to every one, which sometimes arises in the lower part of the thorax after running, the so-called stitch in the side, appears to me to find a ready explanation in this cardiac derangement. Here we have the blood suddenly sent in large quantities to the heart, whereby its right side is oppressed and distended, and the very same condition of it produced as in pneumonia; indeed, in this congested condition (as far as the mere circulation of the blood is concerned), we have an exact temporary simulation of the pneumonic inflammation in its beginnings.

Besides this, we constantly meet with cases of pleurisy in which there is an entire absence of the pain. Indeed, every stethoscopist must be aware of the fact, that pleuritic friction sounds are very frequently the only signs which indicate the existence of the pleurisy in pneumonia; and that, on the other hand, the pain in question is frequently present, when no signs of the pleurisy exist.

I do not mean to conclude from these facts, that pain never accompanies pleurisy, for I believe that it very frequently does; but what I wish to infer from them (and the conclusion seems to me inevitable) is this: *that the peculiar relief, which is so often given by venesection aptly used in pneumonia, results rather from the influence of the bleeding upon the oppressed heart than upon the inflammation of the lungs or of the pleura*, a conclusion which is strengthened by the fact of the little apparent benefit which, as we have seen, results from venesection in the case of external inflammations, and the little use made of bleeding in any other internal inflammation.

We have corroborative evidence of this particular effect of bleeding in the beneficial results which frequently ensue from *small* bleedings in cases of chronic disorders of the lungs and the heart, in which congestions have suddenly arisen, not inflammations; I say small bleedings, because in such chronic diseases, for obvious reasons, a small abstraction of blood has as much influence over the heart, as a full bleeding in acute diseases.

It may be said, perhaps, that after all it is of little consequence how bleeding acts in pneumonia, provided only it act beneficially; but a little consideration will show that we cannot direct the remedy to its best purposes, unless we have the objects of it distinctly in view. It evidently is a matter of every importance to us in the treatment of pneumonia to know, whether we bleed for the purpose of directly influencing the inflammatory process going on in the lungs, or whether we bleed to relieve the consequences which result, as secondary phenomena, from the inflammation. The times and modes of our bleeding must be altogether guided by these circumstances. Now I think I may truly say, that the peculiar and important element of pneumonia here referred to does not receive generally at our hands that degree of consideration in reference to bleeding which it demands; that we do not take it sufficiently into our calculation, either in applying the remedy or in appreciating its results. I have just seen a man bled to about ten ounces, who is suffering from inflammation of the upper half of one lung: the man, previously to the bleeding, had great pain and dyspnœa. Now here the bleeding, which relieved the dyspnœa and the pain in a most marked manner, acted, as I conceive, solely by disgorging the heart. The part of the lung affected was already, before the bleeding, dull to percussion; so that the bleeding could not, we must suppose, have had any direct influence over the inflammation itself.

If the view which I maintain be correct, then the practical inference to be drawn from it is this, viz. that bleeding must often be of great service in pneumonia, especially when the inflammation is extensive and has arisen rapidly, by relieving the distended right side of the heart, and by bringing into due relation the amount of circulating fluid (which is unchanged by the inflammation) and the area of the aërating

Digitized by Google

surface of the lungs, which is of course diminished, and in proportion to the extent of the inflammation. Moreover, it follows that, even in the advanced stages of pneumonia, small bleedings may be of service, where practised under favourable circumstances with like intent.

As regards the treatment of the pleuritic element of the disease, it seems to me that general bleeding is never requisite; because that best of blood-letting methods, direct abstraction of blood, may be practised for it.

Of the immediate effects of large bleedings on the pneumonic inflammation itself, I cannot venture to give more than a theoretical opinion, not having witnessed the practice in more than three or four cases during the last twenty years. Reasoning of those effects by analogy, there would seem to be little that can be said in favour of such bleedings. In all external, and in almost all other internal inflammations, the practice is abandoned, because found unserviceable. In this case, its actual and directly beneficial influence over the inflammatory process has yet to be demonstrated.

These views, as I have hinted, are corroborated by what we observe of the effects of general blood-letting in other internal inflammations. We do not bleed now-a-days, for example, in acute pericarditis, as was formerly the practice. Why is this? The violence of the inflammation, and the urgency of the symptoms are often just as great as they are in pneumonia; so is the action of the heart, and the severity of the pain. The answer, I suppose, is, because experience has taught us that bleeding, carried to such an extent as will make an impression on the system, so far from being of service, is actually injurious. Now here the truth is easier come at than in the case of pneumonia. The disease is less complicated; one organ only being affected. All that is said by its warmest patrons of general blood-letting in acute pericarditis is this: that in a strong and healthy man one moderate bleeding at the onset of the disease will be of service, but that a repetition of the venesection is a dangerous experiment. Of such bleeding it is not unfair to say, that its actual value as a curative agent remains to be shown; and for the reason that at the first onset of the disorder in the case supposed, where sanguinification is not necessarily interfered with, a loss of a dozen ounces of blood cannot be of much consequence to the man either one way or the other. Do we not frequently see men in health and strength accidentally lose one or two pints of blood at a time, and never be any the worse for the loss? I have known a friend supply a pint or so of his blood for transfusion, and he never noticed any the smallest sign afterwards by which he could recognise the fact of the blood being taken out of him. This in health. But if that quantity of blood is taken late in the course of pericarditis, when the heart is partially paralysed by the inflammation, then such a bleeding may be a fatal one.

Experience has also taught us this fact in the treatment of pericarditis, that local bleeding affords marked relief—all the relief that can be expected from abstraction of blood,—and anatomy teaches us, that it does so, because the blood is drawn directly from the inflamed pericardium, and from the inflamed pleura, its almost constant association. Is this fact sufficiently appreciated in practice?

Now here in pericarditis, there is no imaginable secondary purpose which the bleeding can serve, as it may in the case of pneumonia. If it has no influence over the local inflammation it is manifestly useless. There is no indication here for its use, as in pneumonia, to free the right side of the heart, even when the lungs become seriously congested; because the cause of the congestion lies in the heart, which is "paralysed" by the effects of the pericardial inflammation. Bleeding here will only add to the paralysing of the organ, and so increase the congestion.

In acute meningitis I can well believe that reducing the violence of the heart's action will diminish the pressure of the blood upon the brain; and I find in this an explanation of its good effects, without resorting to the idea that the bleeding has an influence in subduing the inflammation. Do we not see a precisely similar kind of relief given in cases of apoplexy, with which as we well know hypertrophy of the heart is so frequently associated?

I have already observed that in peritonitis, the good effects of venesection most probably result from the relief it gives to the suddenly and partially arrested functions of circulation and respiration by the fixed and upraised position of the diaphragm?

These are some of the facts, which seem to me to prove that the beneficial effects of venesection, when practised in the course of any inflammation, result much more (if not altogether) from the influence exerted by it on the heart, than from any direct influence over the inflamed process going on in the part.

I am aware I shall be told, that this explanation of the effects of blood-letting is of too mechanical a kind; and that there is a nervous element, with all its inscrutable mysteries, which of necessity takes a part in the operation. I shall be told that dry cupping relieves bronchitis and renal congestions; leeches at the epigastrium, gastrodynia and intestinal pains; and blisters on the calves of the legs, cerebral disorders. And I will anticipate the objections by saying, that the truth of the points which I insist on is in no way invalidated by such suggestions.

This only I will add respecting the influence of the agencies here mentioned, that I have found them in my own practice often fail, and often serve their intended purposes; and that I believe the facts I have adduced may be made to give a not unsatisfactory explanation of the causes of their failure, and of the causes of their success.

I have said no word here of the change-of-type theory of disease, as explanatory of the modern views concerning venesection, for two reasons; first, because the subject has been elsewhere much discussed, and has no doubt (like so many other vexatæ questiones) left the believers and non-believers of the theory still firm in their belief and in their unbelief; and secondly, because if the views here sustained are correct, we have in them a sufficient explanation of the change in practice, without being forced to call in to our aid this well-received theory.

DISEASE OF THE ANKLE—EXCISION—AMPUTATION.

By E. L. HUSSEY,
Surgeon to the Radcliffe Infirmary, Oxford.

A gardener, aged 26, of strumous aspect, but without any known history of phthisis in his family,—his father living, but said to be "ailing," his mother rheumatic,—was re-admitted into the Radcliffe Infirmary, Oxford, Jan. 6, 1858, under my care, with disease of his left ankle, beginning after a "sprain" received at Michaelmas, 1856. The foot is extended, the toes being pointed downwards; the muscles of the leg are generally wasted, the gastro-cnemius and tendo Achillis contracted. There is much swelling about and behind the malleoli, with a large ulcerated opening at each side, directly over the malleolus. A probe, passed in different directions into each of these openings, did not detect any exposed bone. The front of the joint and the dorsum of the foot do not present any appearance of disease. The tarsal bones seem healthy.

He had been for five months under my care in the Infirmary in the summer and autumn. When first admitted (June 25), he complained of pain in the foot, which hindered him from his work. The ankle-joint was a little swollen, and rather hotter to the hand than the other. The treatment at first was a bread-poultice round the joint at nights; afterwards, strips of lint, spread with ceratum hydrargyri comp. and ung. iodinii, were applied round the joint, the foot and leg being rolled with a starch bandage. His general health was supported by nourishing diet and quinine. During the latter part of his stay in the Infirmary he complained of greater and more constant pain, and of frequent starting of the limb at night; the swelling increased; an abscess formed at each side of the joint, the discharge from which soon became watery; he lost flesh, and was attacked with troublesome diarrhœa.

After an absence of three weeks in the country he came back, rather better in general health, but without relief to the local disease, and he asked to have the leg removed. In the hope of saving the limb, and restoring the usefulness of the foot, I determined to try the effect of opening the joint, and, if possible, removing the articular surfaces of the bones.

The operation was performed on the 15th of January. A semilunar incision was made over the front of the joint, from behind and above the outer malleolus, to a point a little above the inner malleolus, dividing the skin and subcutaneous

Digitized by Google

fat and areolar tissue only. The flap of skin was raised, the fascia opened on each side of the fibula, the peronei muscles separated from the fibula, and the bone divided with cutting pliers about two inches above its extremity. The fragment of the fibula was seized with strong forceps, and drawn forwards, the ligaments were divided, and the bone removed. After dividing the ligaments at the inner side of the joint, the foot could not be everted sufficiently to throw the inner malleolus out of the wound, so as to use the saw for its removal. I, therefore, applied the cutting pliers to the lower end of the tibia above the malleolus. The blades were not equal in length to the whole thickness of the bone: the gouge was, therefore, used in cutting away so much of the cancellous structure and articular surface as seemed necessary. With my finger in the joint, I felt the articular surface of the astragalus to be rough and bare of all cartilage, and I cut it away with the gouge. About two ounces of blood were lost. One artery, in the situation of the external malleolar, bled freely on being divided. No vessel wanted tying. The foot, which before the operation was in a state of permanent extension, could now be flexed without difficulty. The wound was brought together with sutures; and the man placed in bed on his back, with the limb supported on one of the back-splints, in common use in the Infirmary for fractures of the leg.

About a week after the operation erysipelas appeared upon the knee and lower part of the thigh: this subsided favorably. The wound in front of the joint healed within a fortnight. The discharge from those at the sides was healthy and moderate in quantity. In the middle of March the swelling about the foot and ankle, which subsided after the operation, had again slowly increased. Toward the end of April it was observed that he became weaker, and began to lose flesh; the swelling of the soft parts on the inside of the ankle and about the heel, was more firm and solid; the discharge increased in quantity, though it continued good in quality. Altogether his health was in a less satisfactory state than in the beginning of the month. In the middle of May it is noted that the line of incision in front of the joint has opened in several places, from which there is a free discharge. The whole leg is much swollen, the œdema extending as far as the knee. He is much thinner and weaker; the pulse is generally about 140; his hands become hot in the evening, and his face flushed. He was moved to another bed, and the quantity of wine given was increased. In a day or two the pulse had fallen under 120.

On the 1st of June the leg was amputated in the upper third by double circular incision. The last ligature came away on the 14th. The man regained his health rapidly, and was discharged from the Infirmary on the 7th of July.

Remarks.—From the history and progress (it being thought that the disease affected the synovial membrane and cartilage, rather than the bones), this seemed a fit case for the operation of making a free opening into the joint, or for removal of the articulation,—if such an operation is admissible for the large joints of the lower extremity. However little hope there might be of saving the limb—and there was not ground for much—I was anxious to make the attempt, because I had not before found it necessary to amputate a limb for disease of any joint but the knee.

The first incision was made in accordance with the published description of former operations: it was not found here to assist in rendering the other steps of the operation more easy of execution. In order to remove the malleoli, it was necessary to enlarge it at each side, so as to make it into the form of an H, with the transverse line curved, instead of straight. In a joint distended with fluid from chronic disease, the eversion might perhaps be more easily effected: the contents in this case were little more than the remains of the articular cartilages, and the pulpy and degenerated synovial membrane.

The operation here failed to restore to the patient any use of the limb, nor did it succeed in rendering a farther operation unnecessary. It seemed as if the disease went on steadily from bad to worse, neither checked nor aggravated by operative interference, or by the other treatment adopted.

On examining the parts after the amputation, it appeared hat a great accumulation of new bone had taken place about he lower end of the tibia, and that a large irregular mass xtended on the fibular side, nearly (if not wholly) surounding the lower end of the fibula. This, I think, existed at the time of the first operation; and the circumstance partly explains the difficulty found in the attempt to evert the foot. The opposing surfaces of the tibia and astragalus were rough, without any deposit of new bone, and without any appearance of commencing ankylosis. The bones of the tarsus were soft, and the articular cartilages were generally thin. There was not any carious bone. The muscles of the leg and foot were pale and bloodless; the appearance was rather that of maceration than the degeneration commonly seen in the muscles of a limb when examined after having been amputated for chronic disease of a joint.

Oxford, July, 1858.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

CASE OF DISEASE OF THE SUPRA-RENAL CAPSULES,

ATTENDED BY PECULIAR SYMPTOMS.

(Communicated by SAMUEL WILKS, M.D., Assistant Physician to Guy's Hospital.)

I beg to add the following to your series of cases of supra-renal disease, as it was attended by some new features of great interest. I will relate the case just as it occurred, with the incidences connected with it, so that your readers may form their own judgments thereon.

George Y., aged 25, came to me among the out-patients on June 10, suffering from acute eczema of both arms and hands, there having been appearances of the eruption for six weeks previously. On the following week being worse, I took him into the Hospital: he appeared a strong healthy-looking young man, with the exception of the cutaneous disease, which formed large scabs on his arms, hands, and legs; he was not ill enough to take to his bed. The disease being acute, local emollients and alkaline remedies were given, but the disease persisting, I ordered him on July 6 the following medicine—liq. potass. arsenit. ♏v. tr. opii, ♏v. ex infuso calumb., ter die. At the end of the week I increased the dose of arsenic to ♏vj., and in a few days the scabs began to fall from his limbs, and he commenced to improve. The cure went on rapidly, the arms were rough, and of a dark colour, where the eruption had been (which caused an inquiry as to syphilis), and the man was allowed to walk out of doors. On July 25, he was out in the Hospital grounds, and appeared very well; on the morning of the following day, July 26, about 8 o'clock, the sister of the ward was called to him, as he was too ill to rise, and he was vomiting violently; he was afterwards purged, and again the vomiting recurred. Mr. Stocker (the resident Medical officer) was called to him, who found him with these symptoms, and so depressed that he was not able to articulate, and his feet were cold: he was ordered some effervescing medicines. This not being my day round the wards I did not see him until the evening when I visited him with Mr. Stocker. We found that the vomiting and purging had ceased for some hours, and his skin was now very hot; his pulse was very feeble, and above 100. He had spoken and recognised a friend; but he now resembled a person with delirium tremens, throwing his head about in a quick excited way, and evidently not conscious. It was said that, when seen during daylight, his skin had a yellowish aspect. As to the cause of the symptoms my own opinion, as well as that of Mr. Stocker's was, that he had been poisoned by the remedy, inasmuch as they corresponded in great measure with the action of arsenic, and there was no known disease under which he suffered to account for them. Considering, however, that the effects of the drug, when given in small doses, never come on suddenly, and that he had not yet taken as much as three grains, I was forced to suppose that a mistake had been made in the administration of the medicine or in its preparation, or that the patient himself might have swallowed the whole contents of his bottle. Suffice it to say, that on the following morning at four o'clock the man died, being about twenty hours after the first occurrence of the symptoms. The apothecaries' assistants were called up, and a most searching inquiry took place,

Digitized by Google

with reference to the possibility of any mistake, both by counting the doses of his medicine, analysing the remainder, etc., but no error could be discovered. My friend then concluded that the man must have had a peculiar idiosyncrasy, or susceptibility to the effects of the medicine, unless, indeed, he suffered from any yet undiscovered disease, as an arachnitis; for an opinion does exist that on the subsidence of cutaneous eruptions the brain and other organs may fatally suffer, though this we had never ourselves witnessed.

Post-mortem Inspection.—In the afternoon I proceeded to examine the body. The brain was healthy; the lungs also, except being highly congested, and a few ecchymosed spots near the roots: the heart also healthy. The stomach was carefully examined (for my mind was still upon the effects of poison), but with the exception of a slightly arborescent vascular patch at one part, there was no indication of inflammation or irritation. It contained bilious fluid, but no mucus. The liver and all other organs were found quite healthy: when coming to the supra-renal capsules, these organs, to our surprise, were found perfectly disorganised by adventitious deposit. The right one was about twice its natural size, and converted into a firm lardaceous material, such as has been before noticed in disease of this organ; the whole mass was of the consistence of wax, uniform throughout, displaying no softening or cretaceous material in any part. The left one was much smaller, the material was whiter, and more friable, but not cretaceous. The organ appeared contracted, as if the deposit were older than that in the other. The microscope showed a semi-translucent amorphous substance sprinkled with granules. There were peritoneal adhesions between liver and diaphragm, and in abdominal walls there was a small cyst, apparently an old abscess, containing some putty-like matter.

External appearance of body.—Well-nourished, limbs of good size, muscles large and red. The arms and legs were covered with brown rough patches where the eruption had existed; and on examining the skin by the microscope a small amount of pigment was seen beneath the epidermis, in the rete mucosum. There were brown spots on the thighs, but whether these had been the seats of the rash was uncertain. The skin of the body was pale and natural—that of the face was slightly sallow. The skin of the genital organs and nipple was dark. My own impression, as well as that of others who now looked at the skin with a critical eye, was, that apart from the spots affected by the eruption, there was no discoloration; it may be mentioned, however, at the time while the patient was in bed, and when the nurse observed a sallowness of the skin, that Dr. Steele, the superintendent, on going his rounds, and not having hitherto noticed the case, believed the man to be dying of Addison's disease.

Remarks.—The interest of this case lies especially in the symptoms, for we now know positively that disease of the supra-renal capsules is a sufficient cause for death, and therefore the fatal issue was not left unexplained. The question is, did the symptoms arise from the arsenic or from disease of these organs? Although, before the post-mortem examination took place, in the absence of any other apparent cause, the former seemed to me the true cause, I have come to the conclusion, after a full consideration of all the circumstances, that this was not the case. Poisoning by the amount prescribed, I believe to be impossible, and the suddenness of symptoms, during the administration of small quantities, unknown. Also, after a most rigid investigation, I feel that no mistake occurred in the administration of the medicine; and, moreover, there was no gastritis, or other well-marked post-mortem appearances of poisoning by arsenic. I am forced then to interpret the symptoms by the disease which was found; and which, being considered by the light of the post-mortem examination, in connexion with disease of the supra-renal capsules, is especially interesting. In the first place, it may be remembered that the remarkable asthenia, and often sudden death in Addison's disease, is generally attributed, and no doubt with truth, to the connexion existing between the supra-renal organs and the ganglionic nerves, as the solar plexus and semi-lunar ganglia. Now, we have only to remember also the association of disease about these latter parts, with affections of the alimentary canal, to connect disease of the supra-renal capsules with a disturbance of this last-mentioned organ. As regards the extreme depression, and often sudden death, when these nerves are affected, I may mention that I have known two cases of aneurism, near the coeliac axis, terminate suddenly without rupture of the sac; and in reference to the intimacy existing between these nerves and the stomach and bowels, we need only allude to a very common opinion that cholera has its seat in the semilunar ganglia; and this reminds me of our first suspicion as to the cause of the symptoms being due to arsenic; for it is well known that the effects of this poison approach very closely to the symptoms of cholera; moreover, we know from actual disease in the neighbourhood of these nerves, the depression which results. In a case, for example, of a woman who was under my care suffering from gastric perforation and abscess, the result of taking Burnet's solution some months before, the collapse, coldness, and extreme prostration, resembled very much the appearance witnessed in cholera. I may also remark, that in nearly all the reported cases of Morbus Addisonii vomiting has been a marked symptom, and that in the last case reported in this Journal, the stomach presented a subacute gastritis, and the intestinal glands were most remarkably enlarged, just as is seen in cholera. The tendency of these remarks is, that in Addison's disease there has been generally some gastric disturbance; and the peculiarity of the present case is, that this was more than usually violent. With reference to the cerebral symptoms, these often accompany severe gastro-enteritis and dysentery; and as regards the doubtful discoloration of the skin, I may observe that, judging from the absence of symptoms, and the firm consistence of the adventitious material in the capsules, the disease was recent, and therefore, according to the observations both of Dr. Addison and Mr. Hutchinson, the discoloration should be wanting or slight.

In conclusion, I repeat that I have given the history of the case *seriatim*, just as it occurred, and expect that, to many readers, it will appear a very equivocal example of the disease under discussion; and I even admit that, if perusing such a case myself (to which I had been a stranger), and knowing what medicine had been administered, I should have felt that some mistake might have crept in, and still overlooked. My own mind, however, is made up on this point, as before stated, and I now publish the case, thinking that everything bearing on this remarkable disease is interesting; but more especially to suggest to other observers to look for similar symptoms to those which existed in the present instance.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE WORKHOUSE HOSPITAL, LIVERPOOL.

POPLITEAL ANEURISM — COMPRESSION—TREATMENT—RUPTURE OF THE SAC—AMPUTATION.

(Under the care of P. LEATHER, Esq.)

[Reported by Mr. RICHARD JONES, Assistant-Surgeon.]

JAMES WEARING, aged 36, joiner, was admitted into No. 4 Surgical Ward, under the care of Mr. Leather, six months ago, for popliteal aneurism.

He is a man of ordinary size, rather weak physical powers, and delicate constitution; he is predisposed to phthisis, and frequently complains of cough, etc.; he has toiled very industriously at his occupation, and lived somewhat sparingly.

The right leg has been more actively engaged than the left, and always kept in a semiflexed position, so keeping the vessels in the popliteal space at an obtuse angular curve; but he never suffered any inconvenience until eleven months ago, when his attention was suddenly called to a pain and swelling in the calf of the right leg. His leg had not been subjected to any violent exertion or strong mechanical force previous to this occurrence. The swelling gradually increased to the size of a hen's egg, when it became stationary for five weeks, at the expiration of which time another relapse of the symptoms occurred, and the dimension of the swelling rapidly increased, and the pain about the knee and leg became very excruciating. Under these circumstances, he solicited admission into this Hospital. At this time the tumour equalled the size of a goose's egg. It was tolerably circumscribed, and situated in the centre of the popliteal space, inclining somewhat

Digitized by Google

externally. The *bruissement* was very distinct both on auscultation and sensation, and his general health was very much impaired. The constitutional disturbance, together with the urgency of the local symptoms, made it imperative to have immediate recourse to some active measures. Pressure was the first remedy tried with Signorini's tourniquets; but the constitutional irritability and intolerable suffering attending the application of this instrument made its further use impracticable. After its removal, several days passed without aggravation of the symptoms or augmentation of the tumour. The *bruissements* had likewise become more indistinct, when Mr. Leather was hoping that a spontaneous cure by obliteration of the artery by coagulum had taken place. Another unfortunate crisis was approaching, and a sudden increase both of pain and swelling, which was more diffused, followed. Now ligature on the femoral artery was proposed; but the patient obstinately refused to sanction the operation. The pain was most agonizing about the knee and leg, which was slightly mitigated by the local application of morphia, chloroform, and other powerful anodynes. No favourable change taking place for some time, and the constitution becoming considerably involved, together with the supervention of œdema of the foot and leg, which after some days manifested a decided disposition to mortification. Mr. Leather, seeing the serious necessity of not procrastinating any longer, after consultation with his colleagues, decided upon amputation; for the vesication, diminished sensation, and reduction of temperature, with other symptoms of loss of vitality in the leg and foot, precluded the application of a ligature at this period.

The thigh was amputated eight weeks ago, at the inferior third of the femur, by the circular method. The stump healed by the first intention, and the man is now in perfect health, enjoying himself in the open air daily.

Dissection.—Upon removing the integuments of the popliteal region, and making an incision through the fascia, an immense quantity of clotted blood became visible, completely filling the space, only covered by the skin and fascia. The lateral boundaries were formed by the outer concentric layers of coagulated blood, and in these layers were numerous perforations through which the blood had made its way all round the knee-joint, forming considerable fluctuating swelling on the sides and in front. The true coats of the aneurism were very thin, and in some parts quite transparent. The original tumour extended from above the condyles to the upper third of the leg. The upper portions of the posterior tibial and peroneal arteries were greatly dilated and sacculated, and lower down atheromatous deposit was detected. The quantity of blood infiltrated in the adjacent parts through the apertures of the sac, was not less than two pints. The outer tuberosity of the tibia, head of the fibula, and external condyle had undergone some amount of absorption from the constant pressure. The interior of the knee-joint was slightly involved, for there was serous effusion with slight ulceration of the cartilages.

The maximum size of the tumour before rupture of its sac was that of a large fist; but after the coats were perforated the dimension and extension of the swelling considerably increased by effusion of blood between the sac and the fascia lata, making its way up and down the leg in every direction.

SEPOY TORTURINGS.—The *Delhi Gazette* states that at Delhi two of the murderers of a Mrs. Matthews had been hanged. They were principals in the murder, and it was elicited in evidence at their trial that they had stripped the deceased, who was a very old woman, naked, and covered her with straw, to which they set fire. So much for the sceptics in torture.

BLINKERS.—Mr. Rarey is a man of sense. He believes that horses' eyes were meant for use, and denounces blinkers as an abomination and a folly, and as quite needless. "I have yet," he says, "to find the man who, having once left them off, could ever be persuaded to put them on again." He may be very sure that the horse would second his proposition, if he could speak. For the last fifteen years these appendages have been laid aside in the Bengal artillery; and in Russia they are only used by those who affect the manners of the English.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. JAMES LUCAS, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, AUGUST 7.

APPLICATION OF THE MEDICAL ACT.

THE Act we published *in extenso* last week received the Royal assent on Monday. It is now the law of the land, and will "commence and take effect from the 1st day of October, 1858."

The first step towards the application of the Act must be the election of the Medical Council, and this election must take place without much loss of time, as it is enacted that the members must hold their first meeting before the end of the present year. Thus the dull routine of an article on Medical Reform is at once lightened by a flash of personal interest. Every one is beginning to ask, Who is to be on the Council? and a good many have begun to make interest with the hope of becoming one of the twenty-four. For the number of members of Council is twenty-*four*, and not twenty-*three*, as is commonly supposed. There are seventeen members to be chosen by different bodies, *and* six persons to be nominated by her Majesty, *and* a President, "to be elected by the General Council." The President is clearly an addition, not one of the twenty-three.

The first question is, Who will be President? and the general feeling seems to be that he should be a member of Parliament. We have no Medical men in the House, except Mr. Brady, who retired from the Profession long ago; and, as Mr. Cowper has the credit of carrying the Bill through Parliament, the post will probably be offered to him as a matter of course. But it may not be accepted, and there are many who would be glad to see Mr. Headlam in the chair.

Then, as to the six members nominated by the Crown—one party would be glad to have them all Medical men, another feels that the Council would have more weight with the public, and be more likely to arrive at sound conclusions, if the Medical element were modified by the infusion of a second member of Parliament, a good sound lawyer, and some eminent man of science—Faraday or Brewster, for example. If the Crown nominate Medical men, it is supposed that Sir James Clark, and Sir Charles Hastings, as President of the Association, will certainly appear on the first Council.

Then some curious questions are started as to the election of the seventeen members by the Universities and Colleges. It is very easy to say that certain English, Irish, and Scotch Universities shall each elect one member; but who is to say what this really means? Who are to be the electors representing each University? Is it the Senate or the Hebdomadal Council, or the Professors, or some general congregation or convocation of Graduates? And is it quite certain that all the Universities will send Medical men to represent them on the Medical Council?

According to the seventh clause, the members representing the "*Medical Corporations* must be qualified to be registered under this Act,"—in other words, must be Medical men; but

Digitized by Google

the choice of the Universities is left entirely unrestricted. Now the non-medical element greatly predominates in ruling power at all our universities. The Senate of the University of London, for example, consists of 11 Medical and 25 lay members. The Medical Professors or Readers at Oxford and Cambridge are far outnumbered by lay and clerical colleagues. There is but *one* Medical official in the University of Durham. Edinburgh and Aberdeen united give but 19 Medical and 38 lay and clerical Professors. Glasgow and St. Andrew's united, 11 Medical to 24 lay and clerical. The University of Dublin has but 5 Medical to 23 lay and clerical: and in the Queen's University, in Ireland, the numbers are 18 and 42. Thus, in all the universities empowered to send members to the General Council the Lay and Clerical Professors far outnumber the Medical; and if Chancellors, Heads of Houses, Rectors, and other University dignitaries were also to use their votes, the Medical men would stand in a still more remarkable minority.

In the University of Oxford the Electors are the Members of Convocation, a very numerous and dispersed body, who may all, if they please, exercise their franchise. The natural thing will be to elect a Medical Professor of the University; and if Dr. Acland be chosen, there could hardly be a more popular appointment.

The number of members of the Senate in the University of Cambridge is about 4700. Of these but a small proportion are medical; yet much surprise would be felt if any but an M.D. were elected as the representative of this University in the Medical Council. Dr. Bond, the Regius Professor of Physic, and Dr. Paget, the only Medical member of the Council of the Senate, have both been named as likely to be chosen. The Council of the Senate is an elective and representative body of 17. A single individual will probably be proposed to the Senate by this Council. The individual so proposed may be elected or rejected, as the Senate may think fit. If rejected, the Council must propose another; but this appointment is not likely to lead to much, if any, competition.

The Senate of the University of London will probably elect one of its own Medical Members; and as Sir James Clark is likely to sit as one of the Crown nominees, Dr. Gull is named as the favourite for this University.

The representative of the University of Dublin will be elected by the Provost and seven senior Fellows of Trinity College, all laymen *quoad* medicine. Should Dr. Stokes, the Regius Professor of Physic, not be appointed by the Crown as the member for Ireland, he will probably represent the University of Dublin. The representative of the Queen's University will be chosen by the Senate, which is almost exclusively lay; for Sir R. Kane can scarcely be considered medical, and Sir P. Crampton's place is not yet filled up. It is thought that Dr. Corrigan will represent this University.

The election of the Scotch members will probably lead to a good deal of competition. Dr. Simpson, if not appointed by the Crown for Scotland, will probably represent the Universities of Edinburgh and Aberdeen. Whether Dr. Day or some Glasgow man will be chosen by Glasgow and St. Andrew's remains to be seen.

Three Corporations of Physicians, three of Surgeons, one of Physicians and Surgeons, and two of Apothecaries are each empowered to elect a member of the General Council; there will thus be nine representatives of the Corporations, while the ten Universities will be represented by eight members only. Considering the probable action of these seventeen elects, were they unimpeded by the six nominees of the Crown, we see that the Corporations, having a majority of one, would be able to ensure the election of a President after their own hearts; that they would consequently secure an additional vote in favour of their own interests, and that in case of an equality of votes they would secure two; for in such case the President, "in addition to his vote as a member of the Council," will have a casting vote.

As the Members of the College of Surgeons, and the Licentiates of the College of Physicians and the Apothecaries Company, have no voice in the government of these corporations, the Members of Council will be elected by the small bodies of gentlemen who direct these institutions. Still the choice popularly assumed to be probable is a very good one; to wit, Sir Benjamin Brodie for the College of Surgeons; Dr. Alderson or Dr. Burrows for the College of Physicians; Mr. Tegart for the Apothecaries; Dr. Williams for the Irish College of Surgeons; Dr. Neligan for the College of Physicians, and Dr. Leet for the Apothecaries. It would take a very bold prophet to say who the Edinburgh Colleges may elect in the present state of Medical turmoil in the modern Athens.

When the Council is assembled, the first office is to elect a Registrar. Several gentlemen have been named for this appointment; but the odds are in favour of Dr. F. Hawkins, the Registrar of the College of Physicians.

POOR-LAW TYRANNY IN SCOTLAND.

In presenting the following narrative to our readers, and in expressing our deep sense of the flagrant injustice committed against a most amiable and most able member of our Profession, we record proceedings worthy only of the days of the Spanish Inquisition, and of a people plunged in the deepest ignorance and barbarism; but the scene is laid in Scotland, not far from Montrose, and the date is the 26th of July, in the year of our Lord 1858.

It appears that Dr. Henderson is the Medical Officer of the Parochial Board of Fordoun, a town in the north of Scotland, and that he has practised in the locality for thirty-three years, gaining the respect and esteem of all who came within the sphere of his acquaintance. On the 18th of June of this year, a poor woman, who was an inmate of the Poorhouse at Fordoun, was suddenly seized with violent illness, and, although diligently and carefully treated by Dr. Henderson, she died on the next day. The suddenness of the attack, and its rapid termination, rendered it difficult for Dr. Henderson to form an accurate opinion as to the cause of the poor woman's death; and in the exercise of a most proper and praiseworthy zeal for the interests of science, and in order to enable him to give a trustworthy certificate to the Registrar, he made a post-mortem examination of the body. He then discovered what it would have been impossible to detect without such an examination, namely, that a cancerous tumour was impacted in the pelvis, and had incarcerated a portion of the ileum; and he gave a certificate accordingly. He opened only the abdomen, was engaged about fifteen minutes upon the operation, and by the concurrent testimony of all the witnesses, the proceeding was conducted and concluded with all the precautions which decency and propriety would suggest.

Now, in perusing the above narrative, our readers, whether lay or medical, will find nothing extraordinary, and the only sentiment will be one of respect for a man who is so conscientious in the discharge of his duties, that he determines to investigate the cause of death of one of his pauper patients, instead of giving a guess upon the matter to the Registrar. We may state that no feelings of survivors were or could be outraged by the post-mortem examination, for the deceased appears to have had no relatives, and the officials of the Poorhouse made no objection to the autopsy.

Still, to our utter amazement, we find that Dr. Henderson was solemnly arraigned before the Parochial Board of Fordoun on Monday, the 26th of July, on the charge of having made a post-mortem examination! and at the conclusion of

Digitized by Google

the sitting (or sederunt, as it is called) of these wise men of the North, he was actually dismissed, in the most summary manner, from his office!!

It is impossible to conceive a more flagrant instance of ignorance, bigotry, and persecution, than is afforded by this most iniquitous sentence. It is needless for us to repeat our opinion that Dr. Henderson did no more than his duty in opening the body of the patient, and that he would have failed in his duty if he had neglected to perform the operation. But even admitting for a moment that the prejudices of the Fordoun Board against post-mortem examinations are entitled to some minimum amount of deference, surely the following extract from a letter written by Dr. Henderson in explanation of the case, ought to have disarmed the most inveterate animosity, and to have led at once to the discontinuance of all proceedings against him:—

"I have practised here," writes Dr. Henderson to the Board of Supervision in Edinburgh, "for thirty-three years, and this is the first pauper I have opened (!), and had I not deemed it a duty, it would not have been done. I am most unwilling to hurt the feelings of rich or poor, and nothing was further from my intention in this case. I now regret having done so, or that I had not previously advised with the Parochial Board."

While admitting the mild, gentlemanly spirit displayed in the above extract, we almost blame Dr. Henderson for having expressed any feeling of regret whatever. How, in the name of common sense, is a Medical man to understand his Profession who does not make post-mortem examinations? How are the diseases of the living to be treated with skill and success, except by those who are acquainted with the morbid appearances presented by the bodies of the dead? How are the principles of diagnosis to be tested, how are the effects of remedies to be noted; in short, how is Medicine, as a science, to be raised above the lowest empiricism, except by seeing and handling the products of disease as revealed by the scalpel? If such investigations are to be forbidden, and if scientific and high-minded men, who perform such painful and often disgusting duties in the interests of science, are to be treated as criminals, and consigned to disgrace and ruin, then, indeed, is Medicine about to be hurled back into the abyss of darkness of ancient and mediæval times, when priests and friars undertook the management of the sick, and prayers and incantations were the only remedies for disease; when barbers performed the operations of surgery, and when witchcraft was supposed to cause or charm away the maladies incident to human nature.

We earnestly hope that the case of Dr. Henderson will not be allowed to drop. Of anything more flagrantly absurd than the conduct of the Fordoun Board we have seldom heard; and we are sure that there will be one universal voice of sympathy with Dr. Henderson from all the members of our Profession in the United Kingdom. The Parliament is, unfortunately, not now sitting, or we feel convinced that some member would have brought the case before the notice of the Legislature; but we should recommend that the whole of the circumstances should at once be laid before the Secretary of State, and that he should be earnestly requested to exercise his authority by setting aside the decision of the Fordoun Board, and by reinstating Dr. Henderson in the position from which he has most iniquitously been expelled.

THE WEEK.

The St. Alban's Board of Guardians have been thrown into a feverish state of excitement by Mr. Russell, one of the district Medical officers, asking for an addition to the miserable pittance awarded to him. He stated that, on an average, he paid to his pauper patients 2913 visits per annum, and supplied to them medicines 3038 times during the same period. A sapient guardian named Ewing, said that the expense of medicine was a matter of very little consequence, for his father, who was a Medical practitioner, had told him that £50 worth of drugs would bring an income of £1500 per annum; a statement which, we are told, caused great merriment in the Board. Another guardian, a clergyman, affirmed that £30 worth of drugs would produce an income of £1500 per annum. The primitive ideas of the St. Alban's Guardians, who seem to look upon Medical men as tradesmen selling their wares at an exorbitant profit, and not as gentlemen seeking remuneration for their skill, are, to say the least, amusing at a period when one might have thought that the schoolmaster had travelled even as far as St. Alban's. Whether Mr. Russell will get any increase of his salary remains to be seen, as the Board broke up without coming to any determination upon the subject.

The union of England and America by the electric telegraph is an event which will make this week memorable in the history of science and civilisation. On Thursday the *Agamemnon* arrived on the coast of Ireland, and landed one end of the cable. Signals exchanged with the *Niagara* showed that she was in Trinity Bay, Newfoundland. The rendezvous was reached on the night of the 28th ultimo, and the union with the *Niagara* cable was made on board the *Agamemnon* on the 29th. The weather was generally very unfavourable. By noon on the 30th, 265 nautical miles were laid between the two ships; on the 31st, 540; on the 1st of August, 884; on the 2nd, 1256; on the 4th, 1854; on anchoring at six in the morning, in Doulus Bay, 2022. The rate of the *Niagara* during the whole time was nearly the same as that of the *Agamemnon*, the length of cable paid out from the two ships being generally equal or within ten miles of the same length each day.

The Serpentine is suffering from the effects of an overdose of lime. The lime has killed all the confervæ that appeared on the surface of the water; so it looks cleaner, but its odour is worse than ever. Dead and decaying vegetable matter is certainly a bad exchange for living vegetables, which act as purifiers. Then the fish have been killed by thousands, and the few that remain are blinded by the lime, or dying of inflammation of the gills. Lord John Manners is not a successful physician. He should leave sanitary operations to men who have studied the subject.

The health of the people has at last been thought a topic of sufficient importance to be alluded to in a Queen's Speech. The Lord Chancellor said on Monday,

"My Lords and Gentlemen,

"The sanitary condition of the metropolis must always be a subject of deep interest to Her Majesty, and Her Majesty has readily sanctioned the Act which you have passed for the purification of that noble river, the present state of which is little creditable to a great country, and seriously prejudicial to the health and comfort of the inhabitants of the metropolis.

"Her Majesty has also willingly assented to an Act whereby greater facilities are given for the acquisition by towns and districts of such powers as may be requisite for promoting works of local improvement."

This is something in the way of a set-off to the Medical Act being classed among the unnamed measures of the Session of "inferior but not insignificant importance."

We have a piece of good news for gentlemen who served in the Civil Hospitals during the late war in the East. The Commissioners for Income duty for the War Department have decided that the gratuity paid to the Civil Surgeons on retire-

Digitized by Google

ment was not subject to deduction for Income duty; and in some cases in which application has been made to them, they have directed that the amount deducted when the gratuity was paid should be refunded. This will put about £1500 into the pockets of our brethren. It is only necessary to make an application to the Under-Secretary for War, Pall-mall. It is to the persevering advocacy of Mr. Rowdon that the Civil Surgeons are exclusively indebted for this decision, and we feel sure that they will find some means of evincing their sense of the good turn he has done them.

Dr. Radclyffe Hall delivered a capital address at the Annual Meeting of the South-Western Branch of the British Medical Association, on Homœopathic and Irregular Practitioners, and moved the following resolution, which, after an interesting discussion, was carried unanimously:—

"That the members of this Branch, considering the practice of Homœopathy in all instances to be either a delusion or a deception, pledge themselves neither to meet in consultation, nor to attend in conjunction with Homœopathic practitioners, and that the members of this Branch will avoid meeting in consultation or referring their patients to any member of the Profession who knowingly violates the spirit of this resolution."

The Committee of the Medical Benevolent Fund have just issued their twenty-third annual report. Commencing with a debt of about £15 to their late respected Treasurer, Mr. Newnham, the Committee were soon released from all difficulty by a munificent gift of 500 guineas from Mr. Toynbee. They have accordingly ventured to bestow larger grants than formerly, at the same time that they have increased the numbers of the recipients of their charity. The sum of £792 10s. was expended in the assistance of urgent cases during the year, while £214 was given to Annuitants, six of whom are living rent free in Mr. Bayley's comfortable houses at Chippenham. The Committee urge the necessity of constant exertion on the part of those who have confidence in the unobtrusive principles upon which the Medical Benevolent Fund is conducted. We beg especial attention to the concluding appeal: "It is evident that without abundant means the Committee can no longer bestow the assistance which has so often elicited the touching, because heartfelt, expressions of gratitude from the downcast Medical man, his destitute widow or orphan children; expressions of gratitude of which some are quoted in an Appendix, because the Committee wish the subscribers to feel, that as they provide the bountiful aid, they also can enjoy the inexpressible consolation of knowing,—

> "'That they have been
> Themselves the fathers and the dealers out
> Of some small blessings, have been kind to such
> As needed kindness.'"

An investigation has recently been held on several days at Dublin as to an alleged case of extensive poisoning, no fewer than 139 children having been more or less injured, in consequence of having eaten largely of the fruit of the jatropha curcas, commonly known by the name of the purging nut. It appears that about a stone weight of these seeds (which resemble those of the ricinus communis, and yield a quantity of oil used in many places as castor oil is in this country), which had come over with some sacks of wheat, and had been separated by sifting, was on the 23rd of July thrown out into the public street, by John Coleman, a porter in the employment of Messrs. Megaw, of Aston's Quay. According to the testimony of Dr. Long, who attended thirty-six of the children, the latter suffered from purging and vomiting, and had all the appearances of the collapse stage of cholera; they were not quite pulseless, but were extremely weak and languid; one boy appeared to be moribund, but ultimately recovered. Several of the parents of the children claimed compensation, which the magistrate did not, however, feel bound to grant, though he fined the prisoner 10s. under the 14 and 15 Victoria, cap. 92, which enacts, "that persons found guilty of laying on public roads objects so as to cause danger or injury to passengers, shall be liable to fines, not exceeding 10s.," a course which, he added, would leave it in the power of the prosecutors to take further proceedings, if they chose, for compensation.

NOTES AND QUERIES.

He that questionsth much shall learn much.—Bacon.

No. 235.—Crinoline.

I have been consulted this week by a lady suffering from rheumatic pains in her knees; she has never been so troubled before, and she believes that there is no tendency to rheumatism in her family. She has noticed the advent of pain ever since she has taken to Crinoline, and refers her pains to it, as through the rotundity of its hoops, etc. all the warmth usually retained to the legs by the clothing is dissipated by the currents of air circulating in the space between. As this appears to me very feasible, perhaps others of your readers may have observed the same effect produced by the amplitude of the existing fashion.

July 29. Harry W. Lobb.

No. 236.—Hæmorrhage by Exhalation.

A correspondent asks, what is the meaning of the term "hæmorrhage by exhalation," which is still made use of in the works of some of our most authoritative and classical writers?

The answer to this question is simple enough. The above term was in use before modern scientific medicine was born; and it not unnaturally has survived this new birth. But the meaning now attached to it can be no longer that which was given to it by our forefathers. They imagined that blood was actually exuded, like sweat, from the mucous or cutaneous surfaces of the body, and even at this day the idea has its supporters; but the microscope demonstrates that the exudation of blood, as such, from an unbroken bloodvessel is impossible. Consequently, whenever we find blood flowing from the gastric, intestinal, or pulmonary surfaces, we may be sure that it has escaped from some ruptured bloodvessel.

There are, doubtless, diseases in which the blood is seriously altered in its qualities, and in such cases the exudation of serum, coloured by the dissolved red matters of the blood, may take place; and the "well-authenticated instances on record of cutaneous hæmorrhage," were no doubt of this kind; the so-called blood, which, like a dew on the skin, was wiped away, must have been the liquor sanguinis with the colouring matter of the blood dissolved in it. The microscope would, had it been used in such cases, have definitively settled the question.

No. 237.—Fern Leaves.

The most perfect and beautiful copies imaginable of ferns may be made by thoroughly saturating them in common porter, and then laying them flat between white sheets of paper (without more pressure than the leaves of an ordinary book bear to each other), and let them dry out.

No. 238.—The Eastern Leprosy.

Loathsome and infectious in the highest degree, it spared none. It appeared equally without warning in the King's court or council, or chamber, and in the degraded purlieus of the city. Once a leper always a leper. The medical skill of the age knew no cure. Political economy could devise no precautions; none, except the most necessary, as the most cruel, the dismemberment of the infected limb. The leper was driven from home and occupation, from family and township; he was disqualified from approaching house or city; deprived of all civil rights; incapacitated from making a will; excommunicated from the church. The political economist of the 13th century had skill enough to accomplish this much,

Digitized by Google

no more; leprosy, like pauperism, was made penal; but the bitterest penalty that man could inflict did not extinguish lepers or paupers, they still continued to cumber the face of God's earth, to the discomfiture of the medical economist and his political regulations.—*Monumenta Franciscana.*

No. 239.—Medicine in India.

Nothing, Judge Raikes tells us, astonished the earliest European traveller in India so much as the solicitude of the Gentoos for insect life, and their profound indifference to human suffering. Men died by the roadside uncared for; but for bugs and fleas regular Hospitals were provided.

The character of the Physician in the East is highly esteemed. Every school-boy knows that it was to an expert English Doctor we owed our first step towards independence in Bengal; and every Englishman is looked upon as a "*hukeem,*" and invited to prescribe for all sorts of ailments in all sorts of impossible conjunctures.

No. 240.—Hospitals in India.

Judge Raikes has "a few words about Hospitals in India." "We ought freely to give the natives our aid," he says, "and of late, indeed, great efforts have been made to establish Dispensaries and Hospitals in the north-western provinces of the Punjab. But the control of these should never be placed in the hands of natives; they are not *morally* fitted for the task; I have seen," he says, "the hearts of the people so widely interested by a good European Doctor, and so thoroughly alienated by a bad Mahomedan or Bengalee Practitioner, that I consider it a waste of money, influence, and human life, to go on educating natives of India for high and independent Medical charge. The difference between a hukeem or Doctor, and a hākim or ruler, is not so great in the native mind, that we can afford to have men like Vuzeer Khan (a) at Agra, raising the green flag of rebellion, and Bose (b), in the Punjab, offending the people by cruelty and extortion."

Working on the basis proposed, a leper-house, a blind asylum, and a poor-house, might be combined with a Government Dispensary at every civil station in India.

The lepers should be looked after, and not be allowed to herd together in numbers, and levy contributions on the public under the garb of mendicancy; and the sick and infirm also, who too often perish miserably by the wayside, might be cared for. These duties cannot be confided to a native. At small stations, where we have now native extra-assistant surgeons, there should be Europeans of the same grade.

BRITISH MEDICAL ASSOCIATION.

Edinburgh, August 2nd, 1858.

The twenty-sixth meeting of the British Medical Association is over, and may be regarded as a success. At the same time those who take an interest in the welfare of the Association, could not but feel anxious as to the result. In the first place, the Association has few members in Scotland, and had never yet held a meeting out of England. In the next place, in the present condition of feeling among the Professors and the Profession in Edinburgh, it was no easy thing to appoint officers without giving offence. The addition of several members to the Association in Edinburgh after the announcement of the meeting indicated that there was a disposition to support it, and there was good ground to believe that a large number of the English members would take the opportunity of visiting Scotland. Thus the first anxiety was removed. The appointment of Dr. Alison as President was a most happy circumstance, as it not only gave éclat to the meeting, from the respect and regard in which he is held throughout the Profession, but also prevented much of the bitterness that would have been felt had any one else been nominated to the post. At the same time it was annoying to see some of those who might have been expected to be foremost in hailing their Medical brethren from England, keeping aloof from them, and throwing petty annoyances in the way of the meeting. All the Professors could not be Presidents, nor could they all give addresses. Suffice it, however, to say that, whatever might be the feelings of some, there were others of the Professors and Medical men who threw open their houses, and received their brethren from the south with that hospitality for which the great city of the north has ever been celebrated.

Members of the Association began to arrive early in the week, and the night-train of Wednesday brought a large accession of members from London. On Thursday morning groups were seen making their way to the University, the library of which was arranged as the reception-room. As the general meeting was not to take place till four in the afternoon, the members dispersed themselves over the town and neighbourhood. Some went to the Infirmary, others to Calton Hill, the younger and longer-winded even mounted Arthur's Seat. A select few were admitted to an interesting ceremony,—the inauguration of Dr. Lyon Playfair as Professor of Chemistry, in the room of the late Dr. Gregory. A tinge of melancholy was thrown over the occasion by the generally-understood fact that Dr. Playfair was the last professor who would be inducted to office by the present Town Council. It was the closing act of three centuries of very close relationship.

At four o'clock, upwards of a hundred members had collected in one of the class-rooms, to hear Dr. Alison open the meeting by an address. His appearance was the signal for loud and long-continued applause. He looked to have suffered more from illness than age. His voice was feeble, and he was not very distinctly heard; but the sentences which could be gathered showed that he retained his mental vigour, and that his grasp of the fundamental principles of his Profession was as firm as ever. He gave a passing allusion to the folly of Homœopathy, and drew attention more particularly to recent advances in Medical art, as dependent on the culture of the natural sciences.

After his address the ordinary business of the Association was proceeded with, the Reports of the General Council and the Medical Reform Committee were read. The Association takes considerable credit to itself for the passing of the Reform Bill, and not a little of the success with which the meeting has passed off depended on the feeling, that the Association could sound the note of triumph with regard to the passing of the Medical Reform Bill. Sir Charles Hastings and Dr. Lankester very properly drew the attention of the meeting to the obligation the Profession were under to Mr. Cowper for his perseverance in carrying the Bill through the House of Commons.

At a late period of the meeting, and after most of the members had gone to dinner, the question of Homœopathy was brought forward, and a resolution passed, directing the attention of the Council to such a revision of the laws as should protect the Association from the presence of homœopathic practitioners. It does not appear, however, that the Council have acted in any way upon the suggestion of the general meeting. Dr. Conolly thought the better way of proceeding was not to enact laws against the practitioners of a folly which from its inherent untruthfulness must be given up in the course of a short time; but he was in a considerable minority at the meeting.

On Friday morning the members assembled again, to hear the address from Dr. Christison on "Therapeutics." Before the address, however, it was moved and carried that the next meeting be held at Liverpool. A discussion also took place on the propriety of holding an early meeting in Dublin, and planting the standard of the Association in Ireland. Dr. Lees, of Dublin, however, threw cold water on the question, as he did not think the new Medical Bill was approved by the King and Queen's College of Physicians. Dr. Hood, of Enniskillen, said, however, that as the College of Physicians did not constitute a majority, "nor even a minority," their opinion must not be taken on the matter. The impression is, that there will be no difficulty in holding a meeting in Ireland, and that probably the Association would gain strength by going there.

Dr. Christison's address was very admirable. There was no attempt at making out the science of healing better than it is. He candidly confessed that the present was an age of scepticism with regard to the action of medicine, and better that it should be than that an empirical system like that of Homœopathy should prevail. He pointed out the difficulties in the way of coming to correct views with regard to the action of medicines, and drew especially the attention of the

(a) Chief native Surgeon at the Thomason Hospital College.

(b) Bose was imprisoned for stealing part of the fixed allowance for medicine and diet at the Dispensary of Buttala in Lahore. This man had been educated in England, and had the highest testimonials for skill.

Digitized by Google

younger members of the Profession to this inviting field of inquiry. He was very strong in his terms, condemning the course pursued by the London bodies in reducing the course of materia medica and therapeutics, from a six months' to a three months' course.

After the address, several papers were read. One by Dr. Alexander Wood, recommending the injection under the skin of the preparations of opium, for the relief of neuralgia, excited a good deal of attention. He related several cases in which this little operation produced instantaneous relief and a permanent cure. Dr. Wood performed this operation the next day at the Infirmary on two of the patients, and they expressed themselves very much relieved. The permanent cure of neuralgia by these injections is very unaccountable, and Dr. Wood did not attempt to give any theory of their *modus operandi*.

Between the morning and afternoon sittings it was announced that an operation for vesico-vaginal fistula would be performed by Mr. Baker Brown, of St. Mary's Hospital. In this, however, those who assembled were disappointed, for Mr. Spence had discovered a law of the Infirmary whereby strangers were not allowed to operate. As the patient belonged to Dr. Keiller he operated under the direction of Mr. Brown. Mr. Spence seems to have made his discovery lately, for Mr. Spencer Wells performed an operation in a case of vesico-vaginal fistula in the Edinburgh Infirmary in 1855, on a patient of Dr. Simpson's.

At the afternoon sitting the report of the Medical Benevolent Fund was read, in which it was announced that Mr. Toynbee had munificently presented the fund with a sum of five hundred guineas. Professor Miller then proceeded to read the address on Surgery. Few persons were prepared for the powerful and eloquent address which was delivered. Mr. Miller has a firm, commanding manner, and spoke as one accustomed to be listened to as an authority. Some of the passages of his address produced even a profound impression on the audience. Speaking of medical men who had sternly done their duty under the most trying circumstances, he drew a picture of Dr. Thompson on the field of Alma the day after the battle, attending assiduously the dying, and burying the dead Russians. Another picture was that of Stanger and MacWilliam, bringing the ship of death down the Niger. Some parts of his discourse expressed deep religious feeling; and some one observed that the Church lost a great preacher when Miller was made a surgeon.

Several papers were read after the address; but they were too long to afford any time for discussion. Surely one of the objects most desirable to be secured in these meetings is the interchange of opinion. Instead of this, the members are wearied with long papers, which all know they will shortly be able to read, and no interest is taken in the proceedings.

On the Thursday evening the College of Surgeons threw open its Museum and rooms for the reception of the members of the Association, and Dr. Sanders, the curator, gave a lecture on some of the more interesting preparations in the Museum. A party of thirty gentlemen were dining at Dr. Simpson's before this meeting, and during dinner the Professor received a telegraphic message stating that the Medical Reform Bill, as amended in the House of Lords, had passed the Commons, and consequently only waited the Royal assent to become the law of the land. This announcement was received with enthusiasm, amid cheers, and bumpers of champagne.

On the Friday evening the College of Physicians provided for the intellectual delectation of their friends a lecture by Dr. George Wilson, the Professor of Technology. The subject taken up by Dr. Wilson was the indestructibility of force. He showed that force was no more destructible than matter; and that when matter exhibited any form of force, as heat, or electricity, or magnetism, it only lost it to become subject to some other form, as motion, attraction, or chemical affinity. He exhibited some curious effects of the galvanic light on colour, and also a new electrical machine, which, although of ordinary size, produced effects three or four times as great as ordinary machines.

On the Saturday morning the members had received invitations to a breakfast, given by the Edinburgh Medical Missionary Society. The breakfast was first-rate, and several members of the Association spoke in favour of sending out Medical men as missionaries. The labours of Dr. Hobson, of Canton, who has written several Medical books in Chinese, were especially alluded to, as showing how important the services of the Medical man may be in civilising and instructing mankind.

The address on Midwifery was delivered by Dr. Simpson at eleven o'clock. Whatever might have been the interest taken in the previous addresses, it was certainly not greater than that in Dr. Simpson's. The attendance was large, and the reception given to the worthy Professor is an evidence how well his great reputation and popularity are sustained. He drew an exceedingly interesting sketch of the lives of Cullen, W. Hunter, and Smellie. He then detailed the improvements that had taken place in midwifery since the time of Smellie. He especially dwelt on the use of chloroform, and declared his undiminished confidence in its use. He stated that upwards of two hundred deaths had occurred last year by the medicinal administration of various poisons, as opium, arsenic, henbane, etc., and yet no one thought of giving up the use of these agents. This address was a true masterpiece—admirable alike in matter, composition, and delivery.

At the conclusion of Dr. Simpson s address a great rush took place out of the room. In vain did Sir Charles endeavour to stop the ebbing tide, by appealing to the consciences of his auditors. Those who stopped for a moment soon slipped out. The fact was it had been announced that Mr. Syme was going to take a man's tongue out at twelve o'clock, and, true to the habits of their early studentship, out rushed the members of the Association to witness the great Surgeon operate. So thoroughly cleared of all persons knowing anything of Edinburgh was the room, that when Sir Charles Hastings announced that he had received several letters from gentlemen declining to attend the dinner, he came to one who expressed his intention of being present. His name was Melville, and he lived in Heriot's-row, but no one knew of a Physician or Surgeon of that name. At last one of the reporters suggested it was the Lord Provost who intended to honour the dinner with his presence. The few remaining members then cleared off the rest of the business, while those who went to see Mr. Syme operate were much pleased at the cool manner in which he performed a very bloody, if not a very difficult operation. The patient was doing well this morning (a).

Now came a difficulty. Dr. Balfour had invited the members to the Botanic Gardens at two o'clock, an invitation which was accepted and announced; but Dr. Bennett had also announced a lecture on inflammation at two o'clock. Some stopped to hear Dr. Bennett, and some went to see the Gardens with Dr. Balfour. The gardens are very well kept, and contain a very good illustrative collection of plants. A new palm-house has just been erected, and Dr. Balfour increases the Museum every day. It is here that the botanical lectures are delivered, and a better spot for instruction in botany can hardly be imagined. The Edinburgh School of Botany has, however, never been remarkable for its cultivation of vegetable physiology, and even now the arrangements for the study of the forms of plants is much more complete than those for the study of their functions.

At the dinner in the evening Dr. Christison took the chair. The number who dined, however, was small. The English members had gone to the Highlands, and the Scotch were many of them unavoidably detained, it is to be hoped. The only non-medical guest was the Lord Provost. The dinner was a poor one; it was badly served, and what wines there were, were very indifferent. Who should be hanged for this—whether the general secretary, Dr. Williams, who had run away the previous day, or the local secretary, Dr. Gairdner, who was not present—we cannot say.

Thus terminated the proceedings of the twenty-sixth annual meeting of the British Medical Association; but an interesting appendix was performed this morning. To-day was "capping" day. Such of the Members of the Association as remained went to this interesting ceremony, which takes place in the large hall of the University. Here the Principal, Professors, and Students, and their friends, assembled with the Town Council. The meeting was opened with prayer by the Principal. Then the names of the successful candidates for the degree were announced. There were fifty-eight of them. Each then signed his name, and presented himself before the Principal, who, holding a cap in his hand, said to

a (This case will be related in our Hospital Reports.—Ed.)

Digitized by Google

have been made out of Dr. Buchanan's breeches, places it on the head of the candidate, and creates him, in Latin, a Medicinæ Doctor, and hands him his diploma. The promotor, Dr. Balfour, then read an address, the most remarkable part of which was the allusion made to the fact, that the present batch of Doctors had a license to practise their profession throughout her Majesty's dominions, in virtue of the Act of Parliament just passed, and for which they had to thank the British Medical Association. Three medals were given for the three best theses. It is worthy of remark that they were all on scientific subjects: one on sulphureous waters, one on the species of lichens, and the other on the nervous system of star-fishes.

ASSOCIATION OF MEDICAL OFFICERS OF LUNATIC ASYLUMS.

The Members of the Association of Medical Officers of Asylums and Hospitals for the Insane held their Annual Meeting this year, contemporaneously with the British Association, in Edinburgh; Dr. Conolly officiated as President. On the morning of the 28th, a large meeting of the members of the Association, from different parts of the country, was held at one of the rooms of the University. Among the visitors were the principal Edinburgh Professors, Drs. Alison, Christison, Simpson, Millar, Bennett, Layock, Syme, as well as the Presidents of the Royal College of Physicians and Surgeons of Edinburgh. At half-past eleven, Dr. Forbes Winslow, the retiring President, delivered his valedictory address. Dr. Winslow entered at length into a consideration of the defects of the present law of lunacy, suggesting some amendments. The address, which occupied nearly an hour in its delivery, was listened to with great attention, and excited much interest, partly from the able manner in which the various subjects were treated, and partly from the public mind at this moment being painfully directed to a consideration of them. After the delivery of the address, the ordinary business of the Association was transacted, and the meeting adjourned until the 30th, when Dr. Conolly delivered an address. He referred principally to the condition of the public asylums, pointing out the folly of constructing gigantic buildings of this kind for the treatment of pauper lunatics. Dr. Conolly also addressed himself to the consideration of a great grievance connected with the Medical superintendence of the County Asylums, viz. the interference of the Committee and others with the duties of the Medical Officer. He considered that the hands of the resident Medical superintendent should not be fettered, and that in the treatment of the cases intrusted to his care, he should be allowed the greatest freedom of action. At seven o'clock, the members of the Association dined together, Dr. Conolly in the chair. The dinner (which was not first-rate) was well attended, and the utmost cordiality prevailed. Dr. Macloghan, in the absence of professional singers, did his utmost to promote the hilarity of the company by singing an excellent comic song, of his own composition, in praise of the virtues of *Chloroform*. Professor Simpson, who was present, joined in the hearty laughter which this song excited. Dr. Conolly made an excellent chairman, conducting the business of the evening with dignity, and yet with the greatest good-humour and urbanity; proposing the various toasts with that elegance of diction which characterises him.

It was long after midnight before the party broke up. On the afternoon of the following day, Dr. Skae, of the Morningside Asylum, gave an entertainment to the members of the Association. Most of the members met at the Institution, and partook of the worthy doctor's kind hospitality. In the evening a grand ball took place at the Asylum. The ball-room was decorated with great taste, and the patients appeared in their best ball costume. About 200 of the inmates of the Asylum took part in the festival, and danced with the most wonderful sane propriety, decorum, and grace reels and quadrilles,—polkas, waltzes, and mazurkas being properly forbidden within the walls of the Asylum. A highland piper in full costume played in magnificent style, and the general dance music of the band of the Asylum would have done credit to Almack's. Several learned, discreet, sober, and demure members of the Association did not consider it beneath their dignity and position to join in the various dances with the patients. Mary, Queen of Scots, graciously condescended to accept our worthy publisher as her partner in the quadrille. Three or four of the Professors of the University were present, and appeared greatly to enjoy the festivities. Every person at the ball was much struck with the quiet decorum of the patients. There was not, during the whole of the evening, the slightest approach to anything like singularity of conduct or eccentricity on the part of any one patient present; a stranger, had he not been informed of the fact, would never have conceived that he saw before him nearly 300 insane patients enjoying the entertainment so kindly and judiciously provided for them by their excellent and benevolent Physician, Dr. Skae.

During the interval between the dances, some members of the Association amused the patients and general company by reciting various pieces and by singing comic songs. Drs. Davy and Boisragon are entitled to special notice. Dr. Boisragon afforded the company much amusement by singing in character a song descriptive of the wild and plaintive grief of a fair inhabitant of Portsmouth, at the heartless and cruel conduct of the "press gang," who had forced her lover into her Majesty's naval service. The despair of poor "Mary" at having her sweetheart thus dragged from her embraces, was depicted by the learned psychological Physician with wonderful skill. A loud burst of applause followed Dr. Boisragon's retirement from the ball-room, but a general shout of "encore" from the patients and their guests induced the worthy psychologist to repeat the song.

We cannot close our short account of these proceedings without expressing on the part of the members of the Association, our thanks for the generous hospitality which our Edinburgh friends extended to all the members present at this annual meeting. The kindness of the different Professors of the University will never be forgotten by those who were fortunate enough to be the recipients of it. Professor Simpson kept open house during the whole of the week. The generous hospitality of this distinguished man will not be easily effaced from the memory of this or of the British Medical Association. Long may he live to enjoy his well-earned honours.—We should be doing an act of injustice to our other Medical friends in Edinburgh if we did not, in conclusion, observe that each did his utmost to contribute to the promotion of the comfort and pleasure of the many strangers connected with each Association assembled during the week.

REPORT OF THE LUNACY COMMISSIONERS.

The report of the Lunacy Commissioners to the Lord Chancellor has been published, in the form of a blue-book of some fifty pages of printed matter. They state that considerable progress has been made of late towards the provision of adequate public accommodation for pauper lunatics; new sites have been purchased, and plans for new asylums approved. Buildings already in course of erection have been materially advanced towards completion. The asylums in course of erection will accommodate 1169 men and 1167 women, in addition to 2481 accommodated in existing asylums. The total number of pauper lunatics in various asylums had increased, on the 1st of January last, from 16,657 to 17,672, and it is assumed that this increase will continue. The Commissioners next detail the steps which they have taken to provide for lunatic paupers in the various counties and boroughs. The disgraceful state of the asylum of Haverfordwest (South Wales), in reference both to its construction and management, has already been frequently submitted to the Lord Chancellor; the last visit to the asylum was made in September, 1857, and so far from any improvement having been effected, the complaints of the Visiting Commissioners proved to be of a still graver character. The result was the supersession of Mr. Millard, the Medical officer, and the appointment of a Mr. Phillips in his place. In this den at Haverfordwest we find by an entry in the Visitors' book, dated the 7th of September, 1857, that, although all the patients (15 men and 19 women) were in a quiet state, "nevertheless one woman had her arms confined with long sleeves, and another was in one of the 'restraint' chairs and in a darkened cell." The poor wretch, whose offence was noisiness and the striking of another

Digitized by Google

inmate, was kept in this position from 6 p.m. till 3 p.m. on the following day, when she was released by order of the Visiting Commissioners. Mr. Millard, the Medical officer, had not been near her the whole time. Her hands and feet were cold from the long restraint, and had her confinement been much prolonged, the skin of her arms would have been broken by the edge of the iron sleeves. Her legs were much bruised, and her eye also. The Visitors record their opinion that "the mode in which this patient has been restrained, and the condition in which they found her, are disgraceful to the Medical officer (Millard), and to the authorities of the asylum."

The want of hospitals for the cure of lunacy, especially near the metropolis, is pointed out as a great evil; and a case is mentioned where the lunatic wife of a respectable gentleman, much reduced in circumstances, and the inmate of a debtors' prison, was refused admission by the governors of Guy's Hospital, and obliged to go to the workhouse in consequence. The state of the Earlswood Asylum for Idiots at Reigate is in some respects unsatisfactory.

Serious charges of cruelty and ill-usage having been established against the attendants in the refractory ward of the Northampton Hospital, the culprits were dismissed in consequence.

The new State Criminal Lunatic Asylum will be constructed without delay. It is to be erected on Bagshot-heath, where 200 acres of land have been purchased for £6000. The question of providing for the care of insane soldiers remains in abeyance, to the deep dissatisfaction of the Commissioners, who contrast the great difference in this respect between the two services.

The condition of single patients has much engaged the attention of the Commissioners. On the whole, it "cannot be described as satisfactory." As a general rule, the accommodation provided is quite incommensurate with the payments, which are often very large. Cases of marked neglect have been met with, and the necessity for continued and regular supervision is apparent. In some cases the proprietors of these licensed houses, or rather prisons, have under their charge persons of whom no return whatever had been made to the office. The provisions of the law are generally disregarded, wholly or partially. The public will be shocked to hear that the experience of the Commissioners on this head during the past year has confirmed the impression which they had long entertained, "that a very large number of insane persons are taken charge of by medical men and others without any legal authority;" and they "have reason to fear that the condition of such patients, deprived as they are of all independent supervision, is far from satisfactory." The necessity of assisting boroughs to provide asylums is next noticed, and an amendment of the Act of 1853 is suggested. On New Year's-day, 1858, 22,310 lunatics of all classes were confined (10,493 men, and 11,817 women). Of these, 15,163 were confined in asylums, 1751 in hospitals, 2623 in metropolitan, and 2647 in provincial licensed houses; 295 were found lunatic by inquisition, 633 were criminals, and 1490 were chargeable to counties or boroughs.

STATE OF THE PUBLIC HEALTH.

It is impossible to exaggerate the importance of the following remarks from the last quarterly return of the Registrar-General:—

107,193 persons died in the three months of April, May, and June; the deaths were at the rate of 1178 daily.

The mortality rate prevailing was 2·206 per cent. or 22·06 in 1000. This is slightly below the average rate, 22·25, of the ten preceding spring quarters.

The average death rate of the sixty-three least unhealthy districts is 17 in 1000; and the mortality of England, corrected for age, should be 16½; but the actual rate in the quarter was 6 in excess of this rate. The 27,355 deaths in excess are principally deaths from various kinds of poisons, and are therefore properly designated Unnatural Deaths.

Upon dividing the population into two portions, (1) the 8,247,017 people living in rather close proximity to each other, and (2) the 9,680,592 living much further apart, the result, as shown in the annexed Table is that the mortality in the dense districts was at the rate of 24·73—nearly 25 in 1000; while in the other districts over which small towns and villages are distributed, the mortality was at the rate of 19·68, nearly 20 in 1000 of the population.

In the town districts the rate of mortality was 8, in the rest of the country 3, in 1000 above the rate which actually rules in comparatively healthy districts. Of the 27,355 unnatural deaths, 18,668 took place in the large town districts; 8687 in other places.

Now in England and Wales the town population is increasing much faster than the population of the rest of the country; and the question is therefore becoming every day graver:—How is the health of the nation to be sustained in the midst of the new dangers which millions of its people are encountering?

In the last spring quarter, while the mortality of the country districts decreased, the mortality of the town districts rose to 24·73, the average of the preceding ten years having been 23·94 in 1000. This was probably due partly to the reduced earnings in the towns, to the scarcity of potatoes, and to the intense heat, which accelerated the putrefaction of organic refuse in the houses, streets, ditches, and rivers.

Is the actual mortality of cities inevitable? The Turks reply in the affirmative. Many of the cities of Europe in which the death-rate ranges from 30 to 40 acquiesce quietly in their fate; and in England, where we have adopted another course, it has been, not without some show of reason, asserted that the unnatural deaths in towns are the penalties of civilisation. But what is civilisation? If it consist simply in the aggregation of families on limited areas, without arrangements to meet the exigencies of their new position, it will ever have heavy penalties to pay. Uncleanliness is, however, not a consequence of civilisation; it is a relic of barbarism. The people of districts living in England wide apart experience generally a low mortality, and the mortality increases in proportion as their dwellings are brought into closer proximity. People remaining the same, and indulging in the same habits, collected from their scattered habitations into a camp, and kept in that camp for some months, suffer from diseases, and are ultimately decimated by epidemics. Our towns were no better than uncleansed camps in the middle ages; and London in the seventeenth century lost 50 in 1000, or, including the plague years, 80 in 1000 of its inhabitants annually. The black death, sweating sickness, and plague followed each other in succession. The mortality of London was reduced to the rate of 29 in 1000 at the beginning of this century (a); civilisation advanced, and in the 15 years 1840-54, the rate further fell to 25 (b), still remaining 10 in 1000 above the calculated healthy rate for London. As Athens in ancient story had to send seven of its youth, chosen by lot, to be devoured, so London has hitherto given up *ten* of every thousand of her inhabitants yearly to disease and untimely death. All the towns of the kingdom in the aggregate gave up proportionally this number of victims in the last three months. They were not destroyed openly. The poison by which they died was not purchased in chemists' shops. It was administered in the silence of the night, and in the streets at noonday, either with the air they breathed, or with the water they drank.

The poison is generated by the decomposition of effete organic matter, which gives off diffusible and dangerous products, wherever it is left beyond a day in the houses, streets, and neighbouring ditches or streams, instead of being lodged in the disinfecting earth.

It can easily be shown that the mortality bears a certain proportion to the quantity of the poison which the people inhale; and that the quantity is greatest under the cesspool system, which formerly prevailed in London, and is now in use in the French, German, and Italian towns. The mortality has gradually fallen in London as the cesspools have been abolished; it is still high in foreign cities where the cesspools are in use. In Manchester, where the dirt is allowed to decay behind the houses, and is not thrown into sewers, the mortality was at the rate of 33, in the years 1841-50; in the foreign cesspooled cities the mortality ranges from 30 to 44 in 1000.

(a) See M'Culloch's Statistics of the British Empire, vol. 2. p. 613.

(b) The people in early and middle life are so numerous in London, owing to the excess of births and immigration, that the mortality should be 15 in 1000 to be at the several ages, at the same rate as it is in the healthy districts, where the mean lifetime is 49 years. The corrected rate of mortality is 20 in 1000, and the actual uncorrected rate in these districts is 17 in 1000.

Digitized by Google

Of 1000 people in London, *ten* died unnatural deaths annually; and to make the view of the facts clear, let it be assumed for a moment that into the causes of *four* deaths no inquiry is now made, that *three* are killed by the poisonous emanations from cesspools, closets, and sinks in dwelling houses, offices, and workshops, that *two* die of diseases induced by the emanations from dirty streets or gullies, and *one* from the vapours arising from the Thames. Here evidently a great step is gained by the water system superseding the cesspool, as the noxious matter is projected into the sewers under the streets, and is partially oxydised. If the cesspools, therefore, are everywhere abolished, and the house is purified, the mortality, on the above hypothesis, will be reduced to the extent of 3; while if the corrupt sewer air in the sewers be carried above the chimneys beyond the reach of the lungs, *two* more lives will be saved; and if the water and banks of the Thames are no longer the final repositories of the town guano, *one* more life will be saved. These numbers are adopted, not as expressing exact results, but to fix attention on the fact that the impurities of London are the main causes of its insalubrity; and that in their fatal effects they may be classed in this order (1) impurities of dwellings (2), impurities of street and gullies (3), impurities of the Thames.

The progress of sanitary measures in London has hitherto resulted in the removal of the impurities from the dwelling-houses into the sewers and the Thames, and this enables us to understand how the mortality had declined as the Thames has grown fouler. It also enables us to understand how the mortality of London is lower than the mortality of many other cities.

The wise policy of substituting streams of water for cesspools is fully confirmed; and experience has shown that the town guano is less hurtful in the sewers and in the rivers than in the dwellings of the people. It is only when the supply of towns is drawn from the rivers saturated with foul organic matter that the people are poisoned in great numbers by water. The vapours of the Thames, noxious as everybody possessed of common sense has now learnt to consider them, are less heavily laden with poisonous exhalations than the vapours of cesspools and sewers. The practice of laying on water, and of abolishing cesspools should therefore be actively continued. At the same time steps should be taken to destroy or to deliver the exhalations of the sewers into the higher stratum of the atmosphere, where they would be partly destroyed, and would not be breathed, as they are now, undiluted. The Thames itself must be purified. Our present imperfect system of sewers admits of readjustment; but the country can never rest satisfied until the water which is distributed through its dwellings carries away all the town guano to fertilise the land, from which its materials were derived. Any other solution of the sewage question is provisional.

Exact observation for twenty years in every district of England and Wales places the question fairly before the country. Impure air is destroying the health of the people. The atmosphere in which they live can be purified by restoring the town guano to the fields. This involves a large immediate outlay; but the expense is not beyond the means of England. It will not exhaust the resources of a nation which freely devoted eighty millions sterling to resist the encroachments of Russia on the Turkish Empire; which maintains a squadron on the coast of Africa in the hope of diminishing the slave-trade; which proposes, after conquering, to govern, perhaps to civilise India; and which has now a fleet on the other side of the globe opening the Chinese Empire to the enterprise of the world. If capital is sunk freely on these vast distant objects in the hope of realising returns, it will not fail when it is required to purify the air Englishmen breathe at home; for the investment will be profitable to all living men, and will confer blessings on all future generations. And if the national honour was concerned on the shores of the Black Sea, in the Baltic, on the coast of Africa, in India, in the Chinese waters, in the presence of the enemy, is not the honour of England also concerned when the lives of her children are in peril, and no arm is stretched out to save? Can our towns strike their colours to their own accumulating dirt, and avow that they are vanquished, without ignominy? England is in sanitary science and art taking the lead in Europe, and teaching important lessons to all nations. But the work must be consummated. The mortality must be reduced. The people must be animated anew by the energies of health. And public men will find that some glory may be gained by saving life,—by great sanitary works. Honour will crown those who rescue the English race from pain, sickness, and degeneracy. They will for ever enjoy the satisfaction of having done their duty.

The Legislature has, in the Acts of the present Session, given the inhabitants of every district of England and Wales the power to raise the money and to execute the great works which the country requires; and it may be sanguinely hoped that the new powers will be employed to their full extent by the people themselves, under the Public Health and the Local Government Acts. The results will in a few years be apparent in the public registers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE TREATMENT OF CROUP.

By Dr. LUZSINSKY.

Dr. Luzsinsky, Medical director of the children's Hospital at Vienna, after animadverting upon the discrepancy of opinion which prevails concerning the nature and treatment of croup, observes that it is essentially an inflammatory affection of the mucous membrane of the air-passages. Still, it is not a mere local affection of these, inasmuch as croupy exudations are also often found upon other parts of the external or internal surface; so that it arises from a peculiar condition or *crasis* of the blood giving rise to pseudo-membranous deposits, and is a mere local expression of a general diathesis. The spasm which plays so important a part in the disease, is a secondary condition excited by this inflammation.

Speaking of the symptoms, the author observes that the true croupy tone, bearing the most striking resemblance to the barking of a young dog, once heard can never be forgotten. Some practitioners state that this peculiar cough is proper to certain children in every catarrh, and Mauthner says that the cough in short-necked children easily takes on this croupy character in simple bronchial catarrh, as also in children suffering from worms. These statements, Dr. Luzsinsky has never been able to verify during fifteen years' observation of many thousand children. The warning given by the child's hoarseness and croupy tone is too often overlooked by friends and practitioners, or many more children might be saved.

The following are the indications of treatment. 1. *To act upon the peculiar crasis of the blood.* This is indeed unconsciously done by almost all the means that have obtained renown, as they all agree in the final effects of diminishing the plasticity of the blood. This is the case with mercurials, antimonials, sulphate of copper, and liver of sulphur. The influence of these latter articles, however, as solvents and alteratives, is too feeble, while their emetic properties in the early stages of croup produce mischievous concussion of the brain and larynx. Mercurials have the disadvantage of exciting diarrhœa or salivation, and when employed to a sufficient extent to operate upon the crasis, may themselves produce a mischievous contamination of that fluid,—a mercurialismus. Alkalis, on the other hand, without being accompanied with any of the above disadvantages, possess great fluidifying power over albuminous and fibrinous products. They have been long employed in diseases depending upon a hyperplastic condition of the blood, and were recommended strongly by some of the older writers in pleuropneumonia and croup. Dr. Luzsinsky published in 1855 and 1856 an account of the excellent results that followed his employment of carbonate of potash; and since then these results have been confirmed by other French and German practitioners. Nevertheless, the old practice of leeching is still continued by the great bulk, and is followed by a mortality of from 60 to 70 per cent. Caustic potash is the form of alkali which of all others most strongly possesses the antiplastic power, but even in the highest state of dilution it proves too irritating to the digestive organs. As a carbonate it is far milder in its operation, and can be administered in large and long-continued doses. When continued too long diarrhœa and excessive fluidity of the blood are the results

Digitized by Google

if it be not suspended. Soda is milder both in taste and influence; and the bicarbonates are only suitable for slight cases. The doses of the carbonate of potass or soda are from ½ to ʒii per diem, dissolved in water and sweetened with syrup. The alkali is continued until the cough becomes easier and looser, when usually a plastic, puriform mucus is expectorated.

2. *To prevent the localisation of the inflammation in the Larynx.*—For this purpose it has been the habit to apply leeches. How little was to be expected from this may be judged of from the extremely slight connexion that exists between the bloodvessels of the skin and those of the mucous membrane of the larynx. The author regards depletion of any kind as injurious; and at the recent meeting of the German Physicians at Bonn, the younger practitioners all were found to hold the same views. Cold would seem *d priori* the best means for preventing or suppressing this inflammation; and Lauda has frequently found the hydropathic application of this successful. Dr. Luzsinsky also, in former years, frequently resorted to this, which, however, requires great precautions in respect to the accompanying diseases, the individual constitution of the patient, and the prejudices of the friends. The best means of applying cold is by keeping the base of the neck, as low down as the sternum, covered with cloths wetted in cold, and afterwards in iced, water, keeping the rest of the body warm, and assiduously administering small quantities of cold milk and water. This practice is to be continued for from one to three days, when the cough becomes looser and the respiration easier. The cold is then to be gradually decreased, and more nourishment administered. Warm cataplasms are very objectionable, encouraging determination of blood to the parts affected, obstructing the breathing, or rendering the child liable to chills. Reasonable and useful as is the application of cold, invincible obstacles are sometimes offered to it, and we must then resort to derivative applications in the form of blisters, placed just above the sternum. To this means the author attaches great importance. The surface of the blister soon becomes covered with diphtheritic membranes. When these appear and have frequently to be removed it is a good sign; while when they are absent, and the secretions from the blistered surface defective, the child is usually lost.

3. *To relieve the spasm of the Larynx.*—For the relief of the spasmodic symptoms exhibited by the distressing cough, the impending suffocation, and the great restlessness, opiates are of great service. They are so especially at the commencement, by relieving the severe cough and procuring repose for the larynx.

4. *The destruction or expulsion of the pseudo-membranes.*—The destruction of the pseudo-membranes has been attempted by means of various caustics; and of all these, the author has found the nitrate of silver of the greatest service. A solution of 8 to 16 grains to the ounce should be carefully applied by means of a pencil, several times a day, as low down towards the larynx as possible. When the false membranes begin to loosen and separate in the larynx, or when this is filled with plastic mucus or puriform membrane, and the child, unable to expectorate, is threatened with suffocation, emetics, which at an early stage can only do harm, are now indicated; of these the author prefers the cupri sulph., giving from 2 to 8 grains in 2 ounces of water and 1 ounce of syrup, in teaspoonful doses every quarter or half-hour, until vomiting is produced. If the carbonate of potass has been employed at an earlier stage, the vomiting will usually cause the discharge of plastic puriform mucus, or, more rarely, of pseudo-membranes.

A child treated according to these indications, freed from its croup, requires little after-treatment beyond diet; and recovers much more rapidly than when he has been weakened by bleeding, emetics and purgatives, and his juices have become impregnated with mercury. As to tracheotomy, the author has no personal experience, and evidently he does not think well of it.

While during three years among 15,000 cases of children's diseases Dr. Luzsinsky met with but 30 cases of croup; in another three years he met with 60 cases among 23,000 patients. This he attributes to the reputation his successful treatment of the disease had acquired for him. Of these 90 cases, 55 occurred in boys, and 35 in girls, and the ages were as follow:—Under 1 year, 11 cases; from 1 to 2, 16; from 2 to 3, 16; from three to 4, 8; from 4 to 5, 9; from 5 to 6, 15; from 6 to 7, 14; and 9 years old, 1. With respect to the severity of the symptoms, these cases may be divided into three groups. The *first* is characterised by a hoarse voice, by a short, rough, barking cough, difficult respiration, indistinctness of respiratory murmur, with occasional whistling, more or less fever, and constancy of symptoms. The 36 cases of this group all recovered, because the disease was energetically attacked from the commencement. It is a class of cases calling especially for attention, because it often follows measles and influenza. Great care was taken in ascertaining that these were cases of true croup; and that every case exhibiting hoarseness with a rough cough and fever was not so designated, is shown by the fact that 100 cases were left unnoticed, under the designation catarrh of the larynx. The *second* group is distinguished by a weak, thin, screeching voice, a soundless, tubular cough, laboured respiration, a very feeble and hissing respiratory murmur, and great restlessness. In 43 patients the narrowing of the larynx had reached this point. It comprehended partly cases in which the early symptoms had been disregarded, or had not yielded to the means employed, and partly those in which the most suitable means promptly applied, failed to check the progress of the disease. Of these cases 9 died and 34 recovered. In 5 of these the friends utterly neglected the means advised. The *third* group is marked by loss of voice, mere whispering remaining, a dry, suffocating, scarcely audible cough, and a high degree of orthopnea, the respiratory murmur being inaudible, and strangulation seeming imminent. In this condition were 11 cases, of which 5 recovered and 6 died. The disease had proceeded with such rapidity as to leave no time for the operation of remedies, or the pseudo-membranes had already formed when the children were brought in. In three of the recoveries suffocation seemed imminent, and the children were only saved by the active employment of the nitrate of silver.

As the general result of the 90 cases, 75 recovered and 15 died. In the first stage of the disease, all the 36 recovered; in the second, 34 of 43; and in the third, 5 of 11. The conclusion to be drawn is that the treatment should be prompt and active, before the crasis of the blood has become completely developed, and the inflammation localized.—*Journal für Kinderkrankheiten.* Band xxix. pp. 155—176.

[In a subsequent number of the Journal (B. xxx. p. 209), Dr. Hauner, Director of the Children's Hospital at Munich, enters into a criticism upon Dr. Luzsinsky's opinions, and concludes his paper with the following aphorisms, which, in a forthcoming work, he intends developing at full length. 1. True croup (laryngeal croup), is a disease proper to childhood, and its cause is chiefly to be sought in the organization (the period of development) of the larynx at this period of life. 2. The anatomy and physiology of the larynx sufficiently explain the nature of croup. 3. It cannot be shown that croup is connected with any peculiarity of the blood-crasis. 4. True croup always commences in the larynx, and often passes downwards to the trachea, etc.; but it never passes upwards. 5. Laryngeal croup is characterised by a pseudo-membrane of more or less extent. 6. Laryngeal croup is to be carefully distinguished from diphtheritic croup, the latter always depending upon a peculiar blood-crasis, as seen in other organs of enfeebled individuals. 7. Diphtheritic croup is almost always secondary, and is not essentially different from croup in and after acute exanthemata. 8. The diphtheritic form begins as a general rule in the fauces, uvula, tonsils, etc., and extends hence downwards. It is very rare for it to commence in the larynx or trachea. A laryngeal catarrh may simulate laryngeal and diphtheritic croup very closely, but in it there is no formation of pseudo-membrane. 10. Such cases are very frequently mistaken for true croup. 11. There is no specific remedy in true croup, the treatment having to be adapted to the individual cases. 12. Emetics, cold, bloodletting, mercury, etc., are the means, adapted to special cases, that must be relied upon. 13. In certain cases of true croup an operation is desirable. 14. Diphtheritic croup requires for its treatment cauterisation, emetics, alkalis, and corroborants; but calomel, bleeding, blisters, or purgatives should never be employed. 15. Tracheotomy is seldom advisable, especially on account of the liability to return of the diphtheritic process. 16. When performed it must be followed by cauterisation. 17. The severest laryngeal catarrh yields, as a general rule, to antiphlogistics and suitable regimen. The favourable results

Digitized by Google

obtained in many such cases have been set down as examples of the cure of croup.]

CASE OF APPARENT DEATH DURING A PAROXYSM OF INTERMITTENT FEVER.

By Professor FRANÇOIS.

In the midst of an epidemic of intermittent fever which prevailed at Mons in 1822, Professor François was sent for to a lady, aged 40, who had a slight attack, which was soon relieved. Two days after he was suddenly informed she was in a dying state. She had been seized with a new paroxysm, and, after a little shivering and yawning, became almost immediately insensible. He could find no pulse; the pupils were insensible to the action of bright light; the whole surface was cold, pale, and dry, and respiration was suspended to such an extent that a mirror placed before the mouth remained untarnished, and the flame of a candle undisturbed, while the ear applied to the region of the heart could not perceive the slightest sound or impulse. Every kind of stimulus was applied in vain, and she had so completely the appearance of a corpse that her burial was already spoken of. Although this state had continued nearly an hour, M. François prohibited any such step being taken, believing it possible that he had to do with a case of pernicious intermittent, in which the vital process might be merely suspended, not extinguished. Stimuli, in the shape of frictions and glysters, were therefore resorted to; but it was not until about four hours afterwards that a little moisture was observed on the forehead. Sinapisms and hot applications were again resorted to, and shortly afterwards some slight pulsations of the heart and respiratory movements were observed, followed by a return of the pulse and complete restoration. Quinine was administered in abundant quantities as soon as possible. On the second day after this another alarming paroxysm occurred, but this was the last, and the cure remained assured. The lady lived for many years afterwards. It is a curious fact that her husband, a fortnight afterwards, suffered from an attack of pernicious fever of the same nature, but less in degree. This case, in which the pulsation of the heart could not be perceived during several hours, forcibly shows the danger of the rule laid down by M. Bouchut, that such complete suspension is a sign sufficiently certain to allow of interment being safely undertaken.—*Presse Médicale Belge*, No. 20.

EXCERPTA MINORA.

Perchloride of Iron in Vesical Catarrh and Hæmorrhage.—M. Vigla relates a case of very obstinate catarrh of the bladder, brought on by the permanent retention of an instrument in this organ, when the subject of paralysis. Various means had been tried without mitigating the affection, which also now had become complicated with severe hæmorrhage, and all its attendant ill effects. Very speedy relief soon followed the use of the perchloride of iron, in doses of a spoonful twice a-day of a mixture composed of 12 parts of the perchloride to 260 parts of water.—*Journal de Pharmacie*, July, p. 74.

Anæsthesia by Compression.—M. Jacowski, a practitioner of Paris, has revived the practice of compression as a means of preventing pain; and in this way several instances of entirely painless extraction of teeth have been effected. The compressor he employs consists of two pads, connected by a steel spring, very much like a hernial truss. The spring is passed behind the head, and the pads are applied either within the meatus auditorius or each side, or behind the rami of the jaw, in front of the ears.—*Gaz. des Hôp.*, No. 85.

Large flying Blisters in arrest of Phlebitis.—M. Nonat, seeing the insufficiency of the means usually employed in the management of phlebitis, determined to put into force the treatment so advantageously employed by Velpeau in diffused phlegmon and phlegmonous erysipelas, viz. the application of flying blisters over the whole extent of the part affected. M. Nonat first tried this in cases of commencing phlebitis from venesection, and then in instances of spontaneous phlebitis occurring during the convalescence of certain disease, especially typhoid fever. The morbid phenomena were at once arrested.—*Gaz. des Hôp.*, No. 86.

Improved Adhesive Plaister.—M. Colson, as the result of twenty years' trial, recommends the following plaister in place of the ordinary diachylon, as it never gives rise to irritation or erythema. ℞. Olive oil 500, minium 250, yellow wax 185 parts. These are to be heated together and stirred round with a spatula until the mixture assumes a black colour, when it is to be taken off the fire, and stirred until quite thick. It is then to be formed into rolls on a marble table.—*Révue Méd.*, June, p. 753.

Traumatic Diabetes.—Dr. Plagge relates the case of a young man who received a blow upon the occiput, and the following night complained of strangury. Three days after he suffered from excessive hunger and thirst, and passed large quantities of urine, of the sp. gr. of 1·043, containing much sugar. His condition remained stationary in spite of the employment of opium, tannin, and an animalised diet. A dram of the bicarbonate of soda (the urine being slightly acid) was then given to him daily, and he considerably improved. Nevertheless, the quantity of urine continued in excess during two months.—*Gaz. des Hôp.* No. 81.

Digital Compression in Inflammation.—Professor Vanzetti, of Padua, whose treatment of aneurism by digital compression has excited some attention, states that, from considerable experience of its advantage, he now employs digital compression of the femoral, brachial, subclavian, or other artery, as the exclusive means of treatment of phlegmon, arthritis, paronychia, etc., in all cases in which its application is practicable. Of course, in Hospitals it is of easier execution, but he does not think any serious difficulty will ever be found in obtaining assistance in keeping up such compression for several hours, or even uninterruptedly during a day or two. In the case of some of the arteries the patient himself can employ the compression, resting for a short interval every eight or ten minutes.—*Presse Médicale Belge*, No. 24.

Purgative in Gout.—M. Belli states that, for a great number of years, he has administered the following purgative to gouty subjects with great success:—℞. Magnes. sulph. ʒviii. ad ʒx. pot. nit. ʒj. ferri sulph. gr. 1½. aquæ ʒxxiv. This is divided into four doses, one being taken every half-hour until sufficient effect is produced. The purgative is repeated every fortnight, and as soon as any gouty symptoms manifest themselves. It is given, three days in succession, except in enfeebled subjects. As an adjuvant M. Belli employs, with excellent effect, wild chicory juice or a syrup made from the root, given every morning fasting.—*Bulletin de Thérap.* tom. 55, p. 37.

GENERAL CORRESPONDENCE.

CHLOROFORM AND ETHER.

Letter from Mr. Ruttledge.

[To the Editor of the Medical Times and Gazette.]

Sir,—The recent presence of Dr. Hayward, of Boston, in some of our metropolitan hospitals has revived a discussion as to the relative merits of ether and chloroform as anæsthetic agents.

The immense benefit which the induction of anæsthesia has conferred upon suffering humanity is duly appreciated in London; but I fear many of the provinces have not participated to an equal extent in the advantages of ether and chloroform.

A careful consideration of the relative effects of ether and chloroform has induced me to believe that the only instance in which ether has any superiority over chloroform is in the treatment of cases of tetanus with anæsthetics; for I have not found that depressing effect in the use of ether which is commonly subsequent to the use of chloroform.

In the administration of chloroform, I would advise that the patient should abstain from food for a period of four or five hours; also that the recumbent position should be assumed, the head being slightly elevated, and the chest exposed. In preference to any inhaler, I always use a piece of lint two or three times folded, upon which I pour about ʒj. of chloroform. I then hold the lint about one inch from the nose and mouth, desiring the patient to breathe slowly, at the same time assuring him that there is no cause for alarm; and, as I stand at the head of the patient, I place one of my fingers over the temporal artery, and thus I am able closely to watch not only the circulation, but the bared chest enables me to notice any abnormal respiration that may occur. I

Digitized by Google

usually succeed in obtaining an anæsthetic influence in about, upon an average, ten minutes, and with an expenditure of from ʒiv. to ʒvj. of chloroform.

When the stage of excitement is very violent, I have found that is desirable to increase the amount of chloroform upon the lint, and likewise to approximate it to the mouth. Here two cautions are needful. Be careful not to place the lint in contact with the face, for I once saw a lady's face freely blistered by a want of care; and again, it is well to know that perfect anæsthesia sometimes rapidly supervenes upon the stage of excitement known by extreme stertorous breathing. I need not say that now danger is imminent. The amount of anæsthesia which is most generally necessary, may be best ascertained by gently raising the upper eyelid, and then carefully and slightly touching the conjunctiva; if no movement ensues the Surgeon may commence his operation. I think it advisable to attain this stage before commencing, or the Surgeon will be impeded by a want of that quietness which he expected, or the friends of the patient will be annoyed by the presence of screams. I believe, that if this mode of administration be adopted, there is no condition of a patient where an operation was justifiable which would contra-indicate the use of chloroform. I have found that the use of chloroform is of great assistance in the examination of patients, more especially children. In obstetric practice I would advise that the patient should not attain perfect anæsthesia, and I would wish merely to destroy recollection of pain; but in a case of turning, or when any operation is needful, it is best to induce perfect anæsthesia. In your edition of last week there is a report of a case of tetanus successfully treated by ether and opium; although the case was not an acute one, yet, nevertheless, I am convinced that the use of ether was beneficial; moreover, if no remedial effect ensue from its use, the Surgeon has the satisfaction of having alleviated the sufferings of his patient. I have found considerable depression after the use of chloroform in a case of tetanus which, combined with the debility attendant upon that disease, would contra-indicate its use. My objection to the use of ether in general practice is the large quantity—ʒiii. or ʒiv. necessary, and likewise the necessity of using a special apparatus, and also a waste of time, with no increased safety for the patient.

I am, &c.

Dartford, Kent. J. E. Ruttledge.

DISINFECTION OF LONDON SEWAGE.

Letter from Dr. Bernays.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the subject of London Sewage and the Thames must for a long time occupy the attention of the public, and as it is one which has been frequently observed upon in your ably-conducted Journal, I shall perhaps not be considered intrusive if I venture to add a little to the information already conveyed. And I do so, I hope without presumption, when I can fairly state that I have worked upon sewage matters for upwards of twelve years.

In dealing with the question of the sewage, nothing has surprised me more than that the officers of health for the various London districts have been so utterly disregarded by the Thames Committee appointed by the present Government; and yet, speaking as a chemist, I should have thought that no scheme should be allowed to be carried out by the Metropolitan Board which had not the consent of a majority of the Medical officers to whom the health of London has been committed. It may not be too late to point attention to this, as well as to matters intimately connected with the question. From a vast number of experiments which I have carried out, and from a number which I am still continuing, I have come to the conclusion, that it is nearly hopeless to attempt to deodorise the sewage after decomposition has once set in. The throwing of tons of lime into the outfall of the various sewers—the greater part, too, in the form of blocks of unslaked lime—seems to me the most shameful waste of the public money that we have ever had to complain of. And to what dangerous extent, as regards health, this may be carried, if the lime process *alone* be adopted, I think there would be no difficulty in proving. But, as one single practical suggestion is worth folios of theories, I will at once explain my proposals.

There is an old adage: "Prevention is better than cure." So also it must be better to prevent decomposition than to cure it after it has taken place.

And I believe we have a remedy against putrefaction in the disinfectant of Messrs. Smith and MacDougall.

This disinfectant consists of a chemical combination of lime and magnesia with sulphurous acid, and coal-kreosote (carbonic acid), together with an excess of slaked lime. It contains, therefore, lime and magnesia as precipitants of phosphates, together with much organic matter; sulphurous acid as an agent upon which free oxygen must act before it attacks the organic matters; and lastly, though most important of all, kreosote, which combines with and hardens, and prevents the decomposition of albuminous matters. Were there any other disinfectant based upon similar principles, I would not be disposed to insist upon the use of this; but as I am practically acquainted with the action of this, the experience which I have acquired within the last three years is based upon its use. I was the first to propose to the inventors (one of whom, Dr. R. A. Smith, of Manchester, is the inventor of the sepometer, which you noticed in last week's journal) the use of this disinfectant as a means of preventing the decomposition of horse-dung, etc. etc. in the roads. And my suggestions would commence by introducing a given quantity of the powder contained in a bag into the water-carts. Each bag should contain a quantity adapted to the day's supply. It would be so slowly but sufficiently dissolved, that we might calculate to an ounce the necessary quantity, without depending upon the men, beyond its first introduction in the morning. Thus the streets would be sweetened, an increase of carbonic acid in the air prevented, the nitrogenised constituents of the manure be kept unchanged, and, by the falling rain, introduced in a fresh state through the gullies into the drains.

But, perhaps, Sir, you will think me forgetful, and ask why not begin at our houses? There is the difficulty. For I believe could that be accomplished, the sewage might be safely precipitated at each outlet, and comparatively speaking, pure and clear water passed into the Thames at London. However, as this disinfection at home can only be brought about by argument and a better general understanding of sanitary matters, the remedy must consist at present in preventing further change in the solid and liquid measure.

After the streets, we must deal with the drains. Crudely this has already been done in several of those of Paddington, under the able superintendence of our officer of health, Dr. Sanderson. To prevent the stench from the gullies passing into the air, small bags containing one shilling's worth of MacDougall's disinfectant have been placed in various parts of the sewers, and certainly with very considerable success. How exactly this portion of the subject is to be successfully carried out, is yet matter for experiment. But from calculations made by Messrs. Smith and MacDougall it would appear that the disinfection could be accomplished for London at the present day at an annual cost of £18,000. I think £20,000 nearer the mark. But then, look at the advantages. Under the system to be carried out, £3,500,000 are to be spent to convey the sewage to such a distance to be precipitated, that we must believe that the very authors of the plan have no faith in disinfection, and therefore remove it to prevent as much as possible the very serious nuisance which they themselves apprehend. If, as Mr. Cubitt says, the water is wanted in the Thames at London, why take it to so great a distance?

The separation of the solid from the liquid sewage, even nature teaches. None but barbarians would throw it away. Precipitation, with prevention of decomposition, is the obvious plan. It is the only one which has regard to the loss of ammonia; for, by the use of MacDougall's disinfectant, the chief nitrogenised constituents of manures are precipitated, and their quick conversion into soluble ammonia salts prevented. And I maintain that the retention of the nitrogenised constituents of the sewage, before their conversion into ammonia, together with the precipitated phosphates, must make *all* the difference as to its value as a manure. But to return to the projected scheme. With the exception of an improvement in the state of the river—a very important exception—I find that the general health of the inhabitants of London is quite disregarded. Every gulley-hole is a gravestone set up by the way-side, not so much as a warning that we must one day die, but as a cause of death to unnumbered thousands! If nothing could be done to prevent the decomposition of sewage, how thankful we should be if Mr. Gurney's

Digitized by Google

ingenious plan could be carried out! He, at least, has given a thought to the inhabitants of the town, of whose existence the Thames Committee never dreamt. And I verily believe we never should have heard of a drainage scheme at all, if it had not been for the pestilential state of the river.

But I will not enter upon this subject until I have ascertained that you deem my letter worthy of consideration, and, therefore, of publication. In the meantime,

I am, &c. ALBERT BERNAYS.

St. Mary's Hospital, W.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 22, 1858.

CHARLES HAWKINS, Esq., Vice-President, in the chair.

A paper by Mr. TOYNBEE was read,

ON A CASE OF DEAF-DUMBNESS OF MORE THAN TWENTY YEARS' DURATION,

IN WHICH THE HEARING AND THE ARTICULATION WERE GREATLY BENEFITED.

IN the year 1856, the author laid before the Society the results of some inquiries respecting the deaf and dumb, conducted at the asylum in the Old Kent-road. One of those results was the establishment of the fact that a large number of persons admitted as deaf and dumb nevertheless possess more or less of the power of hearing. Thus amongst 411 children examined, no less than 166 heard certain sounds. Observation of this fact impressed the author with the desirableness of attempting to cultivate the hearing power in such patients, and the case related was one amongst the most successful.

A paper by Mr. CHARLES HAWKINS was read entitled

AN ACCOUNT OF A CASE OF CALCULUS IN THE BLADDER REMOVED BY LITHOTRITY, IN WHICH A COMMUNICATION EXISTED BETWEEN THE BLADDER AND INTESTINE.

A paper by Mr. T. HOLMES was read, entitled

REPORT OF A CASE OF DISLOCATION OF THE SHOULDER UPWARDS AND INWARDS, ACCOMPANIED BY A DISSECTION OF THE PARTS INVOLVED IN THE INJURY.

The patient was admitted into St. George's Hospital, under Mr. Tatum. The accident proved fatal in consequence of other very severe injuries. On examination, the head of the humerus was found immediately under the skin, having passed through the fibres of the deltoid muscle, and having the cephalic vein on its inner side. It had fractured the coracoid process in its passage upwards, and was resting behind on the stump of this process and on the clavicle, with a small portion of the coraco-acromial ligament, which remained untorn. Internal to it (besides the fibres of the deltoid and the cephalic vein) was found the fractured extremity of the coracoid process, with the muscles attached to it. External, and somewhat posterior to it, was the acromion process, separated from it by some of the fibres of the deltoid. Below, and a little external to it, was the glenoid cavity, the tip of which lay on a horizontal plane quite below the level of the dislocated head of the bone. The long tendon of the biceps remained still attached to the scapula, and was therefore situated below and external to the head of the humerus. The bone, in passing out of the glenoid cavity, had injured this tendon slightly, so that some of its internal fibres had been broken away from the muscle. The subscapularis muscle was intact. The muscles attached to the greater tuberosity of the humerus were torn through, except that a portion of the teres minor remained. The capsular ligament had been lacerated at its upper and inner part, forming a large hole for the passage of the head of the humerus. The author referred to cases somewhat resembling this, related by M. Malgaigne, in his large work, and by Mr. Soden, in the "Transactions" of this Society; and concluded with some remarks upon the diagnosis and mode of treatment of this accident.

UNIVERSITY COLLEGE, LONDON.

THE distribution of prizes in the Faculty of Medicine for the session of 1857-58 was held on Saturday, when Lord Cranworth took the chair.

Prize (£40) for general proficiency, Edward Wynne Thomas.

Anatomy.—Professor Ellis—Gold medal, Simon Belinfante; 1st silver medal, Francis W. Gibson; 2nd silver, Ebenezer Halley. Junior class.—Silver medal, Isidore B. Lyon.

Anatomy and Physiology.—Professor Sharpey, M.D.—Gold medal, William John Smith.

Chymistry.—Professor Williamson—Gold medal, William John Smith; 1st silver, William Lant Carpenter; 2nd silver, Henry Charlton Bastian. Birkbeck Laboratory.—Gold medal, William Martin; 1st silver, Thomas E. Farrington; 2nd silver, William Downer Hewitt. Practical Chymistry.—Gold medal, Ebenezer Halley.

Comparative Anatomy.—Professor Grant, M.D.—Gold medal, Alexander Herzen.

Surgery.—Professor Erichsen — Gold medal, Felix H. Kempster; 1st silver, William Edward Allen; 2nd silver, S. Hoppus Adams.

Medicine.—Professor Walshe, M.D.—Gold medal, William Edward Allen.

Fellowes Clinical Medal.—Winter Term. Gold medal, William George Groves.

Pathological Anatomy.—Professor Jenner, M.D.—Gold medal, Felix H. Kempster; silver, Sydney Ringer.

Botany, Senior.—Professor Lindley, Ph. D.—Gold medal, Henry Charlton Bastian; silver, Frederick Beaufort Scott.

Medical Jurisprudence.—Professor Carpenter, M.D.—Gold medal, Robert Carter.

Midwifery. — Professor Murphy, M.D. — Gold medal, William J. Smith; 1st silver, J. B. Lyon; 2nd silver, Thomas C. Kirby.

Ophthalmic Medicine and Surgery.—Professor Wharton Jones.—Silver medal, Felix H. Kempster.

Materia Medica.—Professor Garrod, M.D.—Gold medal, William J. Smith; silver, equal, Edward Ellis, Michael O. Hurlston.

CERTIFICATES OF HONOUR.

Anatomy.—Senior.—4th, George Cardell; 5th, Henry Hemsted; 6th, Charles Drysdale; 7th, Samuel Booth; 8th, Arthur Charles Gaye. Junior.—2d, Henry Charlton Bastian; 3rd, Richard May Miller; 4th, Henry Tofts; 5th, Thomas Fould H. Green; 6th, John C. Bernard.

Chymistry.—4th, Samuel J. Gee; 5th, equal, Francis W. Gibson, Edward Ellis, Francis Kossuth; 6th, Louis Kossuth. Birkbeck Laboratory.—4th, equal, Henry John Cook, George Frankish, William Henry Rossiter; 5th, equal, James E. Mallinson, Michael Carty; 6th, Oswald Howard. Practical Chemistry.—2d, equal, Joseph Rutter, Simon Belinfante; 3d, Arthur Charles Gaye; 4th, equal, F. William Gibson, Thomas C. Kirby; 5th, John R. Macdonald.

Comparative Anatomy.—2d, Henry R. M'Dougall.

Surgery.—4th, Charles Drysdale; 5th, Joseph R. Gasquet; 6th, equal, Richard W. Garnham, William Hickman; 7th, Charles John Trotter; 8th, Henry Hemsted.

Pathological Anatomy. — Professor Jenner, M.D. — 3rd, Charles E. Orme; 4th, Robert Carter; 5th, Thomas C. Kirby.

Botany—Senior.—Professor Lindley, Ph. D.—3rd, equal, J. N. Miller, Edward Ellis; 4th, Thomas F. H. Green; 5th, M. O. Hurlston.

Medical Jurisprudence.—2nd, Samuel Booth, junior.

Midwifery.—Professor Murphy, M.D.—4th, Felix H. Kempster; 5th, John Celestin Barnard; 6th, William J. Hunt; 7th, Joseph Augustus James; 8th, H. Burton Peard Copp; 9th, equal, Henry Toft, Frederick Horatio Atkinson; 10th, M. O. Hurlston.

Materia Medica.—Professor Garrod, M.D.—4th, A. C. Gaye; 5th, equal, W. J. Hunt, Joseph Rutter; 7th, equal S. G. Gee, W. L. Winterbotham.

BERLIN.—The professors' chairs vacated by the death of Müller have not yet been definitively filled up; but it seems pretty certain that that of physiology will be conferred on Professor Du Bois-Reymond, and the anatomical chair upon Professor Beichert of Breslau.

Digitized by Google

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

FRIDAY, JULY 30.

MRS. TURNER'S CASE.

Mr. TITE asked the hon. member for Hereford, as one of the Commissioners in Lunacy, whether their attention had been called to the case of Mrs. Turner, lately a lunatic patient in Acomb House, near York; and if so, what steps had been taken by the commissioners in regard thereto?

Colonel CLIFFORD said the attention of the commissioners had been directed to Mrs. Turner's case, and an inquiry had been ordered, not only into that case, but into the management of private asylums generally, and they would take such proceedings as the result of the inquiry might render necessary.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 30th of July, viz.:—

ALTHAM, JAMES, British Guiana.
GOODALL, RICHARD THOMAS, Ashover, Derbyshire.
GRANT, ROBERT ALEXANDER PETER, Dawlish, Devonsh.
HAIGH, HENRY WILLIAM, Huddersfield.
HART, WILLIAM, Tynemouth.
HIGGINS, HENRY, Peel, Isle of Man.
HOLMES, FREDERICK, Leeds.
JEPSON, OCTAVIUS, Gainsborough.
LEADAM, WILLIAM WARD, London.
MEADOWS, HENRY FREDERICK, London.
PHELPS, PHILIP FREDERICK, Reading.
WILLIS, WILLIAM, Enniskillen.

Also, on the 2nd inst. (August), viz.:—

BARFOOT, EDWARD, Islington.
DWYER, DANIEL, Dublin.
GARRINGTON, ARTHUR, MERRIFIELD, Portsmouth.
JOHNSTON, THOMAS, Bewdley, Worcestershire.
LUTHER, FRANCIS MICHAEL, Clonmel.
MACKENZIE, JOHN INGLEBY, Caius College, Cambridge.
SASS, EDWIN ETTY.
SMITH, EVAN M'LAURIN, Demerara.
VENNING, EDGCOMBE, Great Yarmouth.
WILLIAMS, WILLIAM RHYS, Nottingham.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Wednesday, the 28th, and on Thursday, the 29th of July:—

ALBERT, G. P., Peninsular and Oriental Company.
ALBURY, W. J., Nassau, Bahamas, West Indies.
BARKER, EDGAR, Oxford-square, Hyde-park.
BARKER, SAMUEL, London.
BEADLES, HUBERT, Broadway, Worcester.
BICKFORD, T. L., Newton Abbott, Devon.
CAZER, THOMAS, Erith, Kent.
CONSTANT, FREDERICK GEORGE.
COOPER, GEOFFREY VEEL, Bristol.
COUCH, WILLIAM OAKLEY, Theberton-street, Islington.
DANIEL, RICHARD SYLVESTER, Manchester.
FARRANT, MARK, Collumpton, Devon.
GIBSON, JAMES EDWARD, Army.
GORST, RICHARD, Prescot, Lancashire.
HARVEY, HENRY OFFLEY, Hailsham, Sussex.
HIGGINS, ANDREW HENRY, Chester.
INGLE, ROBERT NICHOLAS, Ashby-de-la-Zouch.
JONES, GRIFFITH ROBERT, Swansea.
JONES, PRYCE, Llanrwst, North Wales.
KAY, JOHN WILLIAM, Huddersfield.
LAKE, JOHN WILLIAM, Beverley, Yorkshire.
LEACH, HENRY, Wisbeach, Cambridgeshire.
LEY, EDWIN GRANVILLE, Rochester.
LLEWELLYN, LLEWELLYN, London.
M'DRUGAL, ALEXANDER MASON, London.
PHILLIPPS, EDWARD, Aberystwith, North Wales.
PIKE, THELWELL, Bucklebury, Berks.
SAMER, JAMES, St. Cleather, Cornwall.
SAMS, JOHN SUTTON, Blackheath.
SHOOTER, CHARLES, Yorkshire.
SKINNER, H. G., Great Grimsby, Lincolnshire.
SUMMERHAYS, WILLIAM, Crewkerne, Somerset.
SWAIN, WILLIAM PAUL, Devonport, Devon.
VENOUR, WILLIAM, Teddington, Middlesex.
WALLIS, GEORGE, St. Martin's-le-Grand.
WILLIAMS, WILLIAM HENRY, Plaistow, Essex.
WILLIAMS, R. P., Minera, Wrexham, North Wales.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—The following, after examination, had the degree of M.D. conferred on them:—

ANDERSON, JOHN, London.
GRIGOR, ROBERT, Royal Navy.
HAMMOND, JOSEPH HUTCHINSON, Preston.
LONGMARSH, JOHN CHARLES, Nottingham.
LOTHIAN, JOHN ALEXANDER, East Lothian.
MARSHALL, JAMES, Aberdeen.
MULHOLLAND, CUNNINGHAM, Belfast.
O'REILLY, MICHAEL, Herts.
OTTLEY, DREWRY, Pau, France.
ROBERTSON, ANDREW, Aberdeen.
SMITH, JOHN GORDON, Aberdeen.
SMITH, ROBERT, Old Aberdeen.
WARD, JOHN DOXON, Manchester.
WHITTELL, HORATIO THOMAS, Birmingham.
WOODHOUSE, JOHN, Hertford.

APPOINTMENT.

The Committee of Visitors of the Sussex Lunatic Asylum have appointed Dr. Lockhart Robertson, the Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane, Medical Superintendent of the County Asylum in course of erection at Hayward's Heath.

DEATHS.

FLINN.—May 26, at Table Bay, Cape of Good Hope, on his return from China and India, Dr. F. A. Flinn, Surgeon of steam-ship *Imperador*, and brother of Mr. J. J. Flinn, Surgeon, Liverpool. The officers and crew placed a tablet with suitable inscription over his grave, and the flags of the *Imperador* and *Bahiana* steamers were hoisted half mast high, as a token of the esteem and regard in which he was held by them.

HUXHKE.—Professor Huxhke, the celebrated anatomist a Jena, died recently.

MOORE.—July 18, at Athenæum-terrace, Plymouth, Edward Moore, M.D., Edin. 1827; M.R.C.S. Eng. 1815.

POWER.—On the 22nd ult., at Hammersmith, John Power, M.D., St. And. 1819, aged 73.

ROE.—Died, on July 25, at Cavan, aged 74, George Roe, Esq., M.D., for forty-two years Surgeon to the County Cavan Infirmary. During a very lengthened period Dr. Roe enjoyed a lucrative practice, and in an eminent degree, the confidence, not only of the public, but of the profession. It is a remarkable fact, and characteristic of his conscientious turn of mind, that although he was an ardent lover of his profession, and was accustomed from an early period to perform operations seldom undertaken by provincial Surgeons, the only case he ever published was an unsuccessful one, in a paper on the "Fatal Effects of Chloroform," printed in the *Dublin Medical Press* for 1852. Dr. Roe amassed a considerable fortune. The Surgeoncy to the County Infirmary is rendered vacant by his decease.

TURNER.—This gentleman died recently in Spanish Town, Jamaica. He was for thirty-eight years a resident Medical Practitioner in Spanish Town, and his high attainments and Medical skill, coupled with his long experience, gained for him the confidence of the inhabitants of that town, and its adjacent neighbourhood. At the time of his death,

Digitized by Google

Dr. Turner was the senior member of the Legislative Council, and a member of the Privy Council, having been appointed in the year 1836 a member of the then Council, by the Marquis of Sligo, then Governor of Jamaica. He was at one time the Custos Rotulorum of the precinct of St. Catherine, which office he resigned in the year 1850, and has since then been Senior Magistrate of the precinct. He also filled the offices of Physician to the County Goal of Middlesex, Surgeon to the St. Catherine's District Prison, and the Police, and was one of the Medical attendants of the poor of that parish.

TESTIMONIAL.—A silver tea and coffee service has been presented to Mr. C. Hogg on the occasion of his quitting his practice in Finsbury-place.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the College held on Friday, July 23, Peter Shannon, M.D., was elected a member of the Council in the room of the late Sir Philip Crampton, Bart.

HARVEIAN SOCIETY OF LONDON.—A handsome silver inkstand has been presented by members of this Society to Dr. Joseph Ridge, in testimony of his valuable services as Treasurer.

QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Heslop has been appointed Professor of Medicine; Dr. Bond has been appointed Professor of Chemistry. The Chair of Physiology and the resident Medical Tutorship are now vacant.

APOTHECARIES' HALL OF IRELAND.—At the annual meeting of the Council, held on the 2nd of August, the following were duly elected for the ensuing year:—Governor, Dr. Madden; Deputy-Governor, Dr. William Madden, junr.; Court of Examiners, Drs. Betty, Bolland, Holmes, Leet, McMunn, Moore, Mulock, Nolan, Owens, Shea, Messrs. Collins, O'Flaherty, and Shaw.

POPULATION INCREASE.—169,170 births and 107,193 deaths were registered in the past quarter; and the natural increase of the population of England and Wales was 61,977 in 91 days, or 681 daily. The probable natural increase of the population of the United Kingdom was 1021 daily. In the preceding winter quarter it was estimated at 750. 40,961 persons sailed from the ports of the United Kingdom at which there are Government emigration agents.

UNIVERSITY OF EDINBURGH.—We understand that at a meeting of the Senatus Academicus a motion was made by Dr. Christison, and carried by a majority of eleven to four, that a cordial vote of thanks be given to the deputation, consisting of the Rev. Dr. Robert Lee and Dr. Bennett, for their exertions in London to promote the success of the Universities Reform Bill. The counter-motion, made by Dr. Simpson, was to the effect that an exception should be made in regard to Dr. Bennett's paper respecting the University patronage.

HOMŒOPATHY.—At the annual meeting of the Shropshire branch of the British Medical Association Mr. Wood proposed, and Mr. Thursfield seconded, the following resolution, which was carried with applause:—"That a system of medicine which has nothing better to recommend it than the assertion that 'like will cure like,' cannot be founded upon any sound or philosophical principles; and, therefore, it is the opinion of this meeting that no honourable man, whether Physician or Surgeon, can meet an homœopathic practitioner in consultation, or such as act in conjunction with him."

DR. C. A. ANDERSON.—"Many of the wounded," says Admiral Seymour in his last despatch from China, "were taken on board the *Coromandel*, where arrangements had been made for the purpose, under the able supervision of Dr. C. A. Anderson, Staff-Surgeon, whose services on this occasion, and all former occasions, where we have been employed on active service, I feel bound to bring to their lordships' notice."

BEQUESTS TO THE UNIVERSITY OF EDINBURGH.—The University has received within the last few days about 1000 volumes on medical subjects, which formed the library of the late Professor Sir George Ballingall. The executors of the late Dr. James Mitchell, R.N., have also handed over a portion of his library, consisting of about 300 volumes, on various subjects, to the University, in accordance with the will of that gentleman."

ON the 3rd instant there was a distribution of Victoria crosses at Portsmouth by Her Majesty. The third officer on the list was Deputy Inspector General of Hospitals, James Mouat, C.B., late 6th Dragoons, of whom the *Gazette* says:—"Date of act of bravery, October 26, 1854. For having voluntarily proceeded to the assistance of Lieutenant-Colonel Morris, C.B., 17th Lancers, who was lying dangerously wounded in an exposed situation after the retreat of the Light Cavalry at the battle of Balaklava, and having dressed that officer's wounds in presence of and under a heavy fire from the enemy. Thus by stopping a serious hæmorrhage he assisted in saving that officer's life."

INSECT STRATAGEM.—M. Desmarest was the first to observe the method pursued by the larvæ of our pretty tiger beetles for capturing their prey. The larvæ, as described by that expert entomologist, makes a deep hole in the sandy soil, and by means of certain hook-like appendages with which it is furnished, is enabled to hold itself at the top of the hole, making its own broad flat head form a kind of trap-door to the treacherous *oubliette*. No sooner does some unwary insect attempt to pass over this seeming level surface, than it sinks beneath him, and he falls with his captor to the bottom of the horrible pit, where he is remorselessly devoured. If any very sensitive young lady should establish an insect home, she will perhaps do well not to attempt to rear a brood of *larvæ* of bicindelidæ, as she might be shocked at this treacherous and somewhat savage proceeding.—*Butterfly Vivarium.*

DEATHS FROM LIGHTNING IN THE UNITED KINGDOM.—M. Poey has communicated a paper to the Académie des Sciences upon this subject, the materials for which were supplied by unpublished documents placed at his disposal by Dr. Farr, of the Registrar-General's office. Prior to 1852, the deaths from fulguration were not regularly registered, and those since 1856 have not yet been classified. The deaths of the other years were as follows: in 1852, 45 deaths; in 1853, 10; in 1854, 17; in 1855, 17; in 1856, 14: total for the 5 years, 103. The year 1852 was remarkable for the number of storms which prevailed over the greater part of Europe. Of these 103 deaths, 88 took place in male, and 15 in female subjects. In respect to age, 48 of these deaths occurred between the ages of 1 and 15, and 55 between the ages of 25 and 65. In Sweden, of 56 deaths from fulguration which took place between 1846 and 1850, 28 were males and 28 were females, the maximum number occurring between 25 and 50 years of age; while in England the maximum occurred between 10 and 15. The 103 deaths were thus distributed in respect to months: April, 1, May, 14, June, 14, July, 38, August, 22, Sept., 8, and Oct., 6.

LITERARY REWARDS.—"Our indignation," says the *Examiner* satirically, "has been raised by the fact, that, during the last year, no less a sum than £450 has been divided among eleven literary or scientific men and their families! Nearly £41 a-year, above 2s. 2d. a-day, to each man or family! and for what? We will venture to say that not one of these men ever wore a sword, or penned a despatch, or tied a knot of red-tape, or did anything beyond writing books and making discoveries, and yet the public is to be taxed to enable them or their families to live in idleness or luxury. Can they not work? And if not, are they not entitled to parish relief? We are a wealthy nation, and we are proud of it. We pay our ambassadors at second-rate courts more than the Americans pay their president; some of our bishops get more income than that derived from a continental princedom; the pensions alone of our army amount to more than the total cost of the united armies of Belgium and Sardinia; but there is a limit to all things, and no degree of prosperity can justify downright wilful extravagance like this we speak of above. When we read that the Queen has conferred £30 a-year on the mother of Hugh Miller, and £40 a-year on the daughter of the Ettrick Shepherd, and £50 a-year on the widow of another poet, we are astounded."

MORTALITY IN EMIGRANT SHIPS.—From a return lately published by her Majesty's Emigration Commissioners it appears that the mortality in ships which sailed to Victoria in 1857 with 18,758 emigrants amounted to only 62 or ·33 per cent.; and that the number of deaths in ships containing 22,301 souls was 200, or ·89 per cent. Of these deaths 55 were of adults, being ·31 per cent. of the number of adults embarked, 88 were of children between the ages of 1 and 12,

Digitized by Google

being 2·05 per cent. of the whole number of children between those ages, and 57 were of children under one year. Of 16,467 emigrants who proceeded to Boston, United States, in the first nine months of 1857, only 22, or ·13 per cent., died on the voyage; while among 4939 emigrants who sailed for Philadelphia in 1857, the deaths were only 8, or ·16 per cent. The mortality among Calcutta coolies in 1856-7 has greatly increased. In that season 12 ships embarked 4094 souls at Calcutta, and the deaths on the voyage, besides those which occurred after landing in the colonies, were no less than 17·26 per cent. on the number embarked. Among other things, as the causes of this loss of life, may be mentioned the prevalence of choleraic disease, the constitution of the Bengalee, the use of copper utensils of different kinds, the behaviour of the people while dropping down the Hooghly, and, in particular, their drinking the water of that river.

A New Stereoscope.—An important modification of Wheatstone's stereoscope has just been communicated to the Academy of Sciences by M. d'Almeida. With the common instrument only one observer at a time can view the relief. M. d'Almeida renders it visible to several at a time and at a distance of several metres. For this purpose he causes two stereoscopic images to be reflected simultaneously on a screen: as they are not identical, but only similar, the outlines of the one will intersect those of the other, and generate a confusion which can only be obviated by making each eye see only one of the images. For this purpose the inventor causes the luminous rays from each image to pass through a glass of a different colour, one red and the other green; whereby one of the images will be reflected on the screen in red, the other in green. Now, if the observer's eyes be provided with glasses of the above-mentioned colours, the eye covered with a green glass will only see the green image, while the other will only be visible to the eye protected by a red glass. The moment this is effected the relief appears, and if the observer shift his position laterally the figure will appear to move in a contrary direction, which adds to the illusion. M. d'Almeida proposes another plan, in which both images are uncoloured, and each eye is made to perceive one image only by rapidly intercepting the other from view by means of a revolving piece of pasteboard, cut so as only so cover one of the images at a time by each half revolution. As soon as the rotatory motion acquires sufficient rapidity the figures appear in relief.

The Cretins at Dr. Guggenbuhl's Establishment at the Abendberg.—Reports having been circulated detrimental to this establishment, the Bern Sanitary Commission sent two of its members, Drs. A. Vogt and Verdat, for the purpose of inspecting it. The following are some of the statements which appear in their report. Dr. Guggenbuhl himself was absent on a tour, which, commencing in November, had not been completed then, the end of April, and his substitute was unable to give information on many points. The patients were eighteen in number, from ten to twenty years of age. Their bedrooms were far too much overcrowded, very defective in ventilation, and not so clean as they ought to be. The baths did not seem to have been used for some time, and the gymnasium was very defective in the requisite appliances. Only a third part of the patients could be properly called cretins; but they all appeared well clothed and fed. They were clean, except three, who required constant superintendence. To take care of these eighteen inmates, the establishment consisted only of two maid-servants, a cook, and a steward, together with a female teacher, who had only arrived a fortnight before. No medical attendance whatever was provided, and yet the commissioners found one of the children in bed with a painful fluctuating abscess of the neck. The commissioners observe that an establishment so conducted must forfeit all claim to be styled a curative institution for cretins, seeing that no medical attendance was provided during half the year, and that the winter half. Then, again, mingled with the cretins are other children, who would be better in other establishments. A Scotch Physician, whom the commission met with at Interlaken, related to them that he had placed his son in the establishment at a heavy cost, and was obliged to remove him in consequence of the prolonged absence of Dr. Guggenbuhl, and the neglect of cleanliness and other requisites.—*Wien Wochenschrift*, No. 28.

Sea Fish.—A few days ago M. Coste, the eminent pisciculturist, communicated a paper to the Academy of Sciences in which he stated that, with the aid of the Minister of Public Works, he had been enabled to create a kind of marine observatory at Concarneau (Finistère) for the purpose of studying the habits and instinct of various sea fish. A terrace has been formed on the top of a house on the quay, with reservoirs arranged like a flight of steps. The seawater is pumped up to the topmost reservoir, and thence flows down slowly, after the manner of a rivulet, 50 centimetres in breadth, along all the other reservoirs, which together form a length of about 80 metres. This length is divided into 95 cells by wire-net partitions, which allowing free passage to the water, yet prevent the different species of fish from mingling together. By this ingenious contrivance each kind lives separate, enjoying its peculiar food and habits unconscious of its state of captivity. Having described this apparatus M. Coste gives an account of the results of his observations, which are both new and curious. Some species, such as the mullet, the stickleback, etc., grow perfectly tame, will follow the hand that offers them food, and will even allow themselves to be taken out of the water without attempting to avoid it. The goby and bull-head are less familiar; the turbot, which looks so unintelligent, will nevertheless take food from the hand; it changes colour when irritated, the spots with which it is covered growing pale or dark according to the emotions excited in it. But the most curious circumstance concerning it is, that it swallows fish of a much larger size than would appear compatible with the apparent smallness of its mouth. Thus, a young turbot, not more than ten inches in length, has been seen to swallow pilchards of the largest size. The pipe-fish has two curious peculiarities. These fish form groups, entwining their tails together, and remaining immovable in a vertical position, with their heads upwards. When food is offered them they perform a curious evolution—they turn round on their backs to receive it. This is owing to the peculiar position of the mouth, which is placed under a kind of beak, and perpendicular to its axis. The crustaceous tribes have also furnished much matter of observation. The prawn and crab, for instance, may be quoted as exercising the virtue of conjugal fidelity to the highest degree; for the male takes hold of his mate, and never lets her go; he swims with her, crawls about with her, and if she be forcibly taken away from him he seizes hold of her again. The metamorphoses to which various crustaceans are subject have also been studied with much attention; and M. Coste finds, for example, that all the Zoea hitherto described by various authors are but the larvæ of brachyurous decapodes, and not, as has been supposed, the embryos of crabs or lobsters.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·757 in.
Mean temperature	59·6
Highest point of thermometer	78·2
Lowest point of thermometer	43·8
Mean dew-point temperature	49·0
General direction of wind	Variable.
Whole amount of rain in the week	0·59 in.
Amount of horizontal movement of air in the week ...	470 miles

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 31, 1858.

BIRTHS.

Births of Boys, 877; Girls, 780; Total, 1657.
Average of 10 corresponding weeks, 1848-57, 1459.

DEATHS.

	Males.	Females	Total.
Deaths during the week	610	551	1161
Average of the ten years 1848-57	558·7	563·1	1151·8
Average corrected to increased population	...	...	1267
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	38	18	56

Digitized by Google

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	876,427	1	7	7	8	27	8
North....	490,896	..	7	20	14	37	3
Central ..	393,256	..	5	6	6	20	1
East	485,522	..	12	21	14	38	6
South	616,635	..	25	24	8	46	9
Total..	2,862,236	1	56	78	50	168	22

TO CORRESPONDENTS.

Papers by Dr. Althaus and Mr. Field are in type.

The letter of our Paris Correspondent is unavoidably delayed.

A Licentiate may see the Bill complete in our last number.

Mr. Ruggy's case arrived too late for notice this week.

A London Surgeon practising in Ireland will find his question answered below.

T. S.—All registered practitioners will be able to recover reasonable charges. See Clause 31. We shall devote an article to the other question raised by our correspondent.

M.D. and Sub. Plymouth.—We do not agree with our correspondent. The Apothecaries Company did little or nothing to check illegal practice. The Government register will at least check the illegal assumption of Medical titles, and lead to the exposure of hundreds of persons who are now imposing on public credulity.

An Irish Surgeon.—By the 36 Geo. 3, chap. ix. section 3, of the Irish Parliament, it is enacted that "no person shall be capable of being elected Surgeon to a County Infirmary or Hospital, who shall not previously have obtained letters testimonial of his qualification, under the seal of the Royal College of Surgeons in Ireland, and that no other qualification or examination shall be necessary to make any person capable of being elected Surgeon to such Infirmary or Hospital." The Medical Act just passed declares that after the 1st day of January, 1859, no unregistered person shall hold any appointment as Surgeon in any Hospital or Infirmary; but it does not state that all registered persons shall necessarily be capable of election as Surgeons to the County Infirmaries in Ireland,—in other words, it does not repeal the Act of the Irish Parliament above quoted. It is therefore still necessary to obtain the licence of the Irish College of Surgeons previously to such election.

New York Doctors.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can you, or any of your readers, favour me with information as to the process by which persons who have not gone through any Medical education in England, or even left their native country, can obtain a printed Diploma which makes them M.D. of New York?

I am not anxious to gain that distinguished title, so that I will not abuse the kindness of any one who would favour me with a key to the mystery.

That it is possible to obtain a bonâ fide diploma, or an impudent forgery in this way, I am sure, and it would be well to know this short cut to science, otherwise we shall have these impromptu M.D.s of New York asking for the privilege of Registration under the New Medical Act, which I hope does not make a provision for them in Clause 46, or we shall be ratifying the very deception we repudiate.

I am, &c.

No Yankee Doodle.

Physicians and Graduates in Medicine.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Like many others, I have carefully read over and endeavoured to understand the various clauses of the New Medical Act, as given in your last number, but I must confess myself unable with certainty to comprehend their meaning.

I see that registration is provided for, and also reciprocity of practice in the three kingdoms, but I do not see it specified that the British Medical Graduate can, by virtue of this degree alone, register as Physician, and be entitled to the privileges of a Physician without passing the Royal College of Physicians, as implied in your leader; but assuming such to be so as regards the provinces, how can he be exempt from the operation of the Act of Henry VIII. in respect of London, which Act is still unrepealed, and which gives to the Royal College of Physicians the exclusive right of licensing for London, and seven miles around.

There is another point which is not clear, in Clause 30,—whether a British Graduate having obtained his degree prior to 1857, but still practising generally, may now register as General Practitioner, and subsequently change his registration to that of Physician—seeing that the Clause in question only alludes to those who subsequent to their registration for general practice may have obtained any higher title.

I am, &c. Fair Play.

[No one can register as a Physician who is not a member of one of the Colleges of Physicians. Those gentlemen who have University degrees, but have not joined one of the Colleges, can only register the degrees they hold. The column of titles in Schedule D, as we printed it last week, was expunged.—Ed.]

The Register—Case of the Apothecaries.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—For twenty years I have practised as a Surgeon, being L.S.A. I have attended Midwifery, reduced dislocations, put up fractures, prescribed for internal diseases, sent out medicines, and had the word Surgeon on the door after my name, and put same after my name on my bills when I send them in. In reference to any or all these, am I, by the passing of the Medical Act, in any different position,—if so, what? Or may I still go on the same? Your answer will oblige.

I am, &c.

August 2, 1858. L.S.A.

[We believe the case of our correspondent to be a common one, but it is quite clear that under the New Act no one can call himself "Surgeon," without incurring a penalty, who is not a member of a College of Surgeons. L.S.A. can register as an Apothecary, and nothing more.—Ed.]

Recovery of Charges under the New Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you have the kindness, through the medium of your Notices to Correspondents, to answer me the following questions:—

First.—Can a Member of the College of Surgeons, according to the new "Medical Act," recover for medicines and visits in a purely Medical case?

Second.—If a Surgeon cannot recover in a Medical case, can he recover for the necessary medicines and visits in Surgical and Midwifery cases?

I am, &c. W. S.

[In reply, we can only reprint Clause XXXI. of the Act.—Ed.]

XXXI. Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other Medical or Surgical appliances rendered or supplied by him to his patients: provided always, that it shall be lawful for any College of Physicians to pass a Bye-law to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such Bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College.

COMMUNICATIONS have been received from—

Dr. Robert Lee; Mr. Paget; Dr. Webster; Dr. Budd; Mr. Prescott Hewett; Mr. Humphry, Cambridge; Dr. Moore; Dr. Lewis; Mr. Croskery, Jamaica; Mr. M. B. Grigg; Dr. R. J. Metcalfe; Mr. D. Hartley; Dr. F Burke; Mr. A. Watts; Dr. Maccall; Mr. W. Woodson; Mr. T. Radford; Mr. J. Burman; Dr. T. Evans; Mr. J. Cooper; Dr. A. Cuthbert; Dr. W. O'Neill; Dr. Bagot; Mr. Rivers; Dr. Viver; Mr. Rugg; Dr. Lankester; Dr. Diamond; Mr. Solomon, Birmingham; Registrar General; Mr. Edge; Mr. Oldfield; Mr. Thomson; Mr. Moore; Secretary, General Board of Health; Mr. Startin; Dr. Priestley.

APPOINTMENTS FOR THE WEEK.

August 7. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

9. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

10. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

11. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, p.m. Orthopædic Hospital, 2 p.m.

12. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

13. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at two o'clock:—

Hare-lip; removal of fatty tumour; contracted knee. By Mr. Fergusson. Varicose veins. By Mr. Lee.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES
ON THE
CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE
Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.
Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE IV.

BILE AND PANCREATIC JUICE IN EXCREMENTS—INTESTINAL GASES—FREE FATTY ACIDS IN HEALTHY AND DISEASED EVACUATIONS.

GENTLEMEN,—In our last lecture I gave you an account of a convenient process for the ocular and microscopical examination of human fæces, and directed your attention to those parts of food which pass through the alimentary canal without being dissolved or decomposed. I now propose to consider how far the bile and pancreatic juice, the two most important intestinal secretions, find their way into the motions. It is remarkable that, with very few exceptions, healthy excrements contain none of the constituents of bile but its colouring matter. I have repeatedly endeavoured to determine the presence of bile in healthy motions, by means of Pettinkofer's test, but with no success; Wesarg could only on one occasion detect the existence of this secretion in excreta. In order to apply the test in question it will be advisable to begin by preparing an alcoholic extract of a sample of the motion under examination; next, to evaporate the fluid nearly to dryness, and then add to the residue a small quantity of sugar and a few drops of sulphuric acid, when, if there be any bile in the extract, a purple colour will appear. The powerful action of sulphuric acid on sugar, which it blackens, may prevent the purple colour from being distinctly seen where but little bile is present; in doubtful cases, it will therefore be necessary to repeat the experiment several times, using different proportions of sugar and sulphuric acid.

With respect to the pancreatic juice, more or less of this secretion appears to make its way into the motions; for they yield a substance perfectly analogous to pancreatine, the albumen or active principle of the pancreatic fluid. Berzelius has shown that excrements contain albumen; but, after a close examination of this substance, I found that its characters were not precisely the same as those of the albumen of the blood or of the white of egg. If a sample of healthy fæces be triturated with water, and thrown on a paper filter, or first strained through a cloth and then filtered through paper, a filtrate, usually muddy, although sometimes clear, will be obtained. This fluid contains a kind of albumen, which I have observed to be possessed of the following properties:—On the application of heat it coagulates; it is precipitated by nitric acid. Acetic acid added to the solution induces a precipitate, re-dissolving in an excess of the acid. This reagent has a similar action on pancreatic juice, but does not precipitate the albumen of blood or of white of egg. The albumen of excrements becomes insoluble, if its solution be mixed with an equal bulk of sulphate of magnesia; and consequently the mixture, when filtered, will be found to have lost the albumen it contained. This property belongs also to the albumen of the pancreatic juice, but is not possessed by that of blood or of the egg. The addition of a mixture of alcohol and ether to the aqueous extract in question induces a precipitate, which may be collected on a filter, and then dissolved in distilled water, a property also peculiar to the albumen of the pancreatic juice. Finally, the aqueous extract of excrements has the power of emulsioning to a certain degree a small quantity of olive oil. In short, the albumen of fæces appears to be strictly the same as that of the pancreatic juice, whose properties have been so admirably investigated by the distinguished physiologist, Professor Cl. Bernard; and allow me to observe, that we might have expected, *à priori*, to find the presence of pancreatic juice, or, at all events, of its active principle in excrements, considering that albumen is not possessed of the property of passing through a membrane by a process of endosmosis; and it, consequently, cannot be absorbed.

I now propose briefly to direct your attention to the intestinal gases, previous to entering somewhat deeply into the history of those immediate principles of fæces which are extracted by means of boiling alcohol.

The gases occurring in the intestines are owing partly to atmosphere carried throughout the whole length of the intestinal canal, partly to gases evolved from the contents of the intestines, and partly also to compounds extremely volatile, which in the body readily assume a gaseous form. There is no doubt but that air is very often swallowed with the food, especially when a fluid is taken with a spoon; and thus air may be admitted into the stomach in such an amount as to produce a state of considerable uneasiness. Here are notes of one of my Hospital patients, who was addicted to the excessive use of alcoholic liquors, and had contracted the habit of unconsciously swallowing a large quantity of air in order to relieve a peculiar sensation of choking in the throat; some of the air was immediately ejected, but a part remained in the stomach and intestines, from which he greatly suffered. On my explaining to him the cause of his indisposition, he gave up swallowing air, and felt himself much relieved. The presence of oxygen and nitrogen in intestinal gases, shows clearly that they are partly derived from the atmosphere. Carbonic acid and carburetted hydrogen also enter into the composition of these gases. Sulphuretted hydrogen when present in excreta just voided, may be detected by hanging a few strips of paper, moistened with a solution of acetate of lead, in the inside of a receiver, which is afterwards placed over the motion. In the course of a short time the paper will be noticed to darken from the formation of sulphuret of lead. I have thus succeeded in showing occasionally its existence in healthy evacuations. The origin of this gas in the intestines must be connected with the presence of sulphur in food; I shall not, however, venture any further opinion as to the process which attends its formation.

Having proceeded so far with the account of the constituents of human excreta, allow me to bring more particularly to your notice the investigations on this subject and on that of digestion, with which I have been engaged for many years past (a); and I beg to begin by acknowledging the valuable aid I have experienced throughout these researches, from the exertions and extensive knowledge of my assistant, Mr. Frederick Dupré, Ph. D. The ocular and microscopical examination of human evacuations being completed, and the characters of their albumen ascertained, we must now consider those of their constituents, or immediate principles, which cannot be seen with the microscope, or separated by means of water; they are 1. A substance possessing the properties of a fatty acid, which I have proposed to call *excretoleic acid*. 2. Free *stearic and margaric acids*, which are frequently excreted in disease, but are only present in healthy fæces after a peculiar diet. 3. *Earthy phosphates*. 4. *Lime and magnesia soaps*. 5. A new crystalisable substance which I have named *excretine*. 6. *Colouring matter*. 7. *Volatile acids* or *their salts*. The various above-mentioned substances are all dissolved in a boiling alcoholic extract of fæces. I have tried every method of preparing this solution, and by far the most convenient and satisfactory is, by using a metal strainer where the motion is first boiled with alcohol on a water-bath, the extract being afterwards rapidly separated by filtration through a cloth, with the assistance of atmospheric pressure, this process being similar to that now in general use for making coffee. This fluid is perfectly clear when first prepared, but on cooling it soon becomes muddy from the formation of a deposit; the colour of the fluid extract is dark olive-green, its odour is similar to that of the fæces, and its reaction in health is acid. After the lapse of twelve hours it is decanted or filtered from the deposit. We shall begin with the examination of the substance remaining on the filter, which exhibits usually no crystals under the microscope, and possesses in the healthy condition the same green colour as the alcoholic extract. By exhausting this substance with cold ether, healthy motions (which contain no fatty acids) yield a green acid ethereal solu-

(a) These investigations have been published in the "Philosophical Transactions" for 1854 and 1857, and in the Quarterly Journal of the Chemical Society for 1857. Communications on the subject were also read to the Royal Society in June, 1858, and to the Medico-Chirurgical Society in January, 1858.

Digitized by Google

ion, which, on being evaporated, leaves an oily residue of a dark-green colour, and exhibiting an acid reaction. This I took at first for oleic acid, coloured by the bile-pigment; failing, however, in my attempts to prepare it colourless, and finding it to fuse when purified at or close upon the temperature of 25 or 26° (77° and 79° Fah.)

I now consider it as a pure immediate principle, and have proposed for it the name of Excretoleic acid: its properties are similar to those of a fatty acid. The formation of this substance is not easy to explain; it probably contributes to give the motions their known consistence. In those cases where the excreta contain free stearic, margaric, or oleic acids, they will be found in this stage of the analysis. Margaric acid is always present in the motions passed after a strictly vegetable diet. Lehman was enabled to observe this fact by means of the microscope; and I, subsequently, confirmed this observation by extracting a large proportion of margaric acid passed under these circumstances; most of this substance existing very probably in the motion in an amorphous condition, and which would, consequently, have escaped the scrutiny of the microscope. In the present instance, I submitted myself to the experiment, and during four days confined myself to a diet consisting exclusively of vegetable soup, bread, potatoes, watercresses, salad, other green vegetables, wine, beer, and tea. The second evacuation passed after the beginning of the experiment was examined, and found to contain a comparatively large amount of margaric acid. In this case more or less of the fatty acid must have been precipitated by the alcoholic extract of the fæces on its becoming cold; it was obtained, however, from the clear solution or filtrate from the deposit. The method adopted consisted in the addition of milk of lime to the alcoholic solution; the precipitate thus induced being collected on a filter, exhausted with ether, and then decomposed by means of hydrochloric acid. The impure fatty acid was thus separated, floating on the surface of the solution of chloride of calcium; it was then easily prepared pure by repeated crystalisation in alcohol and ether, and with the assistance of animal charcoal. I have also isolated margaric acid from the lime precipitate, by suspending it in boiling alcohol, and adding hydrochloric acid; the whole was dissolved, and on cooling a beautiful crystalisation of margaric acid occurred.

It is not possible for me to explain satisfactorily, under such circumstances, the reason why the fatty acid in question appears in the motions; possibly some of the constituents of vegetable food, as starch, may be transformed into this fat in the intestines.

A circumstance of great interest, and which I must now bring to your notice, is the excretion of considerable quantities of fatty acids in certain diseases, there being nothing peculiar in the diet of the patients. I have now determined, beyond doubt, that in all cases where there is a mechanical obstruction to the flow of bile into the intestines, the fæces contain free crystalisable fatty acids; and consequently, when this disease is suspected, the examination of the motions becomes a most important means of diagnosis. I have analysed the excreta in four cases of jaundice, and in another instance where there existed no yellow colour of the skin, although the subsequent post-mortem examination showed that the passage of bile into the duodenum had been partly or entirely prevented, the gall bladder being distended to an enormous size by the excessive accumulation of the secretion therein. The pancreas was found extensively disorganised from malignant disease, and by compressing the bile duct had occasioned the above-mentioned disturbance. Other cases are reported of cancer of the pancreas, thus checking the flow of bile into the intestines. The motions voided by these patients contained comparatively large quantities of crystalisable fatty acids (stearic and margaric acids), which were extracted partly from the deposit which had occurred on cooling, in the alcoholic extract, and partly from the cold alcoholic solution. They were dissolved from the deposit by means of boiling alcohol, and they crystalised when the solution had become cold; stearic acid being first deposited, and then the margaric acid, the different degrees of solubility of these substances allowing of their being extracted separately from the solution. The addition of water to the clear alcoholic extract of these excrements occasioned an abundant precipitate, which being collected on a filter, and treated with ether, yielded an acid solution, depositing by spontaneous evaporation crystals of fatty acids. Besides fatty acids, I obtained in the case of disease of the pancreas a small quantity of bistearate or acid stearate of soda; this immediate principle had been deposited in the alcoholic extract on cooling; it was subsequently separated from the fatty acids by means of ether, which dissolved the acid fats, and left the acid soap on the filter; its properties and quantitative analysis were then determined.

To conclude this lecture, I beg you will observe that in these various operations chemical reagents have been almost entirely replaced by the use of alcohol and ether. Had it not been for the addition of milk of lime, in order to extract the fatty acids voided after a vegetable diet, the whole of that part of the analysis which I have described on the present occasion would have been entirely conducted without reagents; by such means only can we expect to divide human evacuations into their immediate principles.

LECTURE ON
NON-CONGENITAL TALIPES CALCANEUS.

DELIVERED AT THE

Grosvenor Place School of Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

By WILLIAM ADAMS, F.R.C.S.

Surgeon to the Royal Orthopædic and to the Great Northern Hospitals, Lecturer on Surgery at the Grosvenor Place School of Medicine.

NON-CONGENITAL TALIPES CALCANEUS.

(Concluded from page 81.)

PATHOLOGY. — *Etiology and Mode of Production.* — 1. Non-congenital talipes calcaneus is most frequently the result of *infantile paralysis*, occurring during the first dentition—from the age of six to eighteen months,—and producing complete and persistent paralysis of the muscles of the calf, and sometimes also complete or partial paralysis of all the muscles of the leg, below knee; but in the latter cases, recovery of the anterior muscles to some extent usually occurs.

2. It may also be the result of imperfect union of the tendo-Achillis, or union through the medium of an excessive length of new connecting material—in such cases often imperfectly formed—either after accidental rupture of this tendon, or after its division, probably for the cure of the opposite deformity, viz. talipes equinus.

The causes of this imperfect union are—1, some constitutional defect in the reparative powers of the patient. 2. Injudicious after-treatment from (*a*) not sustaining the temperature of the limb, especially in paralytic cases during very cold weather; (*b*) too early and too rapid mechanical extension, restoring the form of the foot before the reparative material has been thrown out in sufficient quantity, and has acquired sufficient strength to form a substantial bond of union; (*c*) the mechanical treatment being altogether ignored, and the Surgeon relying upon the unassisted powers of nature in walking to restore the functions of the foot; or, discontinuing the mechanical treatment too early, and bringing the foot too quickly into use.

3. Talipes calcaneus has also been produced by the contraction of a burn-cicatrix on the leg and dorsum of the foot; but I have never witnessed any example of this form.

With regard to the cases of talipes calcaneus in the first series, viz. arising from *infantile paralysis*, the peculiarities of this affection, and the mode of production of the various deformities to which it gives rise, have been already fully described. See *Medical Times and Gazette*, Dec. 15th and 29th, 1855.

With regard to the second series of cases, viz. those depending upon imperfect union of the tendo-Achillis, which I have shown may result either from some constitutional defect, or from injudicious after-treatment, I have never seen a case of imperfect union of the tendo-Achillis from the first cause, viz. constitutional defect in the reparative powers of the patient; but a case of this kind, in which talipes calcaneus did result, is recorded by Dr. Little (a). The contraction occurred in a young girl, and was the result of inflammation, not of paralysis. "Six weeks afterwards (*i.e.* the operation), notwithstanding the heel had been carefully kept elevated, the foot was flexible and straight. . . . She trod exclusively on the heel, and the anterior muscles of the ankle elevated the

(a) On Deformities, page 166.

Digitized by Google

front part of the foot from the ground. . . . The divided extremities of the tendo-Achillis, still somewhat swollen, were seen and felt nearly two inches asunder." The treatment successfully adopted in this case, and which is worthy of imitation, will be presently alluded to.

Cases of talipes calcaneus from the second cause, viz. imperfect union of the tendo-Achillis, produced by injudicious after-treatment, either after accidental rupture, or division of the tendo-Achillis, and depending upon some of the causes above mentioned, are not of very uncommon occurrence, and this sad result is one against which surgeons ought to take especial pains to guard, more particularly when paralytic cases of talipes equinus are submitted to operation. It is probable, however, that cases of calcaneus will continue to be produced in the practice of some surgeons, especially when we find the Professor of Clinical Surgery in the University of Edinburgh (Mr. Syme) condemning the employment of mechanical means to bring the foot gradually into its normal position after the division of the tendo-Achillis, and recommending that the patient be allowed to walk on the third day after the operation (b). I cannot too strongly condemn and caution you against the ill effects of this treatment. I have witnessed several instances of the production of the hopeless and irremediable deformity we are now considering, viz. talipes calcaneus, in consequence of the injudicious after-treatment in cases of paralytic equinus, in which the tendo-Achillis has been divided. The observation of Dr. Little, that "the condition of a severed tendon approaches that of a fractured bone; too great separation of the severed ends, depression of temperature sufficient to suspend active arterial circulation, too early movement of the parts, and inherent vice of constitution, will cause tendon and bone to remain ununited, to the great detriment of the sufferer" (c), is accurate, and concisely expressed. Dr. Little in illustration, adverts to the slowness with which wounds cicatrise in a cold climate, and states that he has witnessed a puncture resulting from subcutaneous tenotomy bleed like a fresh puncture ten days after operation, during the rigours of a severe Berlin winter. I have not witnessed any example of non-union of the tendo-Achillis from this cause; but at the Orthopædic Hospital we take especial pains to maintain the temperature of the limb after tenotomy in paralytic cases, by rolling the limb in flannel bandages.

Numerical Importance.—In the table of 1009 cases of non-congenital deformities of the feet, previously referred to, 110 cases of non-congenital talipes calcaneus and calcaneo-valgus are recorded, and were thus distributed:—

Affecting the right foot only . . .	35
„ left „ „ . . .	39
„ both feet	22

and 14 others co-existing with other deformities or paralytic affections. Thus you observe that in 74 cases out of the 110, only one foot was affected, an additional confirmation of the general statement that infantile paralysis, upon which this deformity nearly always depends, generally affects only one side of the body.

Co-existence with other Deformities.—In the table of cases I have just referred to, it is stated that 3 cases of calcaneus co-existed with equino-varus of the opposite extremity, 4 with equinus, and 2 with valgus, of the opposite foot. 5 cases are also stated to have co-existed with paralysis. I presume this means general paralysis of the opposite leg, without deformity.

Prognosis.—As non-congenital talipes calcaneus is usually the result of infantile paralysis, especially affecting the muscles of the calf, but sometimes also the other muscles of the leg, and persistent in its character, as evidenced by the existence of the deformity, the prognosis must generally be unfavourable. The foot may be improved in form, and rendered more useful, but there can be no hope of curing the paralysis. In some cases dependent upon other causes than paralysis, as above described, the prognosis may be more favourable, but it is unnecessary further to allude to the conditions in these exceptional cases; they will be at once recognised by the Surgeon.

Treatment.—In the great majority of cases of non-congenital calcaneus, which, as I have already explained, depend upon and co-exist with persistent paralysis of the muscles of the calf, it is obvious that the treatment can only be palliative. The foot may be improved in form by mechanical means, but tenotomy can be very seldom, if ever, required, and the period at which much good may be done by mechanical treatment is limited to the early stage, when the deformity may certainly be prevented assuming the degree of severity exhibited in fig. 59. But, strange as it may appear, this affection is nearly always overlooked in the early stage. A "weakness" of the limb only is recognised, but the depression of the tuberosity of the os calcis and the *incipient talipes calcaneus* is very seldom detected.

If detected in the early stage, increase of the deformity may be prevented by the patient wearing a high-heeled boot in the day time, with a light steel support on each side, furnished with what is known by the instrument-maker as a "stop-joint" at the ankle, *i.e.* a joint which will not allow of flexion of the foot (though in the early stage this will not always be necessary); and the foot should be kept flat in a slipper with a metal sole-plate at night.

If deformity has taken place to a moderate extent only, the form of the foot may be restored by a Scarpa's shoe with a transverse joint in the sole plate, regulated by a rack and pinion movement. The same kind of walking boot, but always with a stop-joint, may be used.

In the late stage, when the depression of the os calcis, and contraction of the arch of the foot are well-marked, as in fig. 59, the general adaptation of the ligamentous and muscular structures to the deformed position of the foot, frequently gives to it a degree of firmness very useful to the patient, as was the case in the young woman from whom fig. 59 was taken taken. Both feet were similarly distorted, and she walked very much better than you might suppose; so well indeed, that my late colleague, Mr. Lonsdale, under whose care she was, would not advise any mechanical support, or any treatment whatever. There can be no doubt that by tenotomy, and long-continued mechanical treatment, the form of the feet in this case might have been improved; but they would have been *swinging* or *dangling feet* from the paralysis, and would have required mechanical support. It is very doubtful, therefore, whether the condition of the patient would have been improved, as far as usefulness of the feet was concerned.

Some operative procedures have been attempted with the object of shortening the tendo-Achillis, and of producing a contraction of the skin above and behind the os calcis. Dr. Little removed a portion of the tendo-Achillis, together with some of the skin above the os calcis in two cases, but with very little benefit (d). I should strongly oppose the repetition of any such operation.

There is one class of cases, however, in which operative interference may, perhaps, be found useful, but further experience is required. I allude to cases of talipes calcaneus produced by non-union of a divided tendo-Achillis, or by union through an imperfectly formed and attenuated uniting medium. In a case of this kind Dr. Little introduced a tenotomy knife, and freely incised the previously divided extremities of the tendo-Achillis, and lacerated the imperfectly formed uniting medium. The foot was then retained in an extended position so as to approximate the ends of the tendon, and at the end of a fortnight "abundant effusion of plastic material, and adhesion of tendon had taken place" (e). Shortening of the tendo-Achillis, and very considerable benefit resulted from this operation, which I should certainly feel disposed to repeat in a similar case. Except in this class of cases, and in some other rare forms of talipes calcaneus, not depending upon paralysis, the results of treatment are extremely unsatisfactory.

This, Gentlemen, concludes the Lectures on the congenital and non-congenital deformities of the feet. I have endeavoured especially to bring before you the pathological conditions of these very complicated affections, entertaining as I do the strongest conviction that it is only upon the sound basis of pathology, that we can hope to arrive at a scientific mode of treatment. I have fortunately been enabled to refer to my own dissections in every deformity I have described, and am not without the hope that I may be considered to have contributed to our knowledge of the pathology of these deformities, and in so doing to have placed the treatment on a sounder basis than it had previously rested.

(b) See *Lancet* of 17th March, 1855, where this plan of treatment is advocated, and several cases given by Mr. Syme in illustration of its supposed merits.

(c) Deformities, page 168.

(d) Op. cit. p. 163.

(e) Op. cit. p. 167.

Digitized by Google

CASE OF STRANGULATED HERNIA, WITH REMARKS.

BY JOHN GAY, F.R.C.S., etc.

Surgeon to the Great Northern Hospital, etc.

TABLE OF CASES OF STRANGULATED HERNIA.

No.	Sex, Age, Side.	Nature of Hernia.	How long it has existed.	Period of Strangulation.	Circumstances attending it.	Date of Operation.	Sac opened or not.	Condition of Parts, etc.	Results.	Remarks.
1	Male, 16, left.	Inguinal, congenital, the lower part of the incomplete tunica - vaginalis distended with fluid.	.. ..	60 hours.	The testicle was below, and the cord behind, the general swelling. The touch indicated the presence of fluid.	Sept. 9.	Opened.	An ounce of fluid escaped, and a knuckle of intestine, which was observed, of a dark colour, just protruding beyond the ring, was returned easily without division of stricture.	Recovery; discharged 19th of October.	This case illustrates a fact which I have more than once observed, and which has likewise been noticed, among others, by my friend Mr. Jones of Jersey—that the distension of a hernial sac with fluid will of itself tighten the stricture when maintained by its neck. The cord is often thicker than usual in cases of congenital hernia.
2	Female, 42; left.	Inguinal.	For many years neglected to wear a truss.	30 hours.	The tumour had very much the appearance of being composed of two glands; but the sickness, abdominal pain, etc., left no doubt as to its real nature.	October 2.	Opened.	A tense band of fascia iliaca was found, during the operation, lying across the hernial mass, and so compressed it as to give it the appearance of two glands. The stricture was exceedingly tight, and the intestine intensely congested.	Recovery; by October 15.	There was some obscurity in this case, arising only from the physical aspect and condition of the tumour. There was (and this is sometimes the case) some difficulty in determining whether the protrusion was inguinal or femoral. In *fat* people the difficulty is often embarrassing, whereas a right decision is of the utmost importance.
3	Female, 56; right.	Femoral.	For twelve years, but has latterly neglected to wear a truss.	12 days.	Commenced with vomiting and diarrhœa, the latter quickly subsiding into severe tenesmus. Great abdominal tenderness, and no impulse on coughing at the time of operation.	August 7.	Opened.	On opening the sac, and after incising the neck freely at two points, the hernia, which consisted of gut and omentum, could not be returned. These parts had become inflamed; lymph had been abundantly poured out, and agglutinated the whole together as well as to the sac. The omentum was cut off; and the intestine, after carefully breaking down the adhesions which retained it, was returned, apparently in a state to recover itself. Bloody, semi-purulent fluid in the sac.	Died Sept. 22.	The symptoms were favourable until the 11th of August (four days after operation), when diarrhœa, with deep erysipelatous inflammation around the wound, set in. Delirium on the 14th. Fæcal discharge with the sloughs from the wound on the 19th. Delirium subsided by the 21st, but was followed by great debility. Fæcal matter passed both by wound and per anum. On the 2nd September vomiting again commenced, and continued intractable until within a week of her death. On post-mortem examination, two days after death, the hernial sac was found sloughy; but the parietal peritoneum, to the edge of the sac, was almost healthy. The omentum was adherent to the peritoneum from the umbilicus to the mouth of the sac, as well as to the intestines in that vicinity, the adhesions being recent. The stomach was dragged down somewhat forcibly by these adhesions. A portion of the walls of a small segment of the ileum had perished, and become united by slender bands to the mouth of the hernial sac. The integrity of the channel was not destroyed by this state of the parts; on the other hand, there was abundant room for matter to pass through it. The liver was extensively diseased. Gall-bladder distended. (She had taken no food during the last three days of her life.)
4	Female, 41; right.	Femoral.	Many years.	10 days.	Stercoraceous vomiting set in on the seventh day. Much depression; tongue dry and brown; pulse quick; no pain.	May 10.	Opened.	The intestine was dark, but not gangrenous; evidently in an unfavourable state. It was, however, returned.	Death on the 18th of May.	The patient went on, under the influence of brandy and opium, tolerably well for four days. The bowels were opened, and the sickness entirely subsided. Diarrhœa supervened on the fourth day, and she sank on the sixth from that of the operation. Post-mortem examination showed that a portion of the ileum had sloughed, followed by extravasation into the peritoneal cavity. No efforts whatever had been made by the sound tissues to prevent effusion.

Digitized by Google

5	Male,88; right.	Old and irreducible, inguinal.	Twenty years; has not worn a truss.	4 days.	Usual symptoms in rather a mild degree. Pulse very feeble.	Sept. 10.	Opened.	A large portion of dead omentum, with a knuckle of intestine, found in the sac. Omentum adherent firmly to the neck of the ring. The dead omentum was cut away, and the healthy allowed to remain as a plug. Bowel returned.	Death; 3 hours; only partial relief to the symptoms.	The knuckle of intestine, which had been nearly cut through by the stricture, was found, on post-mortem examination, lying behind the ring, and between its edge and the stretched omentum.
6	Female, 52; left.	Femoral.	Nine years; occasional descents.	4 days.	Fæcal vomiting on the third day. Her strength sank very rapidly, so that on the fourth day her pulse was imperceptible, and extremities cold.	Dec. 16.	Opened.	The knuckle of intestine was found just within the femoral ring. It was returned easily by the finger without division of the ring.	Death 3 hours afterwards, without alleviation of symptoms.	No post-mortem examination. This person was exceedingly corpulent. There had been a hernial descent on the 16th, which she had, as usual, apparently returned. Still the symptoms of strangulation continued, and became hourly more urgent. There was perceptible tumour when I operated. The death was attributable to collapse.
7	Female, 33; left.	Femoral.	Nine years; occasional descents; has not worn a truss.	7 days.	Abdominal pain and tension. Bowels opened just before the operation.	Dec. 20.	Opened, as division of the stricture on the outside of the sac failed to release the hernia.	The tumour was large and soft; neck very small. Intestine dark. A small portion of omentum was adherent to the sac, and allowed to remain. Length of external incision an inch.	Recovery complete in 2 wks.	
8	Male, 60.	Ventral.	Discovered six mos. since; has not worn a truss.	3 days.	Incessant vomiting of bilious matter, with constipation. A tumour of the size of a walnut above and to the right of the umbilicus. The neck could be felt in the Median line, but the body of the tumour lay on the right side. The umbilicus was patent, but without protrusion. Cause of the ventral protrusion unknown.	February 15.	Not opened; stricture divided in two places.	The hernial protrusion readily and completely returned.	Death 5 days.	This patient was very fat, and liable to attacks of bronchitis. The bowels acted copiously without medicine after the operation, but the bilious vomiting continued. His pulse became frequent on the day after the operation, and he became slightly delirious. On the 18th he did not pass his urine. The catheter drew away 2 oz. of bloody urine. He became gradually worse, and died, on the 20th, comatose.
9	Male, 35; right.	Femoral.	Many years; has no worn a truss.	5 days.	The hernia made its appearance with violent colicky pains. Vomiting ensued, but not fæcal. Very little abdominal pain. Hernial tumour hard.	February 18.	Sac not opened.	The contents of the sac were easily returned. In this case I passed the bistoury, in dividing the stricture, between Hey's and Gimbernat's ligaments; consequently, on dividing the former, the hernia could not be returned. The mistake was immediately perceived, and, on dividing Hey's ligament, it immediately returned.	Death 3 days; sudden.	This was a weak, extremely nervous person. After the operation, the vomiting subsided, and the bowels acted spontaneously. Still he remained restless; the pulse somewhat quick. Slight diarrhœa came on three days after the operation; although in other respects he was better. He retired to bed, and died suddenly. Post-mortem examination revealed no cause of death, excepting very slight peritonitis, and a watery condition of the peritoneum. A dissecting wound made on the operator set up severe inflammation of the absorbents, followed by abscesses.
10	Female, 35; left.	Femoral.	Twelve months; caused by lifting a heavy weight; has not worn a truss.	5 days.	Vomiting and constipation followed immediately upon the descent. The former became fæcal on the fifth day, and was followed by rigid spasm, attended with flexion of the hands and feet; tongue furred; pulse feeble and quick. The tumour very hard. Abdomen but slightly tender.	October 17.	Sac not opened.	Omentum and bowel in the sac; both easily returned. The operation lasted but a few minutes.	Death, 1 week.	No post-mortem examination was allowed. This patient died of brain symptoms, which became aggravated after the operation. The symptoms of hernia subsided immediately afterwards.
11	Female, 35; left	Femoral.	Seven years; it has been incarcerated on two or three occasions before.	2 days: the taxis was vigorously employed.	Tumour small, and not very hard, but very painful. Abdominal pains severe and spasmodic. Stercoraceous vomiting. Pulse very feeble. Chloroform not admissible on that account.	Sept. 29.	Not opened.	The operation was easily performed, and hernia speedily returned.	Cure.	A very rapid recovery.

Digitized by Google

TABLE OF CASES OF STRANGULATED HERNIA.—*Continued.*

No.	Sex, Age, Side.	Nature of Hernia.	How long it has existed.	Period of Strangulation.	Circumstances attending it.	Date of Operation.	Sac opened or not.	Condition of Parts, etc.	Results.	Remarks.
12	Female, 58; left.	Direct inguinal.	Twenty years; has not worn a truss; the hernia often down, and replaced easily.	3 days.	This was a very obese person. External abdominal ring large and free. The skin over the tumour was inflamed, as though suppuration was going on beneath. Vomiting stercoraceous.	Nov. 13.	Sac opened.	The stricture was exceedingly tight; omentum and a knuckle of gangrenous intestine in the sac. The former was returned; the latter allowed to remain. It was necessary to divide the stricture in three places.	Death, 3rd day.	The obesity of the patient made this operation somewhat difficult; and the state of the intestine rendered the result unfavourable.
13	Male, 82; right.	Direct inguinal.	Many years; has not worn a truss.	6 days.	Large hernial tumour. Constriction at the external ring; abdominal fulness and tenderness; constant vomiting and persistent obstruction of bowels. Disease of heart, and bronchitis.	October 21.	Sac not opened.	The bowel easily and immediately returned on dilating the external ring by free incision. The old man got out of bed without assistance, and the hernia again descended. It was, however, returned by taxis; not, however, without considerable difficulty.	Death, 4 days.	All abdominal symptoms ceased, and the bowels acted after the operation. Erysipelas, however, set in around the wound; the bronchitis became more serious; and he sank in a state of stupor on the fourth day.
14	Male, 66; right.	Inguinal.	Many years; has worn a useless truss.	24 hours.	Severe abdominal pain, and incessant vomiting.	January 7.	Not opened.	.. ..	Recovery in 10 days, perfect.	
15	Male, 14 months; right.	Inguinal congenital.	.. ..	48 hours.	Constant vomiting and constipation; scrotum enlarged and œdematous. The taxis was employed, but to no purpose.	Sept. 15.	Not opened.	The tumour was large; the stricture was formed by a sharply-defined edge, which shelved forwards and downwards, and thus produced a formidable obstacle to the return of the contents of the sac by taxis.	Recovery in 6 days.	
16	Female, 37; right.	Femoral.	Many years; has not worn a truss.	24 hours.	Small hernia; intense abdominal pain; stercoraceous vomiting.	August 27.	Not opened.	Ordinary.	Recovery perfect in 7 days.	
17	Female, 62; right.	Femoral.	Has had a hernial tumour for 18 months; sometimes larger than at others; has been in the habit of wearing a truss over the tumour, which has made it sometimes very painful.	3 days.	The last enlargement of the hernial tumour, took place suddenly. Vomiting set in immediately; it has now become stercoraceous. Neck of hernia tense; body flaccid and not very painful; abdomen tender and tumid. Tongue furred. Pulse feeble 120.	December 8.	Opened.	On opening the sac I discovered a piece of omentum in which a knuckle of intestine was folded. Both were in a condition to be returned; and this was accomplished after division of the stricture, which was exceedingly tense.	Death, 3 days.	The bowels acted and the vomiting ceased, as did the other symptoms consequent on the hernia. She had, however, old standing disease of the heart, and of this she died suddenly; while, in other respects, she was rapidly progressing towards convalescence.
18	Female, 72; right.	Femoral.	Has had hernia for many years; it has descended and returned almost spontaneously, and has never occasioned trouble.	3 days.	Vomiting set in immediately on the descent, and, after one copious alvine evacuation, constipation. Vomiting, at length, stercoraceous; abdomen tender and tumid. Hernial tumour tense and painful.	Sept. 27.	Opened.	A return of the parts was attempted after dividing the stricture outside the neck of the sac, but it could not be accomplished. On opening the sac, a considerable mass of omentum was observed. This was returned, and then a substance like the vermiform appendage was discovered in the neck of the sac, and closely adherent to its walls. It was somewhat discoloured; but I deemed it prudent not to interfere with it, as no pressure could be made upon it except by another descent.	Recovery, 17 days.	All the symptoms remitted after the operation

Digitized by Google

19	Male, 36; left.	Inguinal.	Has had hernia, and worn a truss for years.	2 days.	This gentleman, on returning home, leaped over a fence, and stumbled violently. His hernia descended, became painful, and could not be returned. Severe pains, of a colicky nature, came on in the abdomen, and, with them, prostration of strength, even to occasional syncope. Vomiting and constipation followed; the former incessant. The hernia was not large, nor very painful, but the constriction was tight.	August 4.	Opened.	The hernia could not be returned until the neck of the sac had been incised. It then returned readily: the parts were healthy. No remission of the symptoms took place. The vomiting continued, and with it abdominal tension and tenderness. The bowels were, however, relieved. Every means were tried that could be suggested, but the patient sank.	Death, 3 days.	Post-mortem examination disclosed complete return of the bowel, but in the peritoneal cavity there was a large quantity of blood. We endeavoured to trace its source, but without success. The epigastric and obturator vessels were entire, and no disease existed in heart, lungs, or kidney. The hæmorrhage obviously took place at the time of the accident.
20	Female, 36; left.	Femoral.	Had been subject to hernia for years, but has not worn a truss.	4 days.	Vomiting and constipation came on at the time of its descent; the former is now stercoraceous. Hernia small, but exquisitely tender. Abdomen tender and tumid.	April 17.	Not opened.	.. ..	Recovery, 4 days.	
21	Female, 47; left.	Femoral.	Has had rupture for years, but it has not given her any trouble, consequently she has not worn a truss.	2 days.	Vomiting and constipation, with pain of a colicky nature, came on two days since, when her attention was drawn to the hernia, which she was unable to return as usual. The hernia was exceedingly hard and unyielding, and somewhat larger than the ordinary size of femoral hernia. It could not be returned, and the symptoms became more and more urgent.	August 19.	Not opened.	On cutting through the superficial and deep fascia, I passed a bistoury within the femoral ring, and divided its tissues, but without relief to the hernia. I then examined the parts, with the view of opening the sac, but found an unusual envelope in the form of a thick and dense fascia propria. It had something of the appearance of a layer of pale placenta. I slit it up, and with a bistoury divided its neck, when, with very little pressure, the contents of the sac were returned.	Recovery, 7 days	The recovery was very rapid. On the fourth day this patient was so far recovered as to be able to sit up; and on the seventh she paid me a visit, and had a truss applied.
22	Female, 35; right.	Femoral.	Says she has not been subject to rupture. Her attention was drawn to it in consequence of pain in the groin, which came on after a long walk three days since; she then observed a swelling in the groin, which afterwards became painful.	3 days.	Vomiting and constipation; the former, on the third day, became slightly stercoraceous. Very little pain in, but considerable fulness of, abdomen.	Dec. 31.	Not opened.	The neck was exceedingly small, and very firmly gripped by the femoral ring. The contents of the sac were readily returned after a tolerably free incision of the stricture.	Recovery, 1 week	The tumour in this case was, as it is not unfrequently found, above the cutaneous fold which apparently divides the abdomen from the thigh.

I have thrown together some hitherto unpublished cases of Hernia, taken from my note-book, in the hope that, with other similar records, they may serve somewhat to advance our practical knowledge of this important subject; for although it has been so often discussed, it does not appear to have become "threadbare." There is no period of life immune from the liability to strangulated (a) hernia. I have, as others have done, had occasion to operate on an infant eight weeks old, and on persons of every decennial period to the ninth; the oldest in my list having been in his 88th year. The tissues which form the structure appear, too, to be as unyielding in the infant as in the octogenarian, so that each case presents almost the same difficulties to be overcome and about the same chance of relief from spontaneous or induced relaxation of the parts concerned. Perhaps the difficulties which stand in the way of the reduction of a strangulated hernial protrusion have never been adequately considered. It is very obvious that (I am now speaking of reducible cases) the knuckle of intestine, extruded from the ring into the sac, cannot, from some cause accidental to its present position, be returned. Although it has passed, it cannot be made to repass the narrow and unyielding pelvic or abdominal outlet. How is this? Evidently from its having become more bulky in consequence of the increase of its own secretions, since its extrusion. But, surely, it may be replied, the air or fluid contained in the said knuckle of intestine might be dislodged by taxis, and the intestine be thus reduced to that size which allowed of its escaping into its present position, and, consequently, of its return? The reply (and it cannot be too seriously considered) to this proposition lies in the fact that, after protrusion, and especially after manipulation, the two

(a) I could wish to see the simpler verb "to strangle" used for "to strangulate." Some years since I adopted this phraseology, and now only refrain from it in order to avoid the suspicion of pedantry.

Digitized by Google

portions of intestine within the inguinal or crural canal, do not take the same relative position to each other that they did while in the act of, or perhaps for a time after, protrusion. They were then lying parallel to each other. Now, as every surgeon must, I think, have seen when he has opened the sac in the performance of an operation, they lie angularly to, or across each other; and in gaining that position they have each become, to a certain extent, twisted on itself. Hence, their channels have become, more or less, impervious; and if gentle manipulation fail of emptying the distended knuckle of a portion of its contents, we may feel assured that the continued employment of violent means will be not only as bootless, but lead to a more obstinate condition of the parts involved, by increasing the bulk of the herniated bowel. I am disposed to think that this crossing of the two portions of bowel, and the twisting of each while in the act of attaining this relative position, have as much to do with the irreducibility and strangulation of the bowel as the ring by which it is constricted.

Moreover, the accident of strangulation is ascribed almost invariably to the same cause, viz. to the neglect of proper mechanical support; occasioned in too many instances by the very confidence with which its use has inspired the patient. On this account various efforts have been made, and contrivances suggested for effecting the radical cure of hernia; and it is due to Mr. Spencer Wells, Mr. Holmes Coote, and Mr. Hutchinson, to observe, *en passant*, that they have done much to give the ingenious plan of Wützer, in cases of hernia in adults to not only a pre-eminence over others that have been devised, but also so to modify that plan in its details as to give to it, at least, good promise of being ranked among the adopted operations of surgery. For cases of congenital hernia, however, to which this proceeding does not appear to be applicable, but in which the difficulty of applying and maintaining effective support is much greater than in adults, analogous efforts have not been recently made, although the tables of mortality constantly show a serious loss of life in childhood from this cause. In earlier life there is, of course, a natural tendency to the obliteration of the canal, which in its earliest period exists between the abdominal cavity and that portion of the elongated peritoneal membrane which is to form the tunica vaginalis testis; and, it might therefore be presumed that, in cases in which this obliteration has failed of taking place, the difficulty of obtaining it by artificial means is not so great as it would be to effect the obliteration of a hernial sac in later life. On the other hand, from our experience of the comparative ease with which the cavity of the tunica vaginalis can be partially obliterated in cases of hydrocele, we might be justified in inferring that the original tendency to adhesion of the opposing serous surfaces remains, to a certain degree, throughout life; and that, as in cases of hydrocele, so in cases of congenital hernia, the mouth of the hernial sac might be permanently closed by means having a similar tendency, and in their employment unattended with no great risk to the patient.

In one such case which has recently come under my care, with that of my friend Mr. Simpson, of Fore-street, I passed a needle through the neck of the canal, close to the inguinal ring; and after protecting the skin of the scrotum on each side by small ivory blocks, the parts were brought somewhat tightly together by means of a figure of eight suture, and kept them in that condition for several days. Unfortunately, in the absence of the mother on the third day after the insertion of the needle, the child cried violently, and the hernia was forced down *behind* the needle, through that part of the canal which had not been constricted. We were obliged, ultimately, to withdraw the needle, and this without any advantage having been gained by the proceeding, for the child's subsequent crying forced a considerable portion of bowel down, and destroyed all adhesion, even if any had begun to take place.

The presence of the needle did not, however, occasion any serious, or even threatening symptoms: and its employment led us to conceive that the consolidation of the neck of the canal would have been brought about, and that easily, had we made use of several needles, sufficient to prevent the possibility of a protrusion during the period of their employment. I have had no opportunity of making further trial of this plan; but throw out the suggestion, with the statement, that the presence of a needle in that particular situation is borne with impunity, in order that others might, if they think as favourably of it, put this proceeding to the test of experiment as well as myself.

In operations for hernia, the positive seat of stricture is always made a matter of serious consideration. If the nature of the hernia is decided upon before the operation is commenced, the operator need feel little, or no, apprehension on this point; but this is not always so easy as it appears to be; and in fat women, I have seen surgeons puzzled to decide whether the hernia be crural or inguinal; and not only so, but I have seen a surgeon operate upon the one form under the impression that it was the other, and consequently, not a little embarrassed during the operation, and chagrined on the discovery of his mistake.

Sometimes the doubt is rendered greater by the position of the cutaneous fold at the bend of the thigh. This is very variable in relation to Poupart's ligament, being sometimes above and at others below it, and consequently observes the same change of relation to the openings by which an inguinal or a crural hernia respectively protrudes. The only sure means of ascertaining this point is, first to make out clearly the neck of the hernial tumour, and then its relation to a line drawn from the *spine* of the pubis to the anterior superior spine of the ileum, as well as to the femoral vessels. When the point just alluded to is decided, there is still a difficulty, despite the precision of one's anatomical knowledge, in ascertaining on what especial structure or portion of tissue the stricture may be found to exist. But the discovery is now of minor importance; although, without such knowledge, it would be extremely rash to undertake an operation for the relief of a case of strangulated hernia. The operator has first to reach the neck of the sack, and to have it clearly defined, at least in his mind's eye. The knife, preceded by a director cautiously insinuated between this and the immediate constricted parts, must then be made to divide any tissues which are concerned in forming the stricture, be they what they may, taking care, of course, to avoid contiguous vessels. You may thus obtain the "local habitation," but not always, and perhaps seldom, "the name" of the tissues which form the stricture. In the 22nd case, it was situated in the neck of the fascia propria, which had become thickened in a manner analogous to what is not unfrequently found to have taken place in the neck of the sac itself. The possibility of such an occurrence should ever be borne in mind.

The old question, as to whether the sac should or should not be opened, must be decided in every case by the condition of the parts concerned, as this becomes disclosed in the course of an operation, or by the probability that the contents are not in such a condition at the time of the operation as to permit of their being replaced with safety. The idea of the danger supposed to be attached to the act of wounding a so-called serous membrane ought not for a moment to be entertained, when it is discovered that the free and ample release of the imprisoned, and perhaps severely injured, parts cannot be attained without. On the other hand, where nothing, so far as the operator can judge, is to be gained by opening the sac, it should be avoided; and, as I have shown elsewhere, this rule should be carefully observed on all occasions of hernia becoming strangulated in persons having serious disease of some one of the more important bodily organs, as the heart, lungs, or kidney.

It is somewhat strange that, even now-a-days, there are Surgeons who refer to recoveries after operations for strangulated hernia, in which the respective sacs were not opened, as so many proofs of the advantage of this proceeding, while advocates for opening the sac bring similar evidence in favour of their views. On either side the inferences are alike false, and the results have no bearing whatever beyond confirming the judgment of the Surgeon in the course which he deemed it right to pursue in each particular case. Indeed, the comparison of the two methods for the purpose of inferring their respective advantages, and thence of establishing a rule of practice, limited to the adoption of one in particular, has been as mischievous as, after mature consideration, it must appear to be absurd. The only legitimate inference that could be drawn from such a comparison is that which Petit himself strove to inculcate, viz. that in many cases a hernial mass may be relieved from strangulation as effectually and safely without, as by means of "opening the sac." It is difficult, if not impossible, to foretell whether the seat of stricture in a given case is external, or confined to the tissues of the sac; nor can it always be determined before a certain point in the

Digitized by Google

operation is reached, whether, for other purposes than the relief of the stricture, it will be necessary or not to open that envelope. It will ever be safer to proceed upon the operation without any final resolve, but prepared for any step that the peculiar circumstances of the case may demand; and, in the event of the stricture being independent of the immediate covering of the herniated viscera, and of there being no other reason why the integrity of that covering should be interfered with, there can be little doubt, I think, but that the patient will fare as well, and perhaps better, if the incisions for his relief be limited to the parts without.

In the cases narrated the mortality is proportionately large; and I have the more satisfaction in bringing them forward that they might serve to help us in determining, or at all events, in drawing professional attention away from the less, and placing it upon the more important of those circumstances, which are known unfavourably to affect the issue in this class of cases.

A simple constriction or even strangulation, which is merely a severer form of constriction of a protruded knuckle of intestine, or piece of omentum, cannot be said to be of itself a dangerous occurrence if it receive prompt and judicious attention. It is released by a nick in the band which confines it, a feat of no great pretension in these times; and, if there be nothing accidental to marr the consequences, the functions of the parts are immediately resumed, and the wound heals readily.

Departing from this simple condition of the parts in a case of strangulated hernia, danger arises and increases as complications affecting the nature and condition of the parts involved and the operation required for their relief multiply themselves.

The taxis, in almost all cases, and especially when "vigorously" employed, produces complications attended with a corresponding increase of risk to the patient. The rule should be, avoid complications, and rather have recourse to the simple operation for relieving the parts, which can do them no harm, than incur the risk of peril by means which are seldom efficient, and which never leave the parts as they found them. In the 11th case the taxis was employed "vigorously," and a case which would not otherwise have presented an unfavourable circumstance was thus rendered replete with peril. But there are complications which cannot be avoided; but which render the accident of strangulated hernia more or less hazardous according to their gravity.

In the 6th, 9th, and 12th cases, an obviously feeble state of constitution proved to be an unfavourable complication.

In the 6th, 8th, and 12th cases the patients were excessively fat; a condition which on the whole, might be taken as generally indicative of low constitutional power. In the former there might have been internal strangulation to account for the fatal result; but this would not account for the prostration which so rapidly followed upon the hernial descent; while in the latter the herniated omentum perished in the course of a little more than forty-eight hours; showing that the vitality of that structure was at a morbidly low ebb.

Besides a low state of vital power, chronic disease of some important organ will make strangulation of a hernial protrusion more than ordinarily hazardous.

In the 8th case, in addition to great obesity, the patient suffered under bronchial inflammation; and from the hæmorrhage which set in before death, suppression of urine and coma, in all probability, renal disease also. The operation was obviously in no way chargeable with the result. It was not delayed beyond the third day of strangulation; and the stricture was relieved with the greatest comparative ease. The same remarks apply to the 13th and 17th cases; in the former of which the patient died of that low form of bronchial affection which is often the immediate precursor of death in old people; while in the latter, the patient died suddenly on the third day of heart disease, while rapidly recovering from the operation and its effects. The 10th case is one of unusual interest, since it illustrates the position that latent disease is very apt to be roused into fearful energy by such an accident as the strangulation of a hernial protrusion. The subject was young—35—and with fæcal vomiting, which supervened on the fifth day, tetanic symptoms set in. The constriction was not severe; the operation simple, and the results on the hernia most satisfactory: but the symptoms referrible to the brain became more intense, and terminated the patient's life at the end of a week from the time of the operation. The 19th case illustrates another point which, perhaps, bears upon what has been said with regard to the influence of systemic debility in these cases. The patient, at the time of the descent of the hernia ruptured a vessel; the hæmorrhage was considerable, and the blood was lodged within the peritoneal cavity. The hernia was perfectly relieved; but the symptoms, although in part due to that cause, and partly to the hæmorrhage, did not, with the exception of the constipation, remit, and the patient accordingly succumbed.

I think it may be fairly inferred that the operation for strangulated hernia, whether the sac be opened or not, has generally but little to do with the results in those cases which terminate fatally; and that consequently, with our present knowledge, there is a large number of cases which the operation, however performed, cannot rescue from such a termination. On the other hand, as such results have a closer connexion with the complications by which these cases are attended, and it is fair to presume that their effects upon the system are generally somewhat in excess of that amount or degree which its actual state eventuates, might it not be hopefully inferred that by more diligent attention, as well to the prevention of complications as to lessening the evil effects which any pre-existing disorders might produce, the comparative fatality of cases of this class might be lessened? I cannot but think so; and beg to suggest the following as some of those measures which should be adopted with this object in view.

It cannot be too often repeated, that of all perils connected with a case of strangulated hernia, the peril of delay is, perhaps, the greatest; at all events, it is the greatest among those than can be avoided. The next is manipulation of the parts, which should never be carried to such an extent as to give additional suffering to the patient.

With regard to the ill effects of unavoidable complications, these, no doubt, are produced through the medium of the nervous system, and are proportionate to their intensity on the one hand, and the power of the constitution to resist their influence on the other.

As I have shown elsewhere (b), peritonitis rarely destroys persons after operations for hernia. I cannot, therefore, too strongly urge attention to the following points:—The first is that of endeavouring to limit the intensity of the impression made by their performance on the vital powers; and secondly, to support these inthe endurance of it.

In order to attain the first of these objects, I am in the habit of advising a full dose of opium immediately on my seeing a patient with strangulated hernia; and that partial narcotism should be maintained, by a persistence in that remedy, until the immediate effects of the shock, as well as those of any operation for its relief, shall have passed away; and for the second, the due administration of appropriate nourishment, in the form of animal broths containing an abundance of fibre, and of stimuli. I have long, as a rule, discountenanced purging and bleeding after operations. There may, however, be exceptional cases, in which the use of both of these remedies is indicated; but I believe them to be very rare, especially in London; and when they do occur, there is but little difficulty in distinguishing them. Let me, in conclusion, protest against the admission of dogmas in surgery. Every case must be treated according to its peculiarities—for there are no two cases exactly alike—and upon those great and leading principles of our Science which research and experience have demonstrated to be the only safe guides to legitimate and successful practice.

MALPOSITION OF THE LACRYMAL CANALICULI.

SUCCESSFUL METHOD OF TREATMENT.

By HAYNES WALTON, Esq., F.R.C.S.
Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals

Disease, and mechanical disturbance of all kinds of the excretory, or, as it is often called, the derivative lacrymal apparatus, that is, the puncta lacrymalia, the lacrymal canals or canaliculi, the lacrymal sac, and the nasal duct, have been less studied, and less fortunately treated than several other surgical affections of the eye.

(b) Femoral Rupture.

Digitized by Google

It is a loss of time to refer to the older writers. Several of our modern authors, whose names will long be familiar, and whose works will be read with satisfaction for years to come by inquiring students, scarcely investigated the matter, and therefore added little or nothing to our knowledge. This points to existing difficulties.

There is yet a lack of generally recognised principles, or at least so much do Surgeons differ in detail, that the same tenets seem to be hardly recognised. Let me illustrate this by asking, what is the generally accepted plan for treating an obstructed nasal duct, arising out of chronic inflammation of the mucous membrane? Really I cannot answer the question. I have my own views, and carry out a certain practice, in which I believe, having long satisfied myself that there can be no rapid cure, and that constitutional as well as local measures are needed. Other men pursue a different course to myself, and to each other. Some ignore the virtues of any remedies, and solve the problem by attempting to root out this appendage of the visual organ with the actual cautery.

Derangement of the derivative lacrymal apparatus, then, is not an insignificant subject.

The mechanism by which the puncta are brought into play is very beautiful, and will repay examination. A little observation will discover that by the action of the orbicularis palbebrarum, as a sphincter muscle, of which I consider the tensor tarsi a part, (see my work on the Surgical Diseases of the Eye, and Operative Ophthalmic Surgery, page 162), they are kept in a certain relation with the eyeball; and whenever the muscle acts, that is, when we wink, the puncta are called into remarkable activity, and pulled, as it were, out of the margin of the eyelid, in advance of which they traverse the surface of the eyeball. The action of the lower punctum is the more extensive and the more apparent. It would be digressing too much, and at the same time tiresome, to descant on the attachments of the muscular fibres in the palpebræ, and about the orbit, whereby all this is brought about, or to dwell on the physiology of the apparatus. It is enough to make the allusion, as this will suffice for my purpose, and to remind my reader that a particular integrity, or a degree of mechanical accuracy of the lid movements, is requisite for the proper working of the eye, and the carrying away of the secretions. Now the upper punctum with its canaliculus is very rarely at fault or in any way defective, so seldom, indeed, that it may be put out of consideration. It is with the lower that we are surgically concerned, and that almost always in consequence of its displacement. I am practically unacquainted with the abnormal state of contracted puncta and strictured canaliculi, as a primary affection, for which minute probes and equally small syringe nozzles have been invented. Is it too much to assume that where many of those states have been said to exist, and to produce the watery eye, the affection has been due to displacement merely, or the throwing of the lacrymal pipe out of gear?

It is about eight years since attention was drawn to the everted punctum by Mr. Bowman, and the slitting up of the canaliculus recommended as a potent means of amelioration. There is a merit in this, for much benefit is often to be derived from the practice. It is to introduce what I consider as something even better, as being a more natural course, and certainly more generally applicable, that I write.

I do not say that it is to supersede the above, on the contrary, the one may be combined with the other in particular instances, and a better result obtained than either could singly accomplish.

The common cause of eversion of the lower punctum, unattended with general ectropium, is chronic inflammation at the corner of the eye, involving more or less the tarsal edge, so that this is thickened, and the movements of the canaliculus impaired or destroyed. There is in reality a little ectropium, a partial turning out of a very important part of the lid. I recommend nothing more than to treat this diminutive ectropium, as I have for years treated the more general and extensive, sometimes the complete eversion of the lid, by the removal of a part of the palpebral conjunctiva. A miniature operation is needed. With a very small scalpel and a fine cross-tooth pair of forceps, I dissect off a bit of the conjunctiva (not so rapid or easy a process as might be supposed), just posterior to the canaliculus, and from over the entire thickness of the cartilage. The lateral limits I regulate by the degree of the inversion. I do nothing more, and leave the wound to cicatrise, with the advancement of which, the punctum is turned in, and according to the lesser pathological change that it has undergone, the more perfectly will it be righted. I have often been surprised at the degree of perfection thus obtained.

No persons have such opportunities of inquiring into the value of any class of remedies, or any plan of treatment, as one's colleagues. A man may deceive himself, but he cannot deceive them. It is then to my brother officers, at the special institution to which I am attached, that I refer, if reference be needed, for the confirmation of these facts.

But the edge of the lid may be too much thickened, and otherwise altered, as in very chronic cases, where the exposure of the mucous membrane is a secondary source of irritation, and the operation will not do all that is needed. Then the canaliculus should be slit up, and the channel maintained by passing the probe daily, till the surfaces have no longer a tendency to unite. In elderly persons and in the aged, the punctum may be displaced, falling outwards, solely because of paralysis of the orbicularis palpebrarum, there not being, as in the other instance, any structural change in the parts. Here, I have not failed to give complete relief by attending to the ectropium alone.

69, Brook-street, Hanover-square.

ON THE TREATMENT OF NEURALGIA BY ELECTRICITY.

By J. ALTHAUS, M.D.

From the time when Sarlandière and Magendie first made known their observations on the therapeutical use of electro-puncture, galvanism has been frequently and in various ways administered to relieve such neuralgic pains as defy other therapeutical proceedings. The practice of electro-puncture being connected with more or less annoying inconveniences, viz. in many instances very violent pain during the operation, and afterwards inflammation and suppuration in those tissues into which the needles have been thrust, other modes of applying galvanism have been naturally resorted to. Duchenne recommended to produce a strong revulsion by practising Faradisation of the skin, by means of metallic brushes conveying a very powerful electro-magnetic current to the painful points; but the pain produced by this proceeding is, according to Duchenne himself, atrocious, and in a certain number of cases the operation has not been accompanied with any success. Another, and, in my opinion, the better way, is to send an induced current, of middling intensity, for a certain time through the affected nerve, by means of moistened conductors; one pole being placed at a point where the trunk of the nerve may be reached nearest to the nervous centres, the other one on any of the terminal branches of the nerve. This mode of electro-magnetic treatment, which is derived from the physiological fact that by such a proceeding any nerve in its normal state may be made more or less insensible, I have found the least inconvenient and the most efficacious for some forms of neuralgia. In fact, the pain produced by it is very insignificant, and hardly worth mentioning, when compared to the often excruciating neuralgic pain against which the proceeding is instituted. On the other hand, I have seen the method alluded to answering in cases where both electro-puncture and Faradisation of the skin had been resorted to with little or no success. From a number of patients I have treated for neuralgia, two cases are subjoined to illustrate the therapeutical proceeding.

1. *Case of Tic-Douloureux.*

Mrs. O. N., aged 28, has been in good health until May, 1857, when, in consequence of having been wet through, she was seized by violent pains in the right side of the face, first accompanied with fever and general indisposition. The latter symptoms soon subsided, but not the very violent shooting pain, which came on in paroxysms, at the end of which the patient was completely exhausted, so as to be in a state of alarming prostration. For the first few weeks the paroxysms came on very irregularly, and four to five in the course of the day; but, after some time, a very curious intermittent character was to be remarked, as only one paroxysm came on every other day, between four and five o'clock in the afternoon. Large doses of quinine and arsenic had been given,

Digitized by Google

but without producing the anticipated effect; besides the patient has been treated by calomel, sublimate, iodide of potassium, and blisters. Her general health has much suffered; she has become nervous and irritable. When I first saw her (October 9, 1857), the present state was as follows:—There are always premonitory symptoms which announce the approaching paroxysm, viz. a sort of tickling in the epigastrium, followed by formication in the face. Then the pain begins, and in a very violent way; it is chiefly felt on the zygomatic bone, beneath the lower eyelid, in the cheek and chin, a little less on the nape of the neck, but not in the forehead and the temple. The paroxysm lasts usually about half an hour, is exceedingly violent, and slowly subsides into a dull pain, which persists for three or four hours. The second day is quite free, the third again marked by a paroxysm. On examination of the face, I found two of Valleix's painful points, viz. one on the zygomatic bone, where the temporomalar, and another one on the infraorbitar foramen, where the infraorbitar nerve emerges from the orbita: pressure on these two points excited a distinct painful sensation in the free interval. I therefore thought it well to place the poles alternately on these two points, by means of moistened conductors, conveying a rapidly-interrupted induced current to the suffering nerves. The first application (October 10, 1857), done at the time when the paroxysm was just beginning, alleviated, according to the patient, the severity of the pain, but did not shorten the duration of the paroxysm. On the 12th of October, another paroxysm came on at due time, and was then positively shortened by electro-magnetism. On the 14th, premonitory symptoms, as usual, but no paroxysm. On the 16th a paroxysm came on, which was subdued in five minutes. Five other electro-magnetic séances were held, the last paroxysm having been on the 26th of October. I saw the patient in the beginning of June, 1858, when she told me that she had not been troubled any more since.

2.—*Case of Sciatica.*

John F. T., Esq., aged 35, from Edinburgh, has never been in strong health, and suffered for a long time from acidity in the stomach. Eight years ago he had his left thigh amputated for tumor albus; he carries now an artificial leg, which, being very heavy, exerts a great strain upon the left side of the pelvis. Three years ago he first began to feel pain on the back of the right thigh, and on the inside of the leg, down to the ankle. The pain having been dull and heavy for some time, soon became keen and acute, so that the patient was laid up by it. He thought it was brought on by his having taken too much exercise. He did not suffer from violent paroxysms of pain, followed by free intervals, but was permanently troubled. He placed himself under the care of two of the most eminent practitioners at Edinburgh, and after some time got much relieved, the acuteness of the pain slowly but gradually subsiding. He then left Edinburgh, and being always much troubled, he had electro-puncture practised upon him by a country surgeon, needles being thrust into the sciatic nerve. By this proceeding he got immediate relief, but the pain never entirely left him, and was pretty much the same some time after the operation. About two years afterwards he came up to town, and consulted Sir James Clark, who kindly sent him to me. When I first saw the patient, he complained of a dull pain in the calf of the leg, thence going down to the ankle; the thigh being at that time free from pain. When the patient tries to walk, even for a short distance—say half a mile—the pain is much increased, and is usually very bad in the first part of the night. Strong pressure has no marked influence upon the pain, but it rather relieves than aggravates it. Besides, the patient states that early in the morning there are usually lively cramps going on in the muscles of the leg, which, however, generally subside in the course of the day; as they are not accompanied with any unpleasant sensations, he rather regards them as a curiosity than as an object to be complained of. As electro-puncture had already had a fair trial, I thought it well to try Duchenne's proceeding of Faradisation of the skin, and made use of a powerful current, which I applied by metallic wires to the painful points. Two such applications, however, produced positively not the least effect. I therefore sent, in the third séance, a very rapidly-interrupted induced current of middling intensity through the sciatic nerve, placing the positive pole near the tuberosity of the ischium, the negative one near the ankle. Moistened conductors were kept in close contact to the skin, on the points mentioned, for six minutes; and when I interrupted the application the pain was gone and the patient left me free from any unpleasant sensation. When he called again on the following day, he told me that the pain had come back about three hours after the sitting, but by no means so severe as it had been before, and that he had enjoyed a very quiet sleep that night. I operated upon him three times more in the same way as above, when he was obliged to leave town. After the second séance the patient had been free from pain up to the following morning, and after the fourth he only felt it trifling when walking. Six weeks afterwards I received a note from the patient, stating that his limb was always a good deal better than before; he was, however, not totally free from pain when he walked to any distance; yet the pain went off sooner, was less severe, and not so liable to return as formerly. I, therefore, advised him to come up to town once more, if convenient, to have another course of electro-magnetic séances. This the patient did some time afterwards. I operated upon him six times more, as above, and with such a beneficial effect that the patient considers himself now cured, being no more troubled, even when walking for a considerable distance, as three to four miles. I will not forget to mention that the cramps, which used to come on early in the morning in the muscles of the leg, were not done away with by the electric treatment; but as the patient never felt them in any way unpleasant, being scarcely aware of them but by looking to his limb, he did not care for it.

2, Manchester-street.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TRACHEOTOMY ON ACCOUNT OF SLOUGHING OF THE INTERIOR OF THE LARYNX, SUPERVENING ON FEVER.

B. H., aged 8 years, was admitted April 1, on account of typhoid fever, of one week's duration. While in the Hospital some peculiar symptoms were remarked, not usually observed in fever. These were constant convulsive twitchings of both the upper and lower extremities, especially during sleep. Not merely the ordinary subsultus tendinum of fever, but decided convulsive movements, to a degree beyond that. In addition to these symptoms, there were the rapid pulse, the diarrhœa, and exhaustion, characteristic of typhoid fever.

The treatment consisted of stimulants, with occasional opiates to check the diarrhœa.

On the morning of the 16th, his breathing was observed to be more rapid than usual, and he appeared paler and more exhausted. In the afternoon it became decidedly laryngeal and hoarse, the depression above the sternum being very marked on inspiration. The tongue was exceedingly brown and dry, and thickly coated; his breath peculiarly offensive. He could swallow liquids without distress or difficulty. Nothing could be perceived on a careful inspection of the interior of the throat.

These symptoms continued until the evening, when, as the boy was evidently sinking rapidly from suffocation, the operation of tracheotomy was decided upon, and performed, under the influence of chloroform, by Mr. Chippendale.

The relief to the breathing was most marked and immediate, and shortly after the introduction of the tube the boy went to sleep.

The pulse improved in power (notwithstanding some loss of blood from the operation), the lips assumed a more natural colour, and all seemed to promise favourably. He was well sustained with wine and beef-tea, etc., during the night, and these he took readily.

April 17.—Early this morning respiration increased in frequency. The tube evidently was not large enough for the admission of sufficient air into the lungs. An attempt to introduce a larger one was unsuccessful, and gave great distress. He gradually sank, and died twenty-seven hours after the operation.

Digitized by Google

Post-mortem.—The larynx and trachea only were examined, as the friends were averse to any further investigation. There was no disease of the mouth or fauces. The interior of the larynx was occupied by a black-looking slough, about the size of a fourpenny-piece, commencing at the root of the epiglottis, and extending backwards on each side towards the cornua of the thyroid cartilage. The lining membrane of the trachea throughout was vascular, but there was no distinct false membrane formed on it. The left carotid artery was in this case given off from the innominate, and crossed the trachea, within two-thirds of an inch of the lower end of the incision, into the tube, which was made from the third to the sixth ring inclusive.

HOSPITAL NOTES.

RESULT OF EXCISION OF THE KNEE-JOINT.

Mr. Fergusson presented to his class at King's College Hospital last Saturday, a young woman whose knee he had excised nearly three years ago. Two inches of bone had been removed. Very great improvement had taken place in the general health, and the patient had done the duty of general servant in a hard place for nearly two years. She walked well and strongly, though with a halt. She could stand on the operated limb alone, as well as on the other. But the most interesting point in the case was, that there was a pretty free antero-posterior motion preserved between the femur and tibia. This motion, so far from appearing to make the limb unsteady, seemed to render it more useful than a perfectly stiff joint. Mr. Fergusson said, that hitherto he had been disappointed when complete anchylosis had not followed excision of the knee-joint, but the result in this case would modify his opinion. The case is one of great interest just now, as the operation is on its trial, and it is difficult to ascertain the result of operations performed some years ago.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

NOTES OF A VISIT TO THE EDINBURGH ROYAL INFIRMARY.

Excision of Tonsils. — Mr. Syme expressed a strong opinion as to the desirability of abscising the tonsils when their enlargement is considerable and of long standing. Two cases came under notice on Thursday, July 29th, in one of which both tonsils required diminution, and in the other only one. Both patients were children. The instruments employed were a probe pointed curved bistoury, and a common vulsellum, by which the gland was first seized and dragged forward. Adverting to the importance of excising a large portion, Mr. Syme stated that he did not think this could be nearly so well accomplished by the guillotine as by the knife, and said that he considered the latter much the safer instrument. A large majority of our London Surgeons, who practise this operation, also prefer the less complex instruments. To the original forms of the guillotine there is, doubtless, the objection that they do not provide any means for lifting the tonsil well into their blades. A more perfect instrument has, however, long been made, which has a sort of lever fork, which serves this purpose admirably. I cannot but think that by its aid the Surgeon acquires a considerable advantage in respect to his being independent of his patient. Now and then a child will get unruly or lose self-control on feeling the knife, and then the completion of the operation by the bistoury and vulsellum plan is by no means easy.

External Division of Urethral Stricture.—I was very desirous to ascertain in what estimation the several operative procedures with which Mr. Syme's name is so closely connected, more especially the amputation at the ankle-joint and perineal section of strictures, are held by his colleagues, and other Edinburgh Surgeons. Bearing in mind the extent to which the jealousy of rivals influences their opinions, we may be tolerably certain that the reputation of a surgical novelty will not rise beyond its deserts in the locality of its birth, and during the life of its proposer. At a distance, and amongst those whose only facts are supplied by the published statements of the originator or his friends, a very different result may be arrived at. I shall advert directly to the ankle-joint operation, and will now make a few remarks on urethrotomy. The opinions which I heard respecting this procedure were various, but mostly favourable. The senior Surgeon of the Infirmary, Mr. Spence, showed me several cases in his wards, in which he had had recourse to it, and spoke highly as to its general merits. Mr. Syme, over and over again in the course of clinical remarks, took occasion to avow his adherence to the old creed, that "dilatation is the proper treatment for strictures," and to urge that the knife should be resorted to only when for one or other reason the bougie is inadmissible or unavailing. I was disappointed in not having an opportunity for seeing Mr. Syme perform the operation, being the more desirous to have done so, as he attaches much importance to making the section from behind forwards, whilst the usual London practice is to cut backwards, as in lithotomy. There can be no doubt but that the risk of cutting the deep perineal fascia is much greater by the latter method. Whether or not the preservation of its integrity is practically of much importance may, however, be open to some doubt. Two or three cases were brought before the class, in which the operation had been performed a few weeks or months ago. In these large instruments were introduced, to demonstrate the patency of the canal. The Professor stated that experience had taught him to be far more particular about the subsequent use of bougies than he had originally been. If they are disused, the stricture is very liable to relapse; and the patient should have this fact strongly impressed upon him, in order that he may not be led by the apparent completeness of the cure to entertain feelings of careless security. As to the danger indicated by the collapse, rigors, etc., which not unfrequently follow the operation, Mr. Syme also stated that he had been obliged to modify his estimate since the publication of his work. Although still holding them to be by far more alarming in appearance than in reality, yet the occurrence of fatal consequences in one or two instances had forced him to the conclusion that they were not always to be disregarded. He had noticed, he said, that cases in which perineal fistulæ had previously existed were very rarely followed by these symptoms, and, acting upon this observation, had adopted the practice of endeavouring to always keep the wound open. It was surprising how rapidly union often took place between the cut edges of the urethra. At first he had contented himself with simply tearing these adhesions away with the finger-nail, so as to freely expose the catheter; but latterly he had preferred to introduce a curved silver catheter into the bladder by the wound. It might be thought that, if this latter plan were adopted, there would be some risk that the divided stricture might not remain open, inasmuch as it would have no part of the instrument within it. To prevent such result, Mr. Syme has contrived a straight silver tube, through the open extremity of which passes a wire noose. This is passed through the penis, and in the perineal wound the wire loop is put over the other instrument. The two are thus connected, and the patency of the whole urethra is established. The Professor stated, however, that he thought the fears of closure of the stricture were to a great extent groundless, and said that he intended in future to trust to the catheter passed from the perineal wound.

In the course of his clinical address Mr. Syme mentioned the particulars of three fatal cases which had occurred in his practice. In none of these did any perineal fistulæ exist. It would seem, therefore, that the cases which most imperatively demand this mode of relief, are the very ones in which the least risk of ill consequences is encountered.

Excision of the Entire Tongue.—On Saturday, July 31, it being generally known that Mr. Syme was to perform for the second time excision of the tongue, a concourse of Medical spectators was got together, such as has perhaps been rarely before equalled. I had had an opportunity of seeing the patient a few days before. He was a moderately stout, pale complexioned man, of about 50. The disease had commenced on the right side of the tongue, near its tip, more than two years ago. He was a native of Northampton, and had been treated in the Hospital of that town, where, in February last, the cancerous growth had been removed by ligature. After

Digitized by Google

its removal it quickly returned, and the man then sought advice in London. He was treated for a few weeks in Guy's Hospital, where caustics were applied; but, according to his own account, no hope was given of its removal. Having returned to Northampton, application was made to Mr. Syme to know whether he would be willing to attempt resection of the organ, and the man was subsequently sent to Edinburgh. Amongst the favourable circumstances in his case to which Mr. Syme directed the attention of those present were, that although the disease had existed nearly three years, yet there was no perceptible enlargement of the glands, that the spreading of the ulcer had been slow, and that the man was still in fairly good health. The disease was so much advanced that there could be no doubt as to the diagnosis, or as to the inadequacy of any ordinary mode of operation for its complete removal. The extremity of the organ had been removed by previous operation, and an irregular ulcerated surface now presented itself, behind which was a mass of malignant induration, which involved almost the whole of its substance. It was to a considerable extent fixed to the floor of the mouth, and without free separation both below and laterally, it would have been quite impossible to have surrounded the diseased part by a ligature, or by the chain of an écraseur.

The Operation.—The man having been placed under the full influence of chloroform, Mr. Syme commenced by dividing the lower lip and chin in the median line, and having laid bare the symphisis of the jaw, next proceeded to cut through it with a narrow-bladed saw. The division of the bone was finally completed by a pair of large cutting forceps. The soft parts below, and at the base of the tongue, were next divided, the vessels being tied as cut; several vigorous spurts of blood took place, but the whole quantity lost was not large. The two halves of the jaw gaped very widely, and ample room for the manipulations appeared to be afforded. After the section of the jaw, Mr. Syme waited a while to allow of a fresh exhibition of chloroform, the man having partially recovered from its influence. The whole operation was conducted with the patient laid flat on his back, and at times the gurgling of blood in the throat was suggestive of alarm; the man, however, at this stage was not at all deeply insensible. The excision was a most complete one, including the whole of the organ, and all but laying bare the hyoid bone. The chasm left after the conclusion of the operation was very large. All bleeding was quickly arrested after the completion of the operation, and the man when removed from the operating theatre appeared in a very satisfactory condition. On examination of the part excised, a broad portion of healthy structure was seen to extend beyond the margin of the cancer in every direction.

Being at the Infirmary on the following Monday I had the pleasure of learning that the man was doing well in every respect, but I have since heard with regret, that he died on the Thursday.

(To be continued.)

THE BIRMINGHAM AND MIDLAND COUNTIES EYE INFIRMARY.

REPORT OF THE CHIEF OPERATIONS PERFORMED DURING APRIL AND MAY (a) OF THE PRESENT YEAR.

LENS.—*Seven patients.*—In three cases of idiopathic double cataract, the upper section of the cornea was preferred, and the patients recovered from the operation with the ability to read ordinary sized print. In one case the eye was tolerant of light on the tenth, and the patient left the house perfectly well on the sixteenth day of the operation.

In a case of *double* cataract of *traumatic* origin, the *left* lens had been opaque twelve years; it was one-fourth smaller in its transverse diameter than normal: thirteen days after its division into small pieces, which were pushed into the anterior chamber, with a cutting needle, "linear extraction" (Gibson's operation) was performed, and sight restored. The cataract in the *right* eye was caused by a violent blow, received on the part ten days before admission into the Infirmary; the lens was driven back in a direct line into the vitreous, whereby the posterior chamber was considerably enlarged. It was not until the pupil was dilated by atropine that the change in the position, and the transparency of the lens could be ascertained. In this eye, the capsule was carefully opened by a fine needle passed through the cornea, and some of the superficial lens matter broken up, as a preliminary step to its extraction at a *subsequent* period through a small section of the cornea.

Two cases of *dislocated* lens. In one a small thin nucleus, the remains of a lens that had been reclined two years ago, occupied the floor of the anterior chamber. The sight was very good after its removal.

In the other case, the lens lay on the upper and outer part of the right anterior chamber. On extraction it presented a crescentic form, resembling somewhat a small caterpillar. The eye had been injured twenty-five years since, and subject to repeated inflammations, a mere perception of light being at the time of admission the extent of its vision; its companion suffered from sympathetic neuralgia, which was entirely cured upon the subsidence of the tedious inflammation and occasional hæmorrhages which followed the operation. In consequence of the disorganised condition of the eye, Mr. Solomon was desirous in the first instance of removing the whole globe; but the patient would only consent to the minor proceeding above mentioned.

In the case of a youth, whose left eye was blind and intolerant of light in consequence of a burn of the part which had cicatrised, sympathetic mischief being also present in the fellow organ, the lens and a small portion of vitreous were removed with a view to permanently collapse and tranquillise the globe; the operation did not, however, fulfil the object for which it was undertaken; but the globe suppurating, excision was had recourse to, from which the parts rapidly recovered: tissues of the orbit and the sympathetic disorder subsided.

IRIS.—*Six Patients.*—Gräfe's operation was performed in two cases, the first, on the 10th of May, on a patient affected with complete synechia posterior, the result of a blow upon a much diseased eye; the second, on the 23rd of the same month, in a case of chronic glaucoma. The first patient was quite blind; the operation gave the power of distinguishing the outline of a man's features, and by establishing a communication between the anterior and posterior chambers, corrected a bosselated condition of the iris.

The progress of the case of glaucoma appeared at the end of June to have been arrested, and in July the vision was improved.

In a patient whose right pupil was closed from past chronic syphilitic inflammation of the globe, and who was importunate for an operation, White Cooper's operation was performed: the blunt canular forceps was introduced through a small wound, made by a broad needle, and a piece of iris separated in a direction downwards and inwards; a pupil, excellent in regard to size and shape resulted, and a better perception of light was obtained. A green condition of the vitreous showed how hopeless was the case. The operation excited only a slight degree of irritation.

In a man who had a large and dense opacity of both cornea, the right pupil, which was completely eclipsed, was drawn by the blunt hook upwards and inwards opposite the most translucent portion of the cornea. Binocular vision has been since much invigorated. Discharged cured on the seventh day.

A child, 3 years of age, whose *right* eye presented a large and dense staphyloma, all trace of true cornea being lost, and whose *left* cornea was also staphylomatous, and impervious to light, except at its outer third, where some semi-transparent tissue existed, behind which the outer rim of the iris, widened by stretching, and lying close to the cornea, could be discerned, was treated in the following manner:—a broad needle was introduced at the centre of the outer margin of the sclerotica, and made to penetrate the iris close to its ciliary border, then carried along the back of that membrane, and brought out close to its staphylomatous attachment: on the withdrawal of the needle, a Tyrrel's hook was used to break through and remove the iris tissue that separated the incisions. By this procedure a good transverse pupil was obtained, an anterior chamber established, and the ability to see large objects given. The right eye was excised on the same day as the artificial pupil was made. Neither of these opera-

(a) In consequence of the occurrence of Erysipelas and Small Pox in the wards, this report extends only to the 23rd of May.

Digitized by Google

tions excited inflammation, and the child left the Infirmary perfectly well on the tenth day.

In another child, aged five years, the left globe was shrunk and disorganised, from a traumatic injury, the pupil of the fellow was filled with organised lymph, the result of a sympathetic iritis, and the vision rendered so indistinct that the little patient had suffered two severe falls, from one of which the little finger was fractured; from the other the collar-bone. After the application of atropine, the lower and inner margin of the pupil receded from the lymph, and at this point Mr. Solomon slit the iris downwards and inwards; a small pyriform pupil with normal vision was obtained. Excision of the shrunken eye was done on the same day. Neither operations excited inflammation; the patient left the Infirmary on the seventh day.

Excisions of the Globe.—*Seven Patients.*—One case of chronic glaucoma and complete amaurosis was excised as a preliminary step to iridectomy of the fellow eye affected with glaucoma.

Two cases previous to artificial pupil operations, recorded in this report.

One case of suppurating globe, sympathetic disturbance being present in the fellow organ.

One case of encephaloid cancer of globe, attended by severe brow headache and symptoms of cellulitis of the orbit.

One case of chronic choroiditis and complete amaurosis, the companion eye being affected with choroiditis.

One case of chronic ophthalmitis, the fellow eye being affected with retinal congestion.

Adhesion of the Eyelid to the Globe.—In two cases in which after a burn the eyelid had become rather extensively adherent to the globe, Mr. Solomon dissected back the connecting band, and passed three fine sutures through its free extremity. The dissection has continued rather more posteriorly than where the conjunctival fold exists in the healthy eye: just behind this point, a narrow slit was made through the substance of the lid, through which the apex of the flap was drawn out and secured in position by means of the sutures which had been previously passed through the wound. In this manœuvre the flap was doubled upon itself, and made to supply the place of the conjunctival fold that the burn had destroyed, and at the same time to oppose its unabraided mucous surface to the cut conjunctiva of the globe. In one case, as the connecting band was short, Mr. Solomon slit up the outer commissure for a short distance, without which this plan of operating could not have been carried out. In each case chloroform was administered; and with a view to keep the parts at rest, the globe was secured in an inverted position by means of a ligature passed through a slip of conjunctiva near the outer rim of the cornea and the integument on the bridge of the nose.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 241.—Quinine in Continued Fever.

A correspondent wishes to know about the effects of quinine in continued fever; is it really true that it will cut the fever short?

We answer, that the whole matter lies in a nutshell. Some years ago Dr. Dundas, of Liverpool, surprised many and delighted some of his professional brethren by informing them that quinine would stop a continued fever. Numerous experiments were, of course, made at the time, by this so-called exclusive and bigoted profession of ours, to test the value of the remedy in this respect; and we regret to say that in other hands than Dr. Dundas's, the medicine proved a failure. Professor Bennett, of Edinburgh, and Dr. Peacocke, of London, have published the results of their experimentations. Many Hospital physicians can testify to its inefficacy. It is only fair, however, to add, that we believe Dr. Dundas still sticks as firmly as ever to his original text.

To show how readily errors may occur in judging of the effects of remedies, we may just observe, that in a case of continued fever (as it was written down, and at the time when these quinine experiments were being tried in a London Hospital), the quinine was prescribed *secundem artem*, and on the following day the patient was convalescent. On inquiry it was discovered that, by accident, the patient had taken no medicine whatever. Had he taken a dose or two of quinine it is more than probable that the apparently positive evidence of the beneficial effects of the medicine in this one case would have neutralised all the data of the inutility of the remedy as observed in the several other cases in which it was administered.

No. 242.—What are the Results of Ligature of the Œsophagus?

The French Academy of Medicine is waging great discussion respecting ligature of the œsophagus: is it a mild or a deadly operation? Orfila, our elder readers will remember, was wont to make animals swallow various matters that he might judge of their effects, and having got these matters fairly into their stomachs, he would tie the œsophagus of the animals, and then observe results philosophically. He concluded from such observations, amongst other things, that nitrate of bismuth, and some other tolerably innocuous salts, were poisons, because he found the animals died after the introduction of them into their stomachs. Hereupon rose up other philosophers, who averred that in this affair, Orfila had not altogether taken care to separate the *post hoc* from the *propter hoc;* the sequence and the antecedent from the cause and its effects; in fact they said, that the animals, in such cases, died not from the effects of the so-called poison, but from the effects of the operation,—the ligature of the œsophagus. But, answered Orfila, this is not correct, for when the animals are dead, I find no organic lesions.

More recent observers, however, with keener eyes, do find organic lesions; but still M. Trousseau declares that the operation is not necessarily one of extreme gravity. The dispute, like so many others, does not after all appear to be very necessary; for both parties are, in appearance, of one mind, *au fond.* "M. Bouley," says M. Trousseau, "differs from the report only, as to the degree of danger of ligature of the œsophagus. He says, it is an operation of extreme gravity; we say, it is an operation which may become one of serious character." This is certainly rather a hair-splitting discussion, both parties meaning much the same thing. It appears that a good deal depends upon the degree of tightening of the ligature. "M. Colin practised ligature of the œsophagus on fourteen dogs with uniform success, but did not draw his ligature too tight. M. Louis Orfila's bad success was probably due to his not being cautious in this respect; being zealous to save the labours of his uncle from obloquy, he pulled his knots too tightly."—*Gaz. Heb. July* 30, 1858.

No. 243.—History of Transfusion.

"The idea of transfusion of blood is very ancient. But the ancients, in spite of their facile credulity as to the effect of any physiological experiments, were in no condition to make the experiment. They were too unacquainted with physiology, and with the art of experiment, to know how to set about transfusion. Not until the middle of the seventeenth century had a preparation been made for such a trial. The experiments of Boyle, Graaf, and Fracassati, on the injection of various substances into the veins of animals, were crowned by those of Lower, who, in 1665, injected blood into the veins of a dog. Two years later a bolder attempt was made on man. A French mathematician, Denis, assisted by a surgeon, having repeated with success the experiments of Lower, resolve to extend the new idea. It was difficult to get a human patient on whom the plan could be tried; but one evening a madman arrived in Paris quite naked, and he was daringly seized by Denis as the fitting subject for the new experiment. Eight ounces of calf's-blood were transfused into his veins. That night he slept well. The experiment was repeated on the succeeding day; he slept quietly and woke sane!

"Great was the sensation produced by this new success. Lower and King were emboldened to repeat it in London. They found a healthy man willing to have some blood drawn from him and replaced by that of a sheep. He felt the warm stream pouring in, and declared that it was so pleasant that they might repeat the experiment. The tidings flew over Europe. In Italy and Germany the plan was repeated, and it now seemed as if transfusion would become one more of the

Digitized by Google

'heroic arms' of Medicine. These hopes were soon dashed. The patient on whom Denis had operated again went mad, was again treated with transfusion, and died during the operation. The son of the Swedish minister, who had been benefited by one transfusion, perished after a second. A third death was assigned to a similar cause; and in April 1668 the Parliament of Paris made it criminal to attempt transfusion, except with the consent of the Faculty of Paris. Thus the whole thing fell into discredit to be revived again in our own day, and to be placed at last on a scientific basis."—*Blackwood's Magazine.*

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, AUGUST 14.

PROFESSIONAL PRACTICE UNDER THE MEDICAL ACT.

Since our last number appeared the Medical Act has been published by the Queen's printer. It is an exact copy of that we printed in our number of July 31, but without the index or "arrangement of clauses" we prefixed, and with an apparently slight, but really significant, alteration in Schedule D. The following is a literal copy of this schedule as it now stands in the act of Parliament. Whether the column of "Titles" erased in the third reading of the House of Lords is now reinserted by an accidental error of the printer, or by some inaudible arrangement made in the House of Commons, we are not in a position to state, but thus it stands:—

SCHEDULE (D.)

Name.	Residence.	Qualification.	Title.
A.B. -	London - -	Fellow of the Royal College of Physicians of	
C.D. -	Edinburgh -	Fellow and Member of the Royal College of Surgeons of	
E.F. -	Dublin - -	Graduate in Medicine of University of	
G.H. -	Bristol - -	Licentiate of the Society of Apothecaries.	
I.K. -	London - -	Member of College of Surgeons and Licentiate of the Society of Apothecaries.	

Now, if we take this schedule and the 27th Clause together, we shall be able to answer a very large number of communications we have received as to the bearings of the new Act on gentlemen now in practice. Several such communications may be seen among our "Notices to Correspondents;" but we may offer a general reply here to all those gentlemen who have questioned us as to future registration.

To save the reader the trouble of referring to our number of July 31st, we reprint the first part of the 27th clause.

"*Register to be published.*

"The Registrar of the General Council shall in every year cause to be printed, published, and sold, under the direction of such Council, a correct Register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule (D.) to this Act, *or to the like effect*, and Medical titles, diplomas, and qualifications conferred by any Corporation or University, or by Doctorate of the Archbishop of Canterbury, with the dates thereof, of all persons appearing on the General Register as existing on the 1st day of January in every year; and such Register shall be called 'The Medical Register.'"

We have italicised the words *or to the like effect*, showing that the precise form of register will after all be decided upon by the Council. In this, as in some other points, any doubt as to the precise meaning or operation of any of the clauses of the Act, can only be removed after the election of the Council.

We may state, however, in general terms, that the Medical Act repeals none of the charters or Acts of Parliament already existing in relation to the Medical Profession; neither does it confer any new powers upon any Corporations or upon any individuals. Those who already possess the right to practise, will be confirmed in that right; while those who possess no right to practise, will not only be unable to recover any charges for attendance or medicines, but will, in case of their continuing to practise, be punished by fine or imprisonment. The Medical Council will exercise a controlling power over all the licensing bodies and over the annual Register of qualified practitioners; but they will possess no power to alter any existing laws or charters, and must confine their operations strictly to the execution of the functions imposed upon them by the Act.

With regard to those who are now in practice, and also to those who come afterwards, each person will be registered *according to his qualification or qualifications*, and he will not be recognised in the Act in any other light than as a Practitioner of the department or departments in which he may have received his licence, diploma, or certificate, as the case may be. An English apothecary may, if he please, commence practice in Scotland as an apothecary; or a Scotch Surgeon may, if he please, commence practice as a Surgeon in England; but the English apothecary cannot practise as a Surgeon in Scotland, nor can a Scotch Surgeon register as a Physician in England. We should be deceiving our readers if we told them that the Medical Act destroyed the distinctions in Medical titles which now exist. Those distinctions remain precisely the same as before, but with an addition. Every man may practise, according to his qualification, in any part of the United Kingdom, and may recover reasonable charges for any advice, operation, or appliances, rendered, or performed, or furnished by him in the capacity in which he is qualified upon the Register.

The Charter of Henry VIII. to the Royal College of Physicians of London being unrepealed, that College will still possess the exclusive power of licensing Physicians within seven miles of London; but Graduates of Medicine of any British University will be allowed to register their degree, and to practise accordingly; so that the Act, instead of abolishing professional distinctions, may really be so worked by the Council as to create a fourth class of Practitioners—Medical Graduates—in addition to the old orders of Physician, Surgeon, and Apothecary or General Practitioner.

This brings us to the subject we entered upon last week, the mode of election of the Council. We have reason to believe that Government *intended* that the Medical Faculty of the different Universities, and the Council or ruling bodies of the

Digitized by Google

various Corporations, should elect the members of the Medical Council; but this intention has not been carried out in the Act. In the 4th Clause it is distinctly stated that seventeen members shall be "chosen from time to time by each of the following bodies," that is, the Universities and Corporations. Now, as regards the Universities of Oxford and Cambridge, it is quite clear that the whole of the Members constitute the *body*, and have an equal right of franchise in the election of their representative. The exact limits of the rights of the Senate and Convocation of the University of London, we may discuss on a future occasion. The questions exciting the most general interest at present, are the rights of the Members of the Colleges of Physicians and Surgeons. Are the Members representing these bodies to be elected by a small party in each College, or by the universal suffrage of the Members?

With regard to the College of Physicians, it appears that the right to elect a representative rests solely with the *Fellows*, and that the Licentiates have no vote.

Thus, by a statute passed in 1765, it is said, "Per Collegas intelligi volumus aut Socii aut societatis nostræ candidatos."

Again, Lord Mansfield ruled that, the words, socii, communitas, Collegium, Societas, Collega, and Fellows, were synonymous.

Lastly, Willock remarks, "President and Fellows constitute the community of this College, they being the only Members."

The representative of the College of Surgeons must be elected, if the letter of the law be followed, by the universal suffrage of the whole of the Fellows and Members. According to the constitution of this College as recited in the Supplemental Charter of 1852, the *body corporate* of the College of Surgeons consists of the Fellows and Members of the College, and it is the body corporate by whom the member of the General Council is to be chosen according to the Act—the *body*, that is the Fellows and Members, not the Council, of the College.

We shall have occasion to recur to this question of representation; and shall now conclude by giving a general reply to several questions respecting the double qualification to practise Medicine and Surgery under the new Act. As the law now stands every one must possess a Medical degree or licence to enable him to practise Medicine, and a Surgical diploma to enable him to practise Surgery; and we may also observe that there is not the slightest reason to believe that any alteration in this respect will be made in any future arrangements. Those who possess the Surgical diploma alone will register as "Surgeons," and will be able to recover charges for services performed in that capacity; those who possess the Apothecaries' licence alone will register as "Apothecaries," and may recover charges for advice and medicines furnished in a Medical case; while those who possess a Surgical diploma *together with a Medical licence* will register as Licentiates in Medicine and Surgery, and will be enabled to recover charges for services rendered in both departments. It is very doubtful whether according to the Act any order of Medical Practitioners, other than Apothecaries, can sue for medicine supplied. If it be proved, as we believe it will, that they cannot, it may rather be regarded as an advantage than otherwise, as practitioners will thus be compelled to take the more dignified course of charging for attendance rather than drugs, even if they are compelled to dispense their own medicines.

The Medical Graduates of the University of London seem to have been labouring under a great mistake in this matter, —believing that they could practise and recover charges at law both in medical and surgical cases and as Apothecaries. This is altogether erroneous. According to the Act of 1854, by which all the privileges of Oxford and Cambridge Graduates were extended to London Graduates, it is expressly stated that these privileges shall not extend to the practice of surgery, pharmacy, or midwifery.

THE WEEK.

We received last week under the quaint title "Starch Bandages and Limp Opinions," the account of a case tried in the County Court at Yeovil, which has an important practical bearing. Mr. Garland, of Yeovil, treated a case of transverse fracture of the thigh in a shoemaker's child with the starch bandage. The limb was kept so steady that very little callus was thrown out, and after six months so little trace of the injury remained that another Practitioner expressed his belief that the bone never had been fractured, and the father refused to pay Mr. Garland's very moderate charge of three guineas. Now, Mr. Garland had been senior House Surgeon of the Liverpool Southern Hospital, and during his period of office 752 cases of fracture had been treated there, so that he was not very likely to be mistaken as to the fact of a child's thigh bone being broken or not. But a similar case may occur again, and it is well that it should be generally understood that a large amount of provisional callus and deformity is not to be expected if a fractured bone is well set; and that if the starch or plaster-of-Paris bandage be well applied, the fracture is so perfectly repaired by nature as to be imperceptible after a few months. This, as the Judge well observed, is the "perfection of successful treatment." We are happy to add that Mr. Garland obtained his fee and costs.

Mr. Charles Reade, the well-known writer, has just published a case which will tend powerfully to strengthen the opinion growing in the public mind, that our private lunatic asylums must be inspected much more strictly than at present. But it is not Mr. Reade's case, nor the Acomb House affair upon which we would try the Commissioners of Lunacy. Out of their own mouths they stand condemned of neglect of their most important duties. In their report to the Lord Chancellor, just printed by order of the House of Commons, they say of "Patients not Reported:"—"Our experience on this head during the past year, in short, has confirmed the impression *we have long entertained*, that a *very large number* of insane persons are taken charge of by Medical men and others without any legal authority; and, judging from the cases which have come to our knowledge, we have reason to fear that the condition of such patients, deprived as they are of all independent supervision, is far from satisfactory." Now, a "Very large number of insane persons" could not by any possibility be unjustly imprisoned if the inspection of private asylums was carried out effectively by the Commissioners. If they faithfully execute their trust they carefully inspect every licensed house twice a-year at least with the list of patients, the admission book, and Medical visitation book. If they do this, why do they talk of patients suffering from "want of independent supervision?" Surely they are paid well enough to be independent; and if more frequent visitation is necessary, their visits should be more frequent. But they make an astounding declaration. They say that "IN THE MAJORITY OF CASES (!!) we have found that the provisions of the law as to the visitations by a second Medical man, the keeping of a Medical journal, and the annual and other returns to be made to our office, have been totally or partially neglected." Whose fault is this, we would ask, but that of the Commissioners themselves? This confession alone would be a sufficient proof that they have scandalously neglected their duty, and that they should be at once assisted, (if supercession is too strong a measure,) by the appointment of a Special Commission of active men, quite "independent," to inspect

Digitized by Google

every licensed house in the Kingdom without delay. This course is alike demanded by common humanity and the honour of the Medical profession.

The Registrar-General has addressed a note to many of the readers of his weekly and quarterly returns, intimating that the desire on the part of the Treasury to reduce expenditure compels him most reluctantly to cease from henceforth sending out his papers gratuitously. The returns, however (so reads the note) may be *bought* at Hansard's or other publishers of Parliamentary records. Whenever Red Tape attempts economy, he always, in plain terms, makes a fool of himself. Was there such a penny wise and pound foolish joke as this ever before perpetrated? The returns of the Registrar-General are to be printed as usual, and the printing is the main source of the expense implied; but they are not to be sent to the limited and rather poor scientific section of the community which alone appreciates or understands how to apply them. Whenever the Registrar-General's statistics have been turned to great account, the work has been generally done (always excepting Dr. Farr's immense labours) by private individuals. The labours have been costly enough, but now the material for labour must even be purchased. It is really too bad. The removal of one clerk who does nothing all day but bake his calves at the fire of a circumlocution office would cover all the expense of supplying the Registrar-General's papers to the industrious statists of disease. The case, therefore, is clearly one of Barnacle *v.* the Statists, and Barnacle walks, or rather is carried, for walk he would not, over the ground.

At the recent annual meeting of the Court of Assistants of the London Society of Apothecaries, the following gentlemen were appointed members of the Court of Examiners, viz.:—Thomas Ansell, M.D., F.L.S., M.R.C.S.E.; William Dickinson, M.R.C.S.E.; William P. Brodribb, M.R.C.S.E.; Thomas Norton, M.D., F.R.C.S.E.; Thomas Peregrine, M.D., M.R.C.S.E.; Robert H. Semple, M.D., L.R.C.P.L., M.R.C.S.E.; William G. T. Dyer, M.R.C.S.E.; Richard H. Robertson, M.R.C.S.E.; Stephen H. Ward, M.D., L.R.C.P.L., M.R.C.S.E.; Thomas R. Wheeler, M.R.C.S.E.; Henry M. Rowdon, M.R.C.S.E.; and John Randall, M.D., M.R.C.S.E. Mr. A. M. Randall was reappointed Secretary and Registrar to the Court, and Dr. Ansell was appointed Chairman. Mr. Tegart retired from the chairmanship at the close of his official year, and, as we indicated last week, he will probably be proposed as a member of the new Medical Council about to be constituted in conformity with the provisions of the Medical Act. Such an appointment would give general satisfaction, as, from the long connexion of Mr. Tegart with the Court of Examiners, he is intimately acquainted with the working of the Act of 1815, while his amiable and consistent character, both in public and private life, would render him, on personal grounds, the most suitable representative of the Apothecaries' Society, and, indeed, of a great body of General Practitioners in this country. At the first meeting of the new Court of Examiners the new regulations relating to the division of the examination into two portions came into force, and we understand that ten candidates presented themselves, six of whom passed successfully through the first division of the examination, and the other four were allowed to pass through both examinations on the same day, and received certificates accordingly. We have been requested to state that, in consequence of the representations which have been made to the Court of Examiners as to the inconvenience which would result from the compulsory division of the examination into two portions, to be passed at distant intervals, in the case of those who have completed their curriculum, it has been determined that those who desire it may pass both examinations on the same day (although at separate intervals of time), until the 31st of March, 1859. The subjects for the preliminary examination in Classics and Mathematics for the Session 1858-59, are the following:—in Greek, the first twelve chapters of the Acts of the Apostles, and the first Book of Homer's Iliad; in Latin, the Catiline War of Sallust, and the second Book of the Odes of Horace; the first Book of Euclid; Arithmetic, and Algebra as far as simple equations, involving two unknown quantities. We are gratified at being informed that among the most successful candidates at the examination in Classics and Mathematics held in last July, were some of the boys educated at the Royal Medical Benevolent College at Epsom.

Some months ago the following extract from the order of the Governor-General of India, after the relief of Lucknow, appeared in our columns:—

"The Medical officers of the garrison are well entitled to the cordial thanks of the Government of India. The attention, skill, and energy evinced by Superintending-Surgeon Scott; Assistant-Surgeon Boyd, Her Majesty's 32nd Foot; Assistant-Surgeon Bird, of the Artillery; Surgeon Campbell, 7th Light Cavalry; Surgeon Brydon, 71st Native Infantry; Surgeon Ogilvie, Sanitary Commissioner; Assistant-Surgeon Fayrer; Assistant-Surgeon Partridge, 2nd Oude Irregulars; Assistant-Surgeons Greenhow and Darby, and of Mr. Apothecary Thompson, are spoken of in high terms by Brigadier Inglis.

"To Dr. Brydon especially the Governor-General in Council would address his hearty congratulations. This officer, after passing through the Cabul campaign of 1841-2, was included in the illustrious garrison who maintained their position in Jellalabad. He may now, as one of the heroes of Lucknow, claim to have witnessed and taken part in an achievement even more conspicuous, as an example of the invincible energy and enduring courage of British soldiers."

Cordial thanks are all very well. Hearty congratulations are of about equal value. Why the officers who defended the place should have been decorated with the order of the Bath, and the Medical men who defended the officers should be put off with thanks and congratulations, the Horse Guards can, perhaps, explain. But if they can, their ability differs remarkably from that of Englishmen in general. A writer in the *Times* says, "the house of Dr. Fayrer, the Residency Surgeon, was an important outpost, which he strenuously assisted in defending; that officer has lost the savings of years and his appointment of £1000 per annum, and has returned to Britain in very feeble health, and totally unrewarded and uncompensated. The writer of these strictures is unconnected with the Medical Profession, and can conscientiously claim the position of an impartial observer and lover of fair play. He is satisfied he will not be found at fault in demanding for one branch of officers in Her Majesty's service equal privileges with those of the same rank in another. He conceives that no class of officers can be expected to excel in energy, fidelity, and skill unless they can calculate on proportionate distinction and reward. A new warrant, applicable to the Medical department of the army, it is understood, is in preparation; let this provide for the proper acknowledgment of distinguished services performed by members of the Medical Staff; and let the Surgeons of the illustrious garrison of Lucknow share in the first honours. Though each of them is created a Companion of the Bath, none will begrudge them the distinction."

A case of considerable importance to Life Insurance Companies was tried last week on the Northern Circuit, when the representatives of a Medical gentleman, who had been in practice near Newcastle, brought an action against the St. George Assurance Company of London for £2000, that being the sum for which the deceased had insured his life. The

Digitized by Google

policy was effected on the 12th of April, 1857, and the deceased died on the 17th of June of the same year, or very little more than two months afterwards, and the Company therefore had a *primâ facie* right to make very close inquiry into the circumstances of the death. On the part of the plaintiff, it was alleged that up to the period when the policy was effected, the deceased being then 54 years of age, he had enjoyed uniform good health, and indeed was remarkably active and robust. He was a vegetarian, seldom taking any animal food, and was of sober and even abstemious habits in relation to drink. A month previous to the date of the policy being effected, however, it appeared that he caught cold by being called upon to attend a midwifery case, on which occasion he walked some distance in the rain and wind, and subsequently sat up several hours with the patient in his wet clothes. The consequence was that he felt unwell, and therefore went to a watering-place for three weeks. Nevertheless, it is stated that when he was examined by the local Medical referee of the Company, he was reported to be in sound health and free from any affection of the heart, lungs, or kidneys, and that in all respects his life was eligible for assurance. It is also stated that, a month after the policy was granted, he called in Sir John Fife, who found him labouring under disordered action of the heart and lungs, and dropsical swelling of the ankles: but Sir John was unable to detect any trace of organic disease of the heart or lungs, or any appearance of albumen in the urine. But on the part of the Company Medical evidence was adduced to prove that so far back as 1855 the deceased was labouring under decided disease of the heart and lungs; that in 1856 he was in the same condition; that in 1857 he had heart disease, disease of the lungs and liver, and watery swellings of the legs; and that just before he concluded his insurance, he was informed by a Medical friend whom he consulted, that there were decided traces of albumen in his urine. The jury found a verdict for the plaintiff, the deceased's widow, for the sum assured: thus giving their opinion that the deceased did not wilfully conceal the fact that he was labouring under Bright's disease. While we cannot blame the jury for their verdict, we cannot conceal our own impression that the deceased was really labouring under Bright's disease at the time when he proposed his life for assurance. Every well-informed Medical man is aware that that disease may exist, especially in an incipient form, without giving rise to any obvious symptoms; but when we are positively informed by some of the Medical witnesses that albumen was actually discovered in the urine, we conceive that this direct testimony quite outweighs the mere negative evidence afforded by the healthy appearance of the deceased. It was elicited from some of the Medical witnesses in cross-examination that albumen might exist in the urine from temporary causes, or even as a result of the vegetarian and abstemious habits of the deceased; but then such a temporary disorder would not kill a robust man in two months. The fact that the life was pronounced to be eligible in all respects by the Company's own referee, was no doubt a strong point in favour of the plaintiff's case.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF DEATH FROM CHLOROFORM.

By Dr. HAMMOND.

A dragoon, 23 years of age, and very intemperate, having met with an injury to his elbow, the nature of which was very obscure, he was, some days afterwards, submitted to the action of chloroform, in order that additional examination might be made. A sponge, moistened with two or three drachms of tincture of chloroform, was placed in a tubulated bell-glass, and held to the mouth of the patient, who was in the horizontal posture. Having breathed this for five minutes without any effect, a towel was moistened with the chloroform, and held close to his mouth. Some excitement resulted, there being some flushing of the face; but neither the respiration nor pulse was affected. "In an instant all was changed: the eyes were turned up, the face became turgid, the muscles became relaxed, and vomiting ensued. My hand was on his pulse, which, from beating at the rate of 100, stopped as if it had been struck with lightning. The inhalation was at once discontinued. Judging from the matter vomited, it was thought that some substance might be closing the larynx, and a large piece of cabbage was removed by the finger. Subsequent to the vomiting the patient breathed two or three times; but it is probable that the heart ceased to act before respiration was entirely suspended." Marshall Hall's method, and various other means of restoration, were tried in vain. At the autopsy the stomach was found to contain a considerable quantity of undigested and unmasticated food. The lungs were much congested. The heart weighed within a fraction of 14 oz., and was covered with much fat; and, on microscopical examination, its structure was found to have undergone fatty degeneration. The anæsthetic employed professed to be the same as that issued to the U. S. army, viz. chloric ether, or tincture of chloroform, *i. e.* one part chloroform and two parts absolute alcohol. In the six other cases in which fluid from the same bottle was employed it had produced some unpleasant effects. On examination, the tincture was found to be very impure, and the alcohol being the common diluted, in place of absolute. The patient had never complained of any symptom indicative of heart disease.—*American Journal of Med. Science*, pp. 41—44.

RE-VACCINATION AT THE IMPERIAL LYCEUM.

By M. REMILLY.

In this paper M. Remilly details the results of 241 re-vaccinations performed upon the pupils (from 8 to 20 years of age) in the Imperial Lyceum at Paris, all these pupils having brought certificates of regular and complete vaccination on their admission into the school. Of these 241 re-vaccinations 63 were successful, and 78 were unsuccessful, or incomplete in their results,—showing that about a fourth of these young persons had, until the re-vaccination, still remained susceptible to variola. This corresponds with the results obtained by M. Lemazurier in 1842, when, of 109 pupils of the Versailles College whom he re-vaccinated, 27 manifested true vaccinia. Of the 241 pupils, 214 had only been vaccinated once prior to the vaccination; while 27 had been vaccinated in infancy, and then again four or five years prior to the present re-vaccination. Of each of these categories M. Remilly presents a tabular view of the results, and of the ages of those operated upon. Of the 214 only vaccinated once before, he finds that 60 exhibited the normal vaccinia; while 154 exhibited what he terms false vaccinations, under the separate heads of vaccinoid, vaccinella, and negative results. Two of the children took this second vaccination, although under ten years of age, and as many as 23 between the ages of ten and twelve did so. As to the 154 "false vaccinations," 23 exhibited vaccinoid, a simple pustule forming by the seventh day, with a considerable areola, containing a purulent fluid, and having no trace of a multilocular disposition. Extensive and deep-seated induration surrounded the base of the pustule. In 80 other cases vaccinella was observed, as shown by lightly brownish crusts resembling dried gum, generally without any areola. Lastly, in 51 instances there were no results observed beyond the traces of the prick of the lancet, sometimes surrounded by a very slight areola.

Of the second group which had now been twice re-vaccinated, the vaccination was good in 3 only, and "false" in 24,—the respective ages of the three pupils who still manifested a susceptibility being 11, 12, and 17. The pustules produced were perhaps somewhat less developed than usual; but one of them supplied lymph, by means of which good vaccination was effected. Of the 24 "false" vaccinations, 2 exhibited vaccinoids, 6 vaccinellas, and 16 only negative results.—*Moniteur des Hôpitaux*, No. 57.

ON RUPTURE OF THE HEART.

By M. ELLEAUME.

M. Elleaume terminates with the following conclusions an elaborate memoir upon rupture of the heart, derived from an

Digitized by Google

analysis and examination of the cases that have been published:—1. Ruptures of the heart are always symptomatic of a prior affection. 2. Those anterior affections are very various, the most frequent being cardiac apoplexy, fatty and senile degeneration of the heart, and then true aneurism of the heart. 3. Ruptures from external violence are more common on the right than on the left side of the organ. 4. Ruptures from internal causes are far more frequent on the left than on the right side. 5. The rupture takes place as often at the apex as at the base. 6. The internal orifice of the rupture is generally smaller than the external. 7. The rupture may assume the form of a more or less sinuous canal, which sometimes presents in its centre an enlargement filled with coagulated blood. The ruptures in such cases seem to have been the consequence of cardiac apoplexy. 8. The rupture usually takes place in the course of the muscular fibres, but sometimes it is transverse, this being the case in senile ramollissent. 9. The rupture usually takes place from outwards inwards. 10. In the same heart there may be several ruptures, some of which may be incomplete rents. 11. In complete rupture of the heart death is almost instantaneous; and those cases in which the patients are said to have lived for several hours, are examples of incomplete ruptures, which at a later period have become complete. 12. The arcus senilis, in an individual presenting some of the symptoms of disease of the heart, indicates fatty degeneration and a predisposition to rupture of the heart. 13. No treatment can be of any service, except in the case of incomplete rupture.—*Moniteur des Hôp.* No. 58.

EXCERPTA MINORA.

Larvæ in the Frontal Sinuses and Nasal Fossæ.—Dr. Coquerel gives an interesting account of a most serious affection, usually proving fatal by inducing meningitis, that is produced at the French penal colony, Cayenne, by the larvæ of a dipterous insect, which become deposited in the frontal inuses and nasal fossæ. After numerous trials the complete development of one of these larvæ was obtained, and it was found to belong to the genus *lucilia*, bearing great resemblance to the *lucilia incisuralis* of the Brazils, and now termed by M. Coquerel *lucilia hominivorax*. He does not regard it as a parasite, believing the deposits of the ova in this locality, though of not infrequent occurrence, to be accidental.—*Archives Générales*, Tome xi. pp. 513-528.

Treatment of Syphilis by Blisters.—M. Parisot has recently published a thesis, in which he gives an account of some experiments made in M. Cullerier's wards of treating syphilis by the repeated application of small flying blisters to the chest. From four to six were applied daily for two or three weeks, one patient having had on as many as 216. They caused no irritation of the urinary organs, nor were they attended with any other ill effects. As to their efficacy, M. Cullerier has a high opinion of it in secondary affections, in which, indeed, they have been at present chiefly employed; and it is in the cutaneous form of this they have been found most useful. Upon examination of the particulars given, however, the amount of benefit derived seems to have been very problematical.—*Ibid.* Tome xii. pp. 93-96.

Melanosis of the Supra-renal Capsules.—Dr. Levick relates a case in which the healthy structure of the capsule was replaced by soft, pultaceous, melanotic matter. Although in this case there was an excess of black deposit in nearly all of the internal organs, the skin was entirely free from any unnatural discoloration.—*American Journal Med. Sci.* xxxvi. p. 98.

Action of Narcotics through the Urethra.—Dr. Crawcour states that bougies, tipped with ointment containing morphia, when introduced into the urethra, give rise to rapid and intense narcotism, the result being out of all proportion to the quantity employed. He has seen the peculiar effects of belladonna produced by passing a bougie anointed with a minute portion of atropia ointment.—*Ibid.* p. 290.

Apoplexy from Cancer of the Sella Turcica.—Dr. Hardaway relates a case of apoplexy, in which at the autopsy the sella turcica was found to be the seat of soft cancerous disease, about a third of an inch in depth, which had extended to the brain, and produced thickening of the membranes in the vicinity. These membranes formed part of a cyst the size of a walnut, which was filled with fluid blood, lying in the crura cerebri.—*Ibid.* p. 66.

Treatment of Ranula by a Lead Ligature.—Dr. Peele strongly recommends for the treatment of ranula in its incipient stage, the passing a lead ligature of about half an inch diameter through the sac, after emptying this, its two ends being brought together in the form of a ring. These at the end of ten or twelve days may be straightened out again, and the lead removed.—*Ibid.* p. 284.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, August 1, 1858.

M. J. Guyot, in 1842, published an essay "On the employment of Caloric in the treatment of ulcers, the wounds resulting from amputations and other considerable surgical operations, hysteria, skin diseases, rheumatism, etc." M. Guyot was led to try the therapeutic effects of caloric upon animals from the following theory, which he has given in the shape of three propositions:—

1. The proximate and exciting cause of life in all organised beings is caloric.

2. The chief object of the organisation is the production of a certain quantity of caloric, and its maintenance.

3. All the functions and vital phenomena are under the dependence of the temperature proper to the individual.

These experiments, followed with interest by Magendie himself, seemed to confirm the theoretical views of the author, and the results of his experiments were:—

1. That wounds healed in every case (without dressing) more rapidly in a temperature of 30° centigrade or 86° F., than in an inferior temperature with or without dressing.

2. The greater number of wounds have been healed in the higher temperature without inflammation or suppuration, a circumstance not to be observed under ordinary conditions. "I cannot consider as inflammation," says M. Guyot, "the normal process of cicatrisation, which never operates well except in the absence of pain, swelling, redness, and abnormal heat."

3. Wounds have been healed by a temperature above 86° F., which had previously resisted the healing process while at the ordinary surrounding temperature.

4. Wounds in full and free suppuration have ceased to suppurate upon being surrounded by a temperature equal to that of man under normal conditions; and these wounds have taken upon themselves the characters of recent wounds, and have healed after the manner of such.

From the above data, from the observations of Larrey upon the influence of climate in surgical practice, and encouraged by Magendie, M. Guyot extended his experiments, and with success, to the human subject. This plan of treatment now received the name of "Incubation," and was defined as a medication, consisting in submitting certain parts of the body to the action of a constant temperature, almost equal to the proper temperature of the individual, that is about 36° c. or 96·8 F. It was further divided into—1. Incubation, local or circumscribed, in which a limited portion of the body is submitted to this therapeutic agent. 2. Incubation, diffused as in the treatment of chlorosis, amenorrhœa, edema, ascites, neuralgia, etc.; whilst 3rd, and lastly, we have other general application of this process, as in the treatment of scrofula and rickets. The required temperature is obtained by means of a spirit-lamp applied to variously contrived containing cavities.

According to M. Guyot, the incubation exerts both a local and a general influence upon the economy. Locally, it

1. Relieves all pain within a very short time of its application.

2. Causes the disappearance of the redness (whether this be inflammatory or congestive) without ever producing it.

3. Constantly diminishes, and most frequently removes the tumefaction, active or passive. Should pus be already formed, the incubation will bring the abscess to maturity by causing the resolution of the surrounding infiltrations.

4. A prompt amelioration of wounds of a sluggish, inert, and unhealthy aspect—the paleness and flaccidity being immediately converted into a rosy aspect, with all the appearances of vigour and activity—whatever may have been their previous condition.

Digitized by Google

5. Whenever a wound in full suppuration is submitted to the influence of the normal heat, although the pus may be the most unhealthy, and out of all proportion with the size of the wound, the wound is promptly reduced to a good and healthy condition.

6. Cicatrisation is more rapid, but it is impossible to determine exactly the amount of this advantage, as will be easily understood.

7. Amputation wounds are more easily and quickly healed, although by exactly the same processes, viz. by degorgement, suppuration, and cicatrisation after a shorter or longer period. From observation of these cases, we can only state that they heal incontestably better by incubation than by any other method at present employed.

From the above, it will be seen that this plan of treatment is merely and modestly looked upon as simply favouring the happy termination.

As to the general action of incubation, 1. When applied to wounds resulting from amputations, it suppresses or considerably diminishes the traumatic fever, and consequently calms the patient, and places him in a condition where, his appetite returning, he may be better able to withstand the enemy.

2. If, as the consequence of a long and undermining local disease, the patient is exhausted by sanious suppuration, colliquative diarrhœa; and, consumed by adynamic fever, the incubation will raise up his forces, calm his pulse, arrest the diarrhœa, and moderate the suppuration.

3. If the female organism be subject to those nervous movements, alike so tenacious and so painful, which characterise hysteria, this plan of treatment will calm the patient and re-establish health.

In support of his views, the author reports the results of thirty-two cases of amputation, fifteen cases of ulcer, and ten serious recent wounds.

At the period of publication of the above this plan of treatment created considerable noise in the medical world, and seemed destined to occupy a considerable space, and exercise no ordinary influence in medical and surgical therapeutics. However, the state of health of M. J. Guyot obliging him to quit the arena of medicine, his propositions and practice were alike by degrees forgotten, either from indifference or default of conviction on the part of the Surgeons: so completely has incubation, as a therapeutic, been lost sight of, that many of our existing members would be able to give no other definition of incubation than that to be found in Maunder, viz. "the act of sitting upon eggs to hatch."

Is this lapse from the medical memory merited? this is a question which a thesis published and sustained before the French Faculty of Medicine this year, by a M. Edmond Baudot, seeks to settle.

GENERAL CORRESPONDENCE.

SEA AND FRESH WATER BATHING.

LETTER FROM C. F. SLOAN, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a newspaper paragraph (but from what Medical Journal quoted I am not aware), I find the following, as forming part of a paper on sea-bathing, by Mr. J. F. Gant, of the Royal Free Hospital, London:—"True it is that sea-water more surely and speedily causes reaction and glow; and, therefore, may be indulged for a longer period, without exhaustion, than fresh-water bathing. This difference is due to the stimulating properties of sea-water, and herein resides the only circumstance peculiar to sea-bathing. In all other respects the same advantages may be derived from fresh water; but sea-bathing is more stimulating, refreshing, and bracing; nor can these beneficial effects be produced by any artificial solution of salts in water." In explanation of the difference between the effects of bathing in natural and artificial sea-water, I beg to suggest the existence in the former of innumerable minute, almost microscopic animals of the class of acalephæ. These nearly all possess the property of irritating the skin to a degree, varying from what is almost imperceptible, to what is greatly more severe than the sting of a nettle. The following extracts from *Carpenter's Zoology* will give an idea of their nature and numbers:—"The acalephæ derive their name (which means *nettles*) from the stinging power which nearly all of them possess; and some of their common names, as 'sea-nettles,' or 'stang-fishes,' have the same origin. This stinging power appears due to a peculiar acrid secretion from the surface, which remains after the death of the animal, and may be communicated to substances which are placed in contact with it." . . . "The *diffused* luminosity is given by minute species, and on our own coasts it is principally due to the *noctiluca*, a little animal much resembling a grain of boiled sago in size and appearance." . . . . "If the animals be washed over the sands, they continue to display their luminosity in a fainter degree for the time; but every footstep of a person who walks over them is studded with brilliant points; and if the hands be dipped in the water thus phosphorescent, and then rubbed together, they will be covered with luminous spots, which when examined are found to be occasioned by the phosphorescent glow of these delicately formed little animals. There are few parts of the British coasts where this phenomenon is not occasionally witnessed. It generally follows a continuance of some particular wind; but the direction required varies in different parts of our island. It is thus that we obtain a more accurate idea of the vast amount of animals composing this tribe, than we derive from any observations that can be made during the day. Their bodies are often so transparent that they can scarcely be distinguished from the water through which they are diffused, except when displaying their phosphorescence. But when the whole surface of the ocean, as far as the eye can reach, is seen to exhibit a uniform luminosity, and this is ascertained to be due to animals not larger than the head of a pin in close apposition to each other, the vast amount of organic life which ordinarily escapes our notice, can scarcely fail to strike us with astonishment." It is reasonable to suppose, that daily immersion in a fluid surcharged with organisms possessing more or less such peculiar irritating powers, must produce effects other than can be explained on the principle of simple salt water bathing; and I have frequently been consulted by patients on account of a state of feverish discomfort that had come on during a course of sea-bathing, which seemed to be different in kind, and greater in degree, than could have been expected from the latter cause alone. It is possible that the idea may be fanciful; and I have rather rushed into print, at present, for the purpose of calling the attention of the Profession to the subject during the present bathing season. I think, however, that any one who has witnessed the severe local suffering, and general constitutional disturbance caused by the contact of a very small portion of the poison from the tendrils of some of the larger varieties, will think it impossible that the countless numbers of the smaller species that must attach to the surface of a bather on emerging from the sea at certain times and seasons, can fail to exercise a stimulating influence on the skin, and be capable of modifying, favourably or otherwise, the effects of sea-bathing. Should the above view be at all founded on fact, the season and locality considered in relation to the probable abundance of these animals, also the complexion of the patient, whether fair or dark, would require to be taken into consideration in prescribing a course of sea-bathing. It is almost unnecessary to say that the fair-haired varieties of our race are most liable to suffer from the poison of the acalephæ; that they are generally most abundant in hot, calm weather, and being naturally marine, are much diminished in number by any admixture of fresh water, as at the mouth of a river.

I am, &c.

Ayr, 9th August, 1858. C. F. SLOAN, M.D.

MEDICAL GRADUATES AND THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since the Medical Bill, with its last amendments, has been fairly before the public, many and various have been the forebodings and evil prophecies as to its future effects on what are termed the higher grades of the Profession. Some, carried away by the vehemence of their feelings, broadly assert, what they no doubt fully believe, that few as may be the number of persons usually characterised as gentlemen who at

Digitized by Google

this moment occupy a place in our Profession, the race will disappear entirely under the influence of the recent legislation. I need scarcely explain to your readers that such sentiments as these can emanate from none but those whose minds have been warped by the effect of exclusive privileges, and whose mental vision has been so dimmed by the effect of distinctions artificially created, that they have been unable to penetrate beyond the very narrow sphere fenced in by Corporation interests, and have been apt to regard the term gentleman as applicable only to the happy caste to which they themselves fortunately belong.

But so great is the fear entertained by the body of London Physicians of being inundated by Scotch and Irish Doctors, that I believe there are few of the Fellows of the College who are not imbued more or less with some such feeling as I have indicated above, although of course the exaggerated form described belongs only to the less informed, who perhaps owe a position to their connexion with the College rather than to scientific lustre acquired by themselves.

That the Colleges of Physicians (the London one more particularly) may suffer from the effect of the Medical Act, unless some great change is made in its constitution and mode of administration, there is no difficulty in comprehending; but I do not so readily see how the general status of the Profession is thus to be lowered, or the position it occupies in public estimation deteriorated. Perhaps there is no section of the Medical body politic, not excepting even the Members of the College of Physicians, that will not be benefited, directly, or indirectly, by the operation of the new Medical Act of 1858. The immediate effect of the abolished restrictions to practise, will be felt, however, most sensibly by that portion of the Medical community denominated Medical University Graduates. Many of these, with an educational training inferior to no other order of practitioners, and with rights ill defined, have hitherto been practising Medicine in various parts of her Majesty's dominions simply by tolerance; and although they have occupied the most important public appointments, and held distinguished positions as scientific men, they have been doctors only by courtesy, or in deference to public opinion. This description applies particularly to Edinburgh Graduates, who are installed in many of the most dignified positions in connexion with our provincial hospitals. But the Graduates of the famous Universities of Oxford and Cambridge, and of the more recently celebrated University of London, have scarcely fared better under the old dispensation. Up to the present time, the College of Physicians of London has so exercised its by-laws, as to prevent even these practising in London or its vicinity; and, as a practice in London is regarded by most ambitious men as "a consummation devoutly to be wished for," they have thus been practically disenfranchised for the most important field of practice. By the provisions of the Medical Act, this anomalous state of things is entirely abrogated; and not only are all University Graduates recognised as legal practitioners, but, the local jurisdictions being swept away, and perfect reciprocity of practice established, University Graduates, if recognised as Physicians in one part of the Empire, must be Physicians in all others. The right of Graduates of the Oxford, Cambridge, and London Universities to be Physicians elsewhere than in London is undisputed; and the rights in this respect of Scottish University Graduates, as established by usage, has been so confirmed by legal decisions, and in the case of Edinburgh more particularly, by a special enactment in the charter of the College of Physicians, exempting them from its jurisdiction, as definitely to settle the question. From this point of view, little doubt will remain that University Graduates will not only be entitled, if they choose, to take the appellation of Physician, but will be eligible for public appointments as such, from which hitherto they have been excluded. It is perfectly true, that in the Metropolis the Members of the College of Physicians are in exclusive possession of Hospital Medical appointments, and as the Act does not interfere with the organisation and independent action of Hospitals supported wholly by voluntary contributions, no alterations of their by-laws may take place for some time to come, which shall admit graduate Physicians to these Institutions; but this condition of things can scarcely last long; public opinion will slowly but certainly act in the right direction, and must eventually open all posts of responsibility to be competed for by competent men, without regard to the interests of particular corporations. Should the College of Physicians be so ill-advised as to foster prolonged exclusion in this respect, and oppose itself to the strongly expressed opinion of the Legislature in favour of University Medical graduates, as indicated in the discussions, and by the large majorities in the House of Commons, during the progress of the Medical Bill, they may drive Medical graduates to the adoption of a project which has already been mooted, that of the establishment of a College of Graduate Physicians, to which none but graduates will be admitted.

It is well known that the London College of Physicians have hitherto only been prevented from seeking extended powers from Government by a consciousness of the fact that it had exceeded the powers of its original charter, in instituting an inferior order of practitioners, called Licentiates, in which order the Graduates of Oxford and Cambridge even were compelled to rank themselves, although, legally, the College should have received them at once into the fellowship. The love of increased and irresponsible power by those in authority, created the degraded body of Licentiates, each separate member of which must pay £56 10*s.* for his diploma, while they are so far excluded from all privileges in the College as to be shut out even from the use of the library. It was said thirty years ago by Dr. Barlow, of the heads of the College, "they preferred a close and self-constituted divan to a representative government, and clung to imperfection rather than risk the restitution of rights to those over whom they had so long domineered." The spirit of corporate selfishness has at length worked its inevitable result: so great and powerful a revulsion as to burst through all bounds, and produce such a freedom from these tyrannies as the most sanguine could scarcely have expected in our day. Let the London College, now it must seek a new charter, learn a lesson from past experience; it may yet be a most useful body, and gain far wider sympathies in the Profession than ever it possessed hitherto. But to excite this new interest and compete successfully with the increased power of the Universities, it must be a representative body, giving all its members equal privileges, and throwing open its highest offices to the competition of merit and the choice of its constituencies.

The Edinburgh College, in many respects, seems a model for its copy. There no Graduate of a British University is subjected to a renewed and ignominious examination; a degree in medicine with it, as with the public generally, furnishes proof enough of education; and the admission by ballot secures the candidate's entrance to the College being acceptable to the existing fellows.

But the recognition of University graduates everywhere as Physicians, important as it is, is not the only benefit conferred upon them by the Medical Act. The fourth column of the appended Schedule D, which classified all practitioners under the designations of Physician, Surgeon, and General Practitioner, was purposely omitted by Parliament, to give the greatest possible freedom of action, to abolish useless distinctions, and allow all registered persons to practise in any department for which he had undergone previous examination. Government saw, for example, that many University graduates of the highest acquirements were not in possession of private property, which would enable them to wait five or ten years for practice as Physicians, and that if for a few years, at the beginning of life they could have the option of practising as general practitioners, they would not only be conferring a benefit on humanity, but gaining extended experience for a higher sphere of labour. Had they been subject to an artificial and arbitrary classification, the results to them would have been most disastrous, the same class of men must in future have rested content with an inferior examination and degree, and extended educational acquirements would have been in a great measure repressed, and reserved only for the fortunate few with the property qualification, who could not only bear the expense of the most liberal education, but of the restrictions and impositions of the class in which they were enrolled.

I am, &c.

August 10, 1858. A University Graduate.

At a meeting of the Governors of the Dublin Lying-in Hospital, held on the 6th instant, James W. Ussack, Esq., M.D., was elected Consulting-Surgeon to the Hospital, in the room of the late Sir Philip Crampton, Bart.

Digitized by Google

PRESERVATION OF DEAD BODIES.

We have been requested to publish the following statement of the results of experiments instituted at St. Bartholomew's Hospital on the efficacy of M. Falcony's Preparations for the Preservation of the Dead.

The chemical preparations made by M. Falcony for the preservation of the body after death, are of two kinds, one is a white powder mixed with sawdust as a vehicle, and is intended only for the temporary preservation of the corpse; the other is a clear liquid, and intended for its permanent preservation.

To test the efficacy of the method for temporary preservation, we filled a wooden box with the preservative powder. A leg far advanced in decomposition, and smelling exceedingly putrid, was imbedded in the powder. During the following seventeen days, no offensive odour escaped from the box, although it had been kept throughout in a room in which the thermometer often stood at 85° Fah., and there had been frequent thunderstorms. After the seventeenth day a slight cheese-like smell was perceptible from the box. On the twentieth day the leg was removed from the box. On dissection it was found that putrefaction had been arrested in the several tissues. Soon after their exposure to the air, they emitted a disagreeable, but not a putrid odour.

From the preceding experiment it appears that the process of decomposition, even when actually commenced in dead animal substances, with the emanation of offensive odours, may be arrested for at least a fortnight by M. Falcony's preparation.

To test the efficacy of the liquid preparation (for the permanent preservation of the corpse), five pints of it were injected into the carotid artery of the body of a young man beginning to show signs of putrefaction. The thermometer at the time and subsequently was very high, and the weather sultry. Twenty-four days having elapsed since the injection, it was found that the liquid had had the effect of wholly preventing decomposition. Those parts from which the skin had not been removed still remained white, and emitted no smell. Wherever the skin had been removed, the subjacent muscles had become hard, dry, and dark, but did not emit any unpleasant odour.

(Signed) Luther Holden, F.R.C.S.
St. Bartholomew's, August 9, 1858.

I beg to confirm, from personal observation of the proceedings, the accuracy of the statement by Mr. Holden.

(Signed) Edward Stanley.
Brook-street, August 10, 1858.

I certify that the specimens of arrested putrefaction shown to me by Mr. Luther Holden, warrant, in my opinion, the conclusions drawn by him as stated above.

(Signed) Robert Ferguson, M.D.
125, Park-street, Grosvenor-square, Aug. 11, 1858.

I observed the proceedings described by Mr. Holden; their results were exactly as he has stated.

(Signed) James Paget.
Harewood-place, Hanover-square, Aug. 12, 1858.

I can bear testimony to the accuracy of Mr. Holden's statement.

(Signed) William Baly, M.D.
Queen Anne-street, August 12, 1858.

MEDICAL NEWS.

Royal College of Physicians. — At the Comitia Majora, held on Friday, the 6th inst., the following members of the College were admitted into the Fellowship.

Addison, Dr. William, Brighton.
Clark, Dr. Andrew, Montague-place, Russell-square.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 4th inst., viz. :—

Black, James Birch, Belfast.
Callaghan, William, Newtown-limavady, Londonderry.
Carbery, Andrew Thomas, Youghal.
Graham, Baptist Gamble, Lowtherstown, co. Fermanagh.
Griffith, John Clewin, Gower-street.
Hayes, Robert, Belfast.
Killery, St. John, Galway.
Owen, Thomas Edward, army.
Phillips, Daniel Weld, Halesowen, Worcestershire.
Waterson, Alfred, Manchester.
Westmacott, Joseph Vaughan Lascelles, Manchester.
Winstanley, George, Exeter.

Also, on the 6th inst., namely :—

Brickwell, Benjamin Arthur, Amersham, Bucks.
Carruthers, Joseph, Melbourne.
Clifford, Herbert, army.
Dashwood, William Henry, Broadlands, I. of Wight.
Goddard, Richard Walter, Bryanston-square.
Graves, Hugh, Youghal, co. Cork.
Lansdown, Joseph Ruscombe, Bristol.
Marshall, Edmund Henry, Kelvedon, Essex.
Meadows, Charles James Barr, London.
Sheppard, Thomas Williams, Holford-sq., Pentonville.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on 5th inst. :—

Bogg, Edward Beverley, Louth, Lincolnshire.
Easton, John, Shaftesbury.
Jones, William Goodall, Birmingham.
Vigurs, Chambre Robert Corker, Crawley, Sussex.

DEATHS.

Llewellyn.—On the 9th instant, at Assembly-row, Mile End, Thomas Llewellyn, M.R.C.S. Eng. 1831; L.S.A. 1830; aged 48.

Rix.—On the 5th instant, at Calverley Park, Tunbridge Wells, Samuel Shaen Rix, M.R.C.S. Eng. 1829; L.S.A. 1828; aged 57.

Zuccani.—On the 31st July, at Mandello, Lake of Como, Signor Luigi Zuccani, M.D., aged 80.

Excision of the Tongue.—Mr. Syme's case of excision of the tongue terminated fatally last Thursday, the operation having been performed on the previous Saturday.

Horrors of a Siege.—Some of the ladies, says the author of "Day by Day in Lucknow," keep laudanum and prussic acid always near them, for use, "in case the enemy get in!"

By recent letters from China, we learn that Dr. Turnbull, R.N., was taken prisoner by the "braves," and put to death by them in a cruel manner, by cutting off first his hands, then his head.

Chapel for the Consumption Hospital, Victoria Park.—The foundation-stone of a new chapel, now in course of erection in the grounds of the City of London Hospital for Diseases of the Chest, was laid last week.

Dublin Hospitals.—The Lord Lieutenant has appointed Sir Henry Marsh, Bart., to be a member of the Board of Superintendence of Dublin Hospitals, in the place of the late Sir Philip Crampton.

Spirit Drinking in Scotland.—We have been lately told by Scotch Representatives in Parliament, that drunkenness in Scotland was on the decrease. Be this as it may, the consumption has increased enormously since 1855-56, the period of the Forbes Mackenzie Act, for in that year it was only 5,687,621 gallons. In the year ended May 15, 1855, 2,709,721 gallons of Scotch spirits were sent to England, and 875,082 gallons to Ireland for consumption. In the year ended May 15, 1858, 7,176,452 gallons of spirits were charged with duty for consumption in Scotland, including 140,711 gallons of colonial, and 72,767 of foreign spirits.

Digitized by Google

KING'S COLLEGE HOSPITAL.—Last Saturday the demolition of the first portion of the old Hospital, formerly the workhouse of the parish of St. Clement Danes, Strand, was commenced preparatory to the completion of the new Hospital. In the course of a few weeks the removal of the remains of the persons lying in the old Portugal-street burial-ground will be proceeded with. It is understood they are to be conveyed to the Necropolis, Woking Cemetery.

A CHEMIST'S SHOP-BOY, a morning contemporary says, may be the greatest ignoramus in the parish, yet he is allowed in the absence of his employer to weigh life and death in the balance of stupidity, held by ignorance, and meted out by guesswork. If the master is from home, the patient runs the risk of his life. If the master be at home, the dispenser is probably turned into a messenger.

BRITISH MUSEUM.—A memorial has been presented to Parliament against the proposed severance from the Museum of its natural history collections. The memorial is signed by 120 men eminent in science; among others, by Lord Wrottesley, Sir R. Murchison, Sir P. G. Egerton, Lord Rosse, Mr. Wheatstone, Professor Owen, Sir C. Lyell, Sir R. Kane, Dr. Whewell, Mr. Sabine, Mr. D. Mitchell, Dr. Daubeny, Dr. J. Percy, Mr. Stephenson.

QUARANTINE.—A deadly fever, it was reported, had lately broken out at Benghazi, and a Commission from Constantinople was sent there in consequence to investigate the matter. The Commission declared on their return that the epidemic was the plague; and the result of their declaration will be, that every vessel coming from the African Coast, or touching at any port in the Mediterranean in free communication with that coast, must undergo fifteen days strict quarantine in the Dardanelles.

A LUNATIC'S LEAP.—A lunatic last week jumped from the High Level Bridge, at Newcastle, and of course was instantly killed. He was walking out with two other lunatics, on leave of absence from an asylum, when the suicidal fancy seized him. The jury at the inquest gave a sensible verdict. They threw no blame on the Medical Superintendent who allowed him to walk out; they considered it an unavoidable accident.

HOSPITALS FOR SICK SEAMEN IN THE LEVANT.—The *Gazette* contains an order in Council which recites the powers given by Acts of Parliament to levy dues on British and Ionian vessels entering ports of the Levant, to provide for the establishment, support, and maintenance of British hospitals for sick seamen coming in British or Ionian vessels within the dominions of the Sublime Ottoman Porte. The order, after stating that the tonnage of 1d. per ton has been found insufficient for the support of such hospitals, authorises the increase of the duty to 1½d. per ton upon all such vessels.

WILL OF SIR PHILIP CRAMPTON, BART.—The personalty in England was sworn under £7000. The will was made in February, 1851, and a codicil in April, 1858. The executors are Sir John F. Crampton, Bart. K.C.B. the son, and G. J. Smyley, Esq. Q.C. the nephew. He has settled on each of his daughters £200 per annum; and to his second son a sum with his settlement making £5000; he leaves to his nephew, Josiah Smyley, amongst other things, his pocket case of surgical instruments, which he hopes may prove as useful to him as they were to himself. He directs his MSS. and writings to be destroyed, but not his correspondence, extending over twenty years with the Earl of Clarendon, and of forty years with Thomas Moore, and nearly the same period with Maria Edgeworth, Sir R. Peel, and other eminent persons. All plate and mementoes presented to him to be heirlooms in the family, and go with the title.

NEW ACT ON PUBLIC HEALTH.—The new Act on Public Health, which has just been printed, vests in the Privy Council certain powers, which were, by the 20th and 21st Vict. c. 38, vested in the General Board of Health, and also certain other powers, for the protection of the public health. The Privy Council is now empowered to issue regulations to secure the efficient performance of vaccination, and may also direct inquiries concerning the public health; and is further authorised to appoint public officers. The reports under the act by the Medical officer are to be laid before Parliament. Proceedings for penalties under the Vaccination Acts may be taken on the complaint of any registrar employed for the registration of births, deaths, and marriages, public vaccinator, or officer authorised by the board of guardians or by the overseers, and the costs of such proceedings are to be defrayed out of the common fund of the union, or out of the poor rates of any parish not included in a union. The act, which is to be cited as "The Public Health Act, 1858," is to continue in force until the 1st August next.

DRUNKENNESS IN THE INDIAN ARMY.—It is confessed that no endeavours on the part of Government or of the Medical officers for the health of the European soldier in India can be successful without temperance on his own part. The curse of the Englishman is drink. Sir C. Napier has said it; and it is the truest word ever spoken, that the mortality amongst our European troops is mainly caused by drink. It is false delicacy to disguise this terrible fact. Those who have seen a European regiment march wearied into an Indian station, and observed the men but for one short hour, know the reality of what is now said. Alcohol is the poison of the Englishman. It is a positive certainty that total abstinence would save ninety out of every hundred men who now fall victims to the Indian climate. See what Sir F. Head says of a beef and water diet; what labour, what exposure the European can undergo on such a diet! But the listlessness and ennui engendered by a tropical climate, increase a thousand times the natural disposition of the European soldier to intemperance. To cure this, then, is the great problem of our Medical men—for our philanthropists. Every man can help by his example; and if educated men take the lead, we may hopefully trust that the uneducated will follow.—*Homeward Mail.*

DEATH BY STRYCHNINE.—A painful occurrence took place at Barugh, near Malton, a few days ago, which has caused the greatest excitement throughout the district. A young lady, named Miss Brown, was taken suddenly ill, and died before Medical aid could be procured. Deceased was far advanced in pregnancy. At the inquest Dr. Scholefield expressed an opinion that the cause of death was tetanic spasm, and an open verdict was returned to that effect. Dr. Scholefield, of Pickering, Dr. Wright, of Malton, and Mr. Barker, Surgeon, of Malton, have since been engaged in making an analysis of the contents of the stomach. The result of their examination clearly proves death to have been caused by strychnine, contained in Battle's Vermin Killer, as traces of this mixture were found. Having discovered strychnine, the Medical gentlemen operated upon a rabbit, three frogs, and a canary, with the powder found in her stomach. Two of the frogs and the canary died, the other frog and the rabbit recovered; but the portions administered were very minute compared with the quantity found. Thus the matter stands. Considering that the deceased had been in good health only a few hours before, that she had made preparations for her approaching confinement, and had never afforded the least grounds for supposing she thought of committing suicide—considering, too, that the symptoms were those of strychnine, and that Dr. Scholefield stated that, without an examination, he could not account for those spasms, as there was no physical cause for them—it is believed that, though the inquest is brought to a close, the police will, under magisterial direction, pursue the investigation.

BRISTOL FREE INSTITUTION FOR THE TREATMENT OF DISEASES PECULIAR TO WOMEN AND CHILDREN, ST. JAMES'S-SQUARE.—On Thursday, August 5th, this charity was duly organised at a special meeting of the Committee summoned for that purpose. The Institution has been in existence about eighteen months, during the first six as a private undertaking, and for the last year as a public charity. 2301 patients have been received under treatment during the latter period, *i.e.* from August 17th, 1857, to August 5th, 1858; of these, 586 were women, and the remainder 1715 children. The objects of the Institution are, first, to provide for the more private treatment of those diseases which are peculiar to women; second, to afford the earliest relief in all diseases of children under 10 years of age. At the meeting on Thursday, Mr. Mortimer Granville, honorary Surgeon, resigned, in order to devote himself more exclusively to the financial and practical organisation of the charity as honorary secretary and permanent visitor. Doctor Henderson, of Clifton, was unanimously elected by the Committee honorary Physician; and at a meeting of the Sub-Committee, Mr. Eubulus Williams was appointed assistant Medical officer,

Digitized by Google

which is at present an honorary office. The Medical staff now consists of a consulting Physician, Dr. J. G. Swayne; a consulting Surgeon, Mr. Ormerod; a Physician, Dr. Henderson; a Surgeon, Mr. Ormerod; and an assistant Medical officer, Mr. Eubulus Williams. An honorary Pharmaceutist was also appointed.

ANALYSES OF METROPOLITAN WATERS.—The waters supplied by the metropolitan companies have been examined during the month of July by Dr. Robert Dundas Thomson, F.R.S., of St. Thomas's Hospital, who has found their composition as stated in the subjoined table. For the sake of comparison the composition of some other waters supplied to provincial towns is added. The water of Loch Katrine is in process of being introduced into the city of Glasgow; the water from the river Dee supplies the inhabitants of Aberdeen; the source of the water employed at Stirling is the adjoining hills, the supply being brought in by the town on the security of the water rates. The impurity is indicated in degrees or grains per gallon:—

	Total Impurity.	Organic Impurity.
	Grs., or °.	Grs., or °.
Distilled water	0·0	0·0
Loch Katrine	2·15	0·80
Dee, Aberdeen	4·00	1·80
Stirling Water Supply . . .	5·29	1·10
THAMES COMPANIES:—		
Chelsea	16·52	1·40
Southwark	17·12	2·12
Lambeth	19·20	2·00
Grand Junction	16·08	·84
West Middlesex	15·24	1·28
OTHER COMPANIES:—		
New River	18·20	1·08
East London	19·20	1·48
Kent	22·08	2·40

PROFESSOR CHRISTISON ON HOMŒOPATHY.—In his very able address at the meeting of the British Medical Association, Professor Christison said that in the history of physic it was long the fashion to be never without a popular therapeutic theory. As every one knows, there was a time when the medical world, almost with one accord, believed in the doctrines of solidism, as ruling the nature of diseases, and not less the mode of curing them. At another time the doctrines of humoralism, not less prevalent, concentrated the attention on the fluids of the body as the seat of diseases, and the medium to be influenced by remedies. Afterwards in this country the theory of Cullen taught us to look to peculiar states of the capillary circulation as the source of disease, and the proper object of the action of remedies, and to the nervous system as the mechanism for developing the necessary action. A great revulsion had followed, and facts alone had come into demand, and though a tendency had been exhibited, in regard to some diseases, to fall back on a kind of humoralism, no therapeutic theory had for many years taken firm hold of professional favour, or outlived an ephemeral existence. It was to this unpreoccupied state of the professional world that they owed the partial success in these days of the grandest imposture in the history of modern therapeutics. (Hear, hear.) All other quackeries which daily flourished and perished before them were simply empirical quackeries of the coarsest kind, and success with them was a compound ratio of fortunate lying and lavish advertising. Hence it was that such quackeries presented little or no attraction to the medical mind; it was rare that a medical man had adopted any quack nostrum except his own. (Laughter.) But the famous author of homœopathy took his measures better. He came at a lucky hour when neither his creed nor he himself had any popular rival to contend with. He knew Medical human nature well, and was quite aware that the theoretical had invincible charms for the imaginative. He had a prurient invention, and struck out at once what must be admitted to be a grand hypothesis—that like was to be cured by like—that disease was to be encountered by a parallel—and, therefore, neutralising artificial disease. It was true that he had tremendous errors to maintain in order first to found, and afterwards to apply this hypothesis. But still they were not so great as to be beyond reception by the credulous, and, had he been content with stopping there, his Homion Pathos might have flourished. Intoxicated, however, with his first success, he ventured a bolder stroke, and professed also the doctrine of doses so infinitely attenuated as to defy the external senses, surpass comprehension, and outrage common sense. (Applause.) Had he been somewhat more temperate in his "dilutions;" if, instead of dealing with billionths, trillionths, and decillionths of a grain, he had been content with palpable and visible hundredths or even thousandths, Hahnemann, escaping the shafts of ridicule, and descending from the heights of impossibility, would have made many more converts among the credulous in his profession. He might have founded a long-lived sect, instead of finding only a few fleeting admirers. Instead of a passing meteor he might have become a comet in the firmament of physic, brilliant though erratic; nebulous, indeed, and unsubstantial, but "perplexing nations." (Laughter.) Let them be thankful that this extravagance of his pretensions had laid bare their imposture; and let them leave him to the repose into which he and his doctrines were quietly subsiding. (Applause.)

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 7, 1858.

BIRTHS.

Births of Boys, 795; Girls, 758; Total, 1553.
Average of 10 corresponding weeks, 1848-57, 1595.

DEATHS.

	Males.	Females	Total.
Deaths during the week	617	583	1200
Average of the ten years 1848-57	596·6	574·9	1171·5
Average corrected to increased population	...	...	1289
Deaths of people above 90	...	...	6
Deaths in 15 General Hospitals	41	20	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	.	7	11	8	15	5
North....	490,396	1	7	14	7	27	8
Central ..	393,256	1	2	12	3	16	3
East	485,522	1	8	28	8	28	14
South	616,635	2	20	21	10	44	4
Total..	2,362,236	5	44	86	36	130	34

BOOKS RECEIVED.

The Aquarian Naturalist. By T. R. Jones, F.R.S. London: 1858.
Humble Creatures. By. J. Samuelson. London: 1858.
Transactions of the Medical Society of King's College, London. London: 1858.
The Elimination, Catalysis, and Counteraction of Poisons. By J. A. Easton, M.D. (A reprint from the Glasgow Medical Journal of July, 1858.)
Ninth Quarterly Report of the Medical Officer of Health of Shoreditch. By R. Barnes, M.D. London: 1858.
The Pathology of Rheumatism. By F. T. Bond, B.A. M.B. (A reprint from the Midland Quarterly.)
The Sickness and Mortality in the French Army in 1854-56. By Gavin Milroy, M.D. London: 1858.
Twenty-eighth Annual Report of the Belfast District Hospital for the Insane Poor. Belfast: 1858.
Recruiting and Recruits. By F. Roberts, Staff-Surgeon. London: 1852.
The Influence of the Placenta on the Development of the Uterus. By W. Read, M.D. Boston: 1858.
Twelfth Report of the Commissioners in Lunacy. Blue Book. June, 1858.
On Diabetes. By J. M. Camplin, M.D. London: 1858.
The Ophthalmoscope. By Jabez Hogg. London: 1858.
The Mother's Nursery Guide. By C. Pardey, M.B. Southampton: 1858.
On Dislocations and Fractures. By Joseph Maclise, F.R.C.S. Fasciculus V. London: 1858.

Digitized by Google

Von Düben's Leistungen des Mikroskops zum zweck der Ärztlichen Diagnostik, translated into German by Dr. Tutschek. Würzburg: 1858.

Pharmacopœia of the London Hospital for Diseases of the Skin. Third Edition. London: 1858.

Health and Disease. By Benjamin Ridge, M.D. London: 1858.

Papers relating to the Sanitary State of the People of England. By E. H. Greenhow, M.D. London: 1858.

Obstetric Morality. By J. F. Churchill, M.D. Dublin: 1858.

TO CORRESPONDENTS.

Mr. Slater's request shall be attended to.

Dr. Barton may obtain all the information he requires from Dr. W. Ogle, Lower Belgrave-street.

Mr. Henry Smith's case of Contracted Stricture, in which the perineal section was to have been performed, shall appear next week, if possible.

Rusticus should refer to our leading article, and to the letter of a University Graduate.

A Roman.—The inscription runs thus,—

Balnea, vina, Venus corrumpunt corpora nostra:
Sed vitam faciunt balnea, vina, Venus.

Querens.—The charge seems a very moderate one. We have no doubt it would be recovered—presuming that our Correspondent is a Licentiate of the Apothecaries' Company.

D.M.—It is said that Dr. Christison will most probably represent the Edinburgh University, Dr. Alexander Wood, or Dr. Seller, the College of Physicians, and Dr. Andrew Wood the College of Surgeons of Edinburgh, on the Medical Council, but these are simply reports.

M.D. should send his name, as we always expect the names of the writers of all letters in confidence, as a guarantee of good faith. He should also state how he knows, or why he believes, that the Thomas Vernon Bell, who graduated at the University of Edinburgh on Monday week, is the Homœopathic Doctor Bell of London, who has been so much talked about lately.

M.D.W. will find his questions answered in the leading article—except the third, "What are Medical and what Surgical cases?" Some legal definition must be drawn, but it will not be easy in such cases as scabies, psoriasis, iritis, croup, pyæmia, secondary syphilis, and many others. In the meantime Mr. Lawrence's comprehensive rule is pretty generally adopted. "If the patient brings a fee the case is Surgical, if he does not, it is Medical." This will hardly hold with the lawyers, however.

We have received several long statements relative to disputes between certain Civil and Military Surgeons at Graham's Town; but as these statements are directly contradictory of each other, and we have no means at this distance of making further inquiry, it appears undesirable to enter upon a question of so personal a nature.

Graduates and the Council.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Three great questions now puzzle the Medical mind, and create much discussion; especially since the appearance of your lucid leading article in last week's number. These are,—

1st. What is meant by a College?

2nd. An University; and

3rd. What will be the Professional status of "A Graduate in Medicine?"

Very different opinions seem to be entertained on each of the above knotty points; and as much may depend upon the correct definition of so very important words, perhaps you will have the goodness to give your judicial sentiments thereon, and so enlighten, "ex cathedra," among many who are desirous to know their true legal interpretation,

An Anxious Querist.

9th August, 1858.

[Our Correspondent is answered in the leading article.]

Effects of Prison Discipline.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Mr. Wakefield, of the Cold Bath Fields Prison, has written to me, saying that no prisoner of the name given by the lad who complained to me of insufficient diet and neglect as the cause of his illness, and whose case is mentioned in my paper on Consumption in your journal of the 31st ult., applied to him on account of spitting of blood. But my paper does not state that he applied to the Medical officer for this symptom. The statement of the patient, who appeared particularly respectable for his class, was written down at the moment, and was given in too truthful a manner, and was too important, not to be noticed in my paper on the Assigned Causes of Consumption. I am, &c.

Park-street, Grosvenor-square, S. Scott Alison.

August 11, 1858.

Licentiate or Extra-Licentiate.

[TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.]

Sir,—An Homœopathic practitioner in Cambridge, an Extra Licentiate of the College of Physicians, signs himself "Licentiate."

Now the examiners are different, the examination is different, the fee is different, and the privileges conferred are different; will you have the kindness to inform me if he has any right to the title of "Licentiate."

I am, &c. Query.

August 9, 1858.

[We can hardly say how far it is correct for an Extra Licentiate to call himself simply Licentiate. Under the new Act, however, he can only register his exact qualification.—Ed.]

Surgeons with Foreign Degrees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have perused attentively the Medical Bill published in your last week's number, and am at a loss to know how any of the clauses can prevent unqualified parties from practising as Surgeons, providing they claim a degree or qualification from one of the Continental or Foreign Universities.

Would you kindly, through the medium of your valuable paper, let me have the desired information. I am, &c.

37, Oxford-street, Manchester, August 7th, 1858. F. S.

[The Council can only admit Foreign Graduates to register who have practised "as Physicians" in the United Kingdom before the end of this year, and who produce certificates to the satisfaction of the Council. See Schedule A. par 11.]

Foreign Degrees and the New Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Could you kindly inform me in your Answers to Correspondents, as to the probable place of the French M.D. in the scale of the New Registration Act. I am, &c. Onoskelis.

[Provision is made in the Act for the Registration of any Doctor of Medicine of any Foreign University "practising as a Physician in the United Kingdom before the 1st day of December, 1858;" but nothing is said as to the registration of Foreign Graduates who do not practise in the United Kingdom until after this year. See Schedule D., par. 11.]

False Certificates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A person having lately passed the College of Surgeons to my great surprise, knowing that he could not have filled in his schedule legitimately, I applied at the College to examine his certificates, and found some of them to be false, but whether forgeries or not I cannot say. Perhaps they are both.

Now I wish to know what will be the effect, or rather the result, if I send in a statement, with proofs for the College to proceed in the matter.

I am, &c. An Old Subscriber.

[In such a case the College would be bound to proceed either against the forger, or those who granted the false certificates. Our correspondent, however, must be quite sure of his ground, and not mistake suspicion for proof.—Ed.]

Mr. Syme and Bailie Grieve.

The following is Mr. Syme's own account of his arrangement with his predecessor in the Surgical chair at Edinburgh:—

"The truth is, that in 1832, Mr. Russell being upwards of eighty, and having lectured for thirty-four years, requested permission from Government to resign, with a retiring allowance from his successor. This request having been granted, Mr. Russell retired, and I became one of three candidates for the vacant chair. In 1833 the late Lord Jeffrey (then Lord Advocate) recommended me for appointment, and I was appointed accordingly. In January 1848 I resigned, with the view of going to London; but having found that my situation there was not so comfortable as had been anticipated, and finding in the month of May that the chair still remained vacant, I again became a candidate for it, and received a new commission from Her present Majesty.

"I am, Sir, your obedient servant,

"James Syme."

The Edinburgh Town Council seem more scurrilous than ever. A Captain Peat called Mr. Syme at the Town Council "a cantankerous carcase," and a "little thing;" but the unkindest cut of all was that in a letter signed "Randolph." The writer calls Mr. Syme the "greatest of living Surgeons."

East India Examination.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly enumerate to me, through the medium of your Notices to Correspondents, the works that you consider most adapted to one who has been some little time engaged in private practice, for reading up the subjects required by the Medical Examining Board of the East India Company. I am, &c.

August 9, 1858. Arthur Glyn.

[We cannot recommend our Correspondent to trust to book-knowledge alone for passing the Examination of the Medical Board of the East India Service. The examinations in Anatomy, Surgery and Medicine are in great measure practical, and consist of operations and dissections on the dead body, and of diagnosis of the diseases of living patients. Still the perusal of the following works will be found useful: viz. Carpenter's Physiology, Watson's Lectures on the Practice of Physic, Druitt's Surgeon's Vade Mecum, Wilson's Anatomist's Vade Mecum, Milne Edwards's Outlines of Zoology, and Balfour's Botany.—Ed.]

Medical Latin.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Allow me to ask through your pages if Mr. Braithwaite holds himself responsible for the grammatical correctness of the language in his very useful "Retrospect of Medicine?" I presume he has studiously copied the errors of our transatlantic brethren when he allows such sentences as the following to appear at p. 356 of his last volume.

"Fiant pilulæ XL., *cujus* sumatur," &c.

"Exhibe unam vel *duæ*," &c.

But I do think, for the credit of our cloth, he should not send such horrible blunders to the printer. It is humiliating to see, as I have myself, in the prescription books of a provincial Hospital, specimens of dog latin which would inevitably command a flogging in a second form boy at Rugby, but for pity's sake don't let us publish them to the world!

I am, &c. Your Constant Reader.

Digitized by Google

Apothecaries and Edinburgh Surgeons.

[TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.]

Sir,—I am for many years a reader of the Medical Times. I trust I may without presumption call your attention to a most startling announcement made to me on Saturday last at Apothecaries' Hall by the clerk to the Society, namely, that the reciprocity of privileges in the new bill was a delusion and a snare, and that in spite of clause XXXI. no person will be enabled to recover for medicines supplied but the Licentiate of the Hall, and that all others will still be liable to prosecution. Now I am a Licentiate in Medicine of the Dublin College of Physicians, and a Licentiate in Surgery and Pharmacy (see a copy of the diploma which I enclose), of the Edinburgh College; surely if this does not qualify me for a General Practitioner, then can I not read English, and clause XXXI. is, indeed, a "delusion." There are many Practitioners so, or similarly situated. Surely it is not to be permitted, that one obstructive Corporation is to throw down the apple of discord, and destroy the spirit of the Act which has been so ardently and so justly sought for so many years. Be assured that numbers are looking for your opinion, and your defence of our just claims on so trying an occasion.

I deem it right to give you this authentic information, and earnestly beg your advice.

My name and address I give you privately.

I am, &c. X.

[If our correspondent charges for his attendance and not for his medicine, the Apothecaries Company have no power over him.]

New York Degrees.

[TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.]

Sir,—A correspondent signed "No Yankee Doodle," asks in your number of the 7th inst. for information as to the process by which persons who have not gone through a Medical education in England, nor even left their native country, can obtain a printed diploma which makes them an M.D. of New York.

Having obtained an M.D. from the State Medical Society in 1833 (I was then a member or Licentiate of the Royal College of Surgeons, Edinburgh, since 1830), I can say thus far: that persons who had already obtained a diploma from a legally-constituted body either in or out of America, could acquire their licence without going through a course of studies at New York, qualifications to practise being tested, as it was an examining body. There are no distinctive Medical titles in the United States, all practising as Physicians and Surgeons who have passed a bonâ fide examination. (I do not include the legality of a host of quacks.) I believe Honorary Degrees have in some few instances been presented to some European nobs of the Profession; but as to an M.D. of New York being obtained by unqualified persons in England or elsewhere, it is quite absurd. The University of New York likewise granted Degrees, but then it was necessary for the applicants to have gone through the regular prescribed course of studies. I understand that of late the University alone grants Degrees.

I am, &c.

A Practising M.D. for nearly Ten Years in New York.

What is a General Practitioner?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am a Licentiate in Medicine of a College of Physicians (Dublin), and a Licentiate in Surgery, Midwifery, and Pharmacy (L.R.C.S.E.), of the College of Surgeons of Edinburgh; shall I be enabled to register in Medicine and Surgery, and practise as a General Practitioner "according to my qualifications" under the new Act? If not, what can be the meaning of clause XXX.? as I seem, by the qualifications I hold, to fulfil all the requirements for general practice.

I am, &c.

August 6th, 1858. E.

[*E.* can of course register according to his qualifications; but if by practising as a *General Practitioner*, he means charging for his medicines, this at once raises the important question how far the new Act interferes with the present powers of the Apothecaries Company. The Apothecaries Act of 1815 being unrepealed, no persons will be allowed to practise as Apothecaries in England or Wales, who have not received a certificate from the Court of Examiners of that body; unless indeed they are Licentiates of the Apothecaries Hall in Dublin, in which case we believe that they will be admitted to reciprocity of practice in England; and *vice versâ*, the Licentiates of the London Apothecaries Society will be allowed to practise as Apothecaries in Ireland. As there is a growing disposition to dissever the practise of Medicine and Surgery from the traffic in drugs, it is very probable that the number of Apothecaries in England and Ireland will be gradually diminished, and a degree or licence in medicine will be preferred to a certificate to practise as an Apothecary.]

Registration Anomalies.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If your reply to "L.S.A.," in last week's *Gazette*, in reference to Apothecaries not being able under the new Act to use the title of Surgeon, be correct, I think you will admit that the "College" has stolen a march over the "Hall." Before the passing of this Bill, the L.S.A. was the only legal qualification procurable for general practice; and consequently, a person having this qualification could practise as a Surgeon and call himself such without breaking the law; for everybody knows that a general practitioner could not practise Medicine without Surgery, therefore time and custom have given him the designation of Surgeon.

On the contrary, look at the position of the practitioner with the College diploma alone: he has practised both Surgery and Medicine; the former because he belongs to a College which has no legal power to compel membership; and the latter, illegally, because he is permitted so to do from the courtesy of the Hall towards the College; this man, whose former position was a false one, having no legal status, now registers himself Surgeon, and takes precedence of the L.S.A. who previously had the legal advantage. This is not fair play, and will only puzzle John Bull, who has always been accustomed to call a Medical man a Surgeon, but scarcely ever heard of an apothecary.

Clause XXXI. says, "every person registered under this Act, shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, &c.;" consequently, as the Hall licence was prior to this Act, the only legal qualification for general practice, or in other words, for the practice of Medicine and Surgery. I presume a person possessing this licence will still be allowed to practise Surgery, and so will actually be a Surgeon without the power of calling himself such; while the man with the College diploma will register himself Surgeon, which will be considered to mean (as I understand the Act) a Practitioner of both Surgery and Medicine; for by Clause XXXIV. every person registered will, according to the Act, be a "legally qualified Medical Practitioner," which amounts to this, that a Surgeon is a Medical man, but a Medical man not a Surgeon; for it must be admitted by everybody that the apothecary is a Medical man properly so speaking, because he is empowered by his licence to practise Medicine, while a member of the College is restricted to Surgery alone; and yet Surgery is, according to the Act, to mean Medicine, but Medicine is not to mean Surgery.

Perhaps you will be able to reconcile these discrepancies. All an Englishman wants is a fair field and no favour.

I am, &c.

August 9th, 1858. Nemo.

[We print the above as a specimen of several letters we have received in the same spirit. We can only say that the Licence of the Apothecaries' Company never gave any surgical qualification, and that under the new Act, no one can register as a Surgeon who is not a member of a College of Surgeons.]

Erratum. — Page 153, "Deaths," for Professor "Huxhke," read "Huschke."

COMMUNICATIONS have been received from—

Dr. F. Churchill, Dublin; Mr. Holmes Coote; Mr. H. Smith; Dr. Scott Alison; Dr. Soltan, Plymouth; Dr. Barker, Bedford; Dr. Sloan, Ayr; Mr. Martin; Dr. Stallard; Mr. Witt; Dr. Westmacott; Mr. Francis; Registrar-General; Mr. Grantham, Crayford; Mr. Walter; Mr. Sarl; Mr. Williams; Mr. Thomson; Mr. Grant; Mr. Rivers; Staff Surgeon Hunter; Mr. Copney; Mr. Slater; Dr. Cregeen; Mr. Glynn; Mr. Bond; Dr. Young; Mr. Newhouse; Secretary, General Board of Health; Mr. Higginbottom; Secretary, Royal Maternity Charity; Mr. Gauntlett; Dr. Barton; Dr. Milner; Mr. Grove; Dr. M. Granville; Registrar-General, Edinburgh; Mr. Hussey, Oxford; with numerous communications on the Medical Act signed,—Inquirer; Fiat Justitia; Probus; Query; L.A.C.; An Edinburgh Surgeon; An Irish Surgeon; A Graduate, &c., &c.

APPOINTMENTS FOR THE WEEK.

August 14. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

16. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

17. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

18. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

19. *Thursday*.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

20. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at two o'clock:—

Excisions of the knee-joint (two cases); of the hip; hare-lip; plastic operation on mouth. By Mr. Fergusson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock p.m.:—

Procidentia uteri, by Mr. Holt; radical cure of hernia, by Mr. Holthouse.

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

ON FRACTURES OF THE SKULL.

LECTURE V.—*Continued.*

(Continued from page 138.)

I now proceed to the escape of a watery fluid from the vault of the skull, which sometimes takes place in compound fractures.

A discharge of a clear, watery fluid, precisely similar in its character to the watery discharge which we have already been considering in connexion with the ear and with the nose, may also take place from any part of the vault in compound fractures of the skull, provided the injury extends not only through the integuments and the bones, but also through the cerebral membranes, laying open, in fact, the space between the visceral arachnoid, and the pia-mater. True it is, that here we no longer have to deal with such large reservoirs of fluid as those which we found at the base; but, if we recal to mind the copious watery discharge which sometimes occurs in our post-mortem examinations, when the visceral arachnoid is accidentally wounded, we shall find no difficulty in accounting for the large quantities of fluid which have been known to escape in some cases of fracture of the upper part of the head.

The watery discharge in these cases, as in some of the cases connected with the ear, and with the nostrils, is due then to the escape of the cerebro-spinal fluid.

In his valuable paper on the subject of watery discharges from the head after injuries, M. Robert states that the first case of watery discharge from the vault which fell under his notice, occurred in the year 1847, and that, until he had seen this case, he had always thought that these watery discharges existed only in fractures of the base of the skull.

You will find, however, that cases of a watery discharge from the vault in compound fractures had been noticed years ago, by some of our predecessors. But these facts, as in the case of the watery discharge from the ear, remained buried in oblivion, until the attention of the Profession was especially directed to them, by the many discussions to which this subject has of late years given rise.

The first case of this watery discharge from the vault which I shall bring before your notice, is dated as far back as the year 1672. A child, about 7 years old, having been kicked on the forehead by a horse, was taken to Delamotte (a), in February, 1672, with a wound about the size of a farthing, leading down to a depressed piece of bone. On examining the parts with a probe, this instrument was found to pass directly into the skull, through a long kind of sinus, to the depth of about three fingers' breadth. Delamotte proposed trepanning, but to this the father of the boy would not listen. The parts were therefore dressed; nothing untoward occurred; and in about a month's time the wound was perfectly healed. The fact of a watery discharge having been poured out from the wound is not mentioned in the history of this case; but in his accompanying observations Delamotte expressly states that he very much wished to apply the trepan in this case, and especially on account of the sinus leading deep into the inside of the skull, from whence flowed a large amount of watery fluid, the quantity of which was much increased each time the boy was made to blow his nose.

In August, 1809, a child, four years old, came under the care of Mr. Hey, of Leeds, for a large wound in his forehead, caused by a quoit thrown in play. The wound was connected with an extensive fracture of the upper part of the os frontis, extending also to the orbits, near their external angle. Hey separated the broken pieces from the sound bone by means of his small saws. No wound was detected in the dura-mater; but, at the lower edge of the fracture, this membrane was extensively separated from the bone, so much so that the finger could easily be placed betwixt the membrane and the bone. After the operation, everything progressed favourably; but a watery fluid, sometimes limpid, issued from the wound, especially on the left side, so copiously as to wet the child's night-cap considerably. This discharge gradually abated, and ceased about the end of three weeks. The dura-mater, at one place, showed a tendency to form a fungous tumour; but it was soon repressed, and obliterated by compresses of lint supported with plaister. Such is the account given of this case by Mr. Hey, in which it is said that the dura-mater was not wounded. As to this, however, there must have been some error, and it is easy to conceive that a small punctured wound of the membranes may have escaped notice, especially in such an extensive fracture of the bones, and wide separation of the dura-mater.

In May, 1845, Professor Dudley, of Transylvania, determined upon trephining a young gentleman, aged 21, to relieve him of an injury, the consequences of which had been accumulating upon him for sixteen years. The most prominent symptoms were of an epileptic character. The trephine was applied over a small depression of bone, corresponding to the original site of the injury, at the upper and middle part of the left parietal. The depressed bone, when removed, presented a process projecting from its inner surface, about an inch in length, about the size of a small quill at its base, and tipped with soft cartilage at its extremity. Penetrating through the dura-mater, this spicula of bone communicated with a large preternatural sinus, from whence issued a stream of blood as thick as a man's little finger, which was, however, stopped by pressure. The dura-mater was diseased, presenting a dark blue appearance over a space nearly as large as the trephine-hole, while the sinus beneath appeared to be, from an examination made by the little finger, more than an inch in depth, and of equal width. In the course of twelve hours, the bloody discharge was succeeded by a colourless serum, and for three days and nights in succession the watery discharge was so copious as to make it necessary to change towels, pillows, bolsters, and sheets, two or three times a day. On the morning of the fourth day the dressings were dry, and, in some few hours after, suppuration became manifest. It was computed that the entire amount of watery discharge could not have been less than two gallons. The patient ultimately recovered.

In another case, that of a young man, aged 23, Professor Dudley also applied the trephine, in February, 1826, for epileptic attacks, apparently connected with a depressed fracture of the right parietal bone. The external incision being made, the trephine was applied, and in two or three turns of the instrument the cranium was perforated in one point of the circle; and through this opening, which could have been closed with the small end of a Surgeon's probe, transparent, colourless serum flowed during the balance of the operation. The circular piece of bone being removed, the dura-mater was found defective to the extent of a twelve-and-a-half cent. piece of silver, exposing a sinus reaching down to the petrous bone, near the base of the skull. A spinous process projected from the inner table of the bone, about half an inch long, its base being of equal dimensions. The sinus in which the serum was collected was large enough to receive a hen's egg.

These two cases are, it must be confessed, most singular; but, as far as the watery discharge is concerned, I cannot help connecting that with the cerebro-spinal fluid. The dura-mater was opened in both instances; and the projecting pieces of bone are said to have penetrated to such a depth, that the space between the arachnoid and the pia-mater must also have been opened.

In January, 1828 (b), Lieutenant F.'s fowling-piece burst, and inflicted a severe wound on the forehead, above the nasal eminence of the frontal bone. The wound, of a circular form, and an inch in diameter, bled freely for several hours, and the bleeding was then succeeded by a copious flow of bloody serosity. There were no brain symptoms; but it was clearly made out that the bone was extensively broken. No opera-

(a) Manquest Delamotte. Traité Comp. de Chir. vol. i. obs. 145, p. 544.

(b) Dr. O'Calloghan. Dublin Med. Press, vol. xiii. p. 81.

Digitized by Google

tion was resorted to. The patient progressed most favourably. In the course of his recovery there was, however, for some time a continuous flow of bloody serosity from the right nostril. The fluid was mixed with pus; and ultimately several pieces of bone came away from this nostril. The wound in the forehead ultimately healed, and the patient recovered so as to be able to resume his regimental duties. Towards the end of the year, a metallic body was seen making its way from the nose into the mouth, and, after some few years, so much of this body had protruded into the mouth, that an attempt was made to file it off; but the operation was given up, as the patient could not bear it. In 1836 the patient died from some acute attack, apparently brought on by his habit of drinking. On examining the head, the whole of a large iron breach of a gun, with the screw which attached it to the stock, was found lodged in the forehead. The anterior portion of the right hemisphere of the brain rested on the flat part of the breech, from which it was only separated by a false membrane.

In this case, I think there can be no doubt that the watery discharge, both from the wound and from the right nostril, was due to the escape of the cerebro-spinal fluid. The after-death examination proved that the whole thickness of the bone had been destroyed. The foreign body was lying in contact with the visceral membranes covering the right hemisphere of the brain; and, be it remarked, it was only from the right nostril that the watery discharge flowed. Had the fluid proceeded from the membrane of the frontal sinuses, it would, in all probability, have made its way through both nostrils.

In the year 1837 (c), a boy, five years old, was knocked over by a kick from a cow. The blow produced a compound fracture of the frontal bone, with separation of the fragments to some extent. There were no brain symptoms, and all that was done was to dress the wound lightly. At the second dressing the Surgeon was surprised to find that all the bandages, etc. were soaked through with a perfectly clear fluid; and, on removing the dressings, a watery discharge, quite limpid, was observed oozing through the wound. A copious discharge of this thin watery fluid went on uninterruptedly for eight days; it then began to diminish, and finally ceased altogether. The wound healed rapidly, and the child was well again within a short time.

Dr. Hofling, in reporting this case, remarks that the accident was a most lucky one; for the child was beginning to show some symptoms of chronic hydrocephalus when he happened to be kicked by the cow. The injury, continues Dr. Hofling, gave vent to the fluid which was accumulating, and the boy was thus by chance cured of the serious mischief with which he was threatened.

The details of the case do not, however, I think, afford any good evidence as to the impending hydrocephalic affection; and the discharge of the watery fluid, however copious, may, we know, be accounted for by the escape of the cerebro-spinal fluid from the sub-arachnoid space.

In M. Robert's case, we find a man, aged 23, who, on the 23rd of March, 1847, was admitted into the Hôpital Beaujon, with a compound fracture of the right parietal bone, on the top of the head. The bleeding was but slight; but during the night the nurse was obliged to change the draw-sheet, which had been placed under the patient's head, as it was completely soaked through. On the following morning the lips of the wound were found to be slightly united, except at the posterior angle, where there was a small opening through which was flowing a clear, watery fluid. In oozing through the wound, this fluid presented pulsations synchronous with those of the arteries; and whenever the patient coughed, or made any effort, these pulsations became more marked, and the fluid came away in larger quantities. The fluid was decidedly watery, perfectly limpid, and saltish to the taste. On the third day there was no more watery discharge, and the wound appeared to be united in its whole length; but shortly afterwards, as the patient was laughing with one of his comrades, he suddenly felt a sharp pain in the wound, the posterior angle of which had given way, and the fluid appeared again. It then continued to flow for two days, and finally ceased altogether. On the following day the wound was quite healed, and the man was subsequently discharged from the Hospital cured.

(c) Arch. Génér. de Méd., Nov. 1837

For the notes of the following case, I am indebted to Mr. Erichsen, of University College Hospital.

In March, 1845, a lad, aged 14, was admitted into the Penrhyn Infirmary, with a compound fracture of the back part of the right parietal, close to the lambdoid suture; the bone was depressed about a quarter of an inch. There were no brain symptoms. The injury had been inflicted by a piece of rock. The depressed bone was raised by means of the elevator, after which the patient insisted upon walking home, a distance of four miles. Two days afterwards he was brought back to the Infirmary, and left there by his father. For some days he appeared to be doing well; the wound discharged freely, and the matter was quite healthy. But, on the 9th day after the accident, cerebral symptoms began to make their appearance; and, from this time, with some slight remissions, the patient went on from bad to worse. On the 19th day after the accident, a large quantity of a thin, transparent, serous fluid was discharged from the wound; and such were the quantities of this fluid that the pillow was completely saturated with it during the course of the night. The boy lived four days more, during which large quantities of the same transparent fluid continued to flow from the wound; and, even on the day of his death, the fluid was still running profusely.

There are no notes as to any examination of the head in this case. This is much to be regretted, for, with such a history, I think it more than probable that the fluid in this case did not proceed from the sub-arachnoid space, but from the right lateral ventricle, the posterior horn of which, thinned by an accumulation of fluid, gave way, and thus allowed of the profuse watery discharge, which suddenly took place on the 19th night after the accident.

That a watery discharge issuing through a compound fracture of the vault of the skull may be due to the escape of the fluid, contained in one of the lateral ventricles, was clearly proved by dissection in the following case.

In August, 1837, a man, who was rather the worse for liquor, was knocked over by the explosion of a box in which were contained some fireworks. When he was picked up, an enormous wound, laying bare an extensive fracture, was found on the left side of the forehead. One portion of the frontal bone, about the size of the palm of the hand, was merely connected to the surrounding parts by some slender bands, which soon gave way, and the brain then protruded through a rent in the dura-mater. In the course of this case, large portions of brain ultimately sloughed away, after which the wound put on a healthy aspect, and the parts became covered with granulations. While matters were in this state, a discharge of a watery fluid occurred from the wound; the fluid, perfectly clear and limpid, came away in drops, and sometimes in a jet, at each pulsation of the brain. This discharge of watery fluid, which went on for days, was traced to a minute opening buried in the midst of the granulations. The case ultimately did badly, and the man died. At the examination of the head, the minute opening through which the watery discharge had taken place, was found to lead directly into the left lateral ventricle, the fluid of which had thus escaped.

Here, then, is a case in which a watery discharge issuing through a compound fracture of the vault of the skull was clearly traced to one of the lateral ventricles; and you will recollect that I have already mentioned that a watery discharge from the nostrils might be due to a laceration of the third ventricle, connected with an injury implicating the central bones at the base of the skull.

What influence is the escape of the cerebro-spinal fluid through a fracture of the skull likely to exercise on the ultimate issue of the case?

Looking to fractures of the base of the skull only, we might, at first sight, be led to suppose that the escape of the cerebro-spinal fluid would exercise a most dangerous influence on the progress of the case. It cannot, in truth, be said, however, that the danger in these cases is dependent upon the escape of the cerebro-spinal fluid. The danger lies not in the gradual loss of the fluid, but in the severe lesions—extravasations of blood—and injuries of the brain substance, which so commonly accompany a fractured base.

But, in looking to the compound fractures of the vault of the skull, in which the brain is oftentimes not injured, we find that large quantities of this cerebro-spinal fluid may be

Digitized by Google

lost, and that apparently without influencing the case very materially.

Out of the nine cases of watery discharge from the vault which I have laid before you, seven recovered; and the details of these seven cases which recovered, clearly prove that the watery discharge, however copious, did not appear to have any material effect.

And hence the broad plan of treatment in each case of watery discharge, connected with an injury of the head, is to be based upon the general symptoms which may exist. We must therefore treat these cases, as we should any other severe injury of the head, dealing, in fact, with the various symptoms, whatever they may be, as they present themselves.

ORIGINAL COMMUNICATIONS.

ON VEGETABLE SUBSTITUTES FOR HUMAN MILK.

By C. H. F. ROUTH, M.D.

Physician to the Samaritan Hospital for Women and Children.

Food, as it is well known, to be capable of supporting life, must contain three substances in due proportion—1. Plastic or nitrogenous matters, to nourish the fleshy parts of the body. 2. Calorifiant or combustible matters; hydro-carbons, to supply the respiratory process, to keep up animal heat, and to provide fat for the body. 3. Mineral matters or salts, to supply the bones, and hold in chemical union, combination, and action, the solids and liquids of the body. Among the first class are fibrine, albumen, or casein; among the second, fats and oils, sugar and starch; among the third class, lime, potash, soda, magnesia, in union with phosphoric, sulphuric, hydrochloric, and other acids. Some one or more of these are contained in all aliments in beautiful combination, and as such are capable of supporting life. Singly, however, or as simple substances, they cannot do this; starvation, in modified forms, being always observed to follow their employment when given alone.

Milk contains these elements in combination: casein, the plastic ingredient; fat and sugar, two combustible substances, and the several mineral matters needed. As such, it will support life for any length of time. The proportions in which these are contained in other aliments vary; but it should at least be of 10 of plastic to 30 or 40 combustible, and the mineral should vary from 1·5 to 6 or 7 per cent. We have now to consider, first, how far vegetable food is similarly constituted, noting any differences as we proceed; and, secondly, whether it is fit for employment as aliment for infants. The second point I think is best treated of first.

1. The whole analogy of comparative anatomy proves that young animals depend upon the parent for a supply of animal food. In many species of mollusca, and especially in gasteropoda and many insects, and among the batrachian reptiles, the mother produces, together with the egg, what is called a nidamentum, which nourishes it for some time after its birth. Certain insects even feed upon the external envelope which surrounds them, as in the case of the stratismys chameleon.

The yellow substance which surrounds the abdominal parietes, or which is inclosed in the central abdominal cavity, is an auxiliary of this kind; whence it follows that some animals, for instance, spiders and snakes, remain some time after birth without requiring any other kind of food. The raw food which the greater number of birds give to their young is exclusively animal, hence the more readily obtainable and digestible. The northern ducks and the petrels, with their nests situated on high rocks near the sea, thus easily procure this food, and they always return to their nests richly laden with fish. The sparrows nourish their young with insects and worms, which they find everywhere in abundance. Certain rapacious birds, which require a greater amount of animal food for their young, become at the breeding season particularly audacious in order to procure it.

Some of the sparrow and crow tribe bring the nourishment in their beaks, emptying it in those of their young. The rapacious birds, on the contrary, bring it in their claws, place it before their young, and tear it in small pieces for them. The heron and the pelican carry fish in the pharynx, which is dilated to a large pouch below the bill; and the pelican applying its lower jaw against its own breast, allows its young to eat out of this pocket as out of a plate. Among some species of vultures and dark-winged eagles the crop seems to serve as a reservoir for the food intended for the young. Approximating to a higher degree of maternal co-operation, the female does not give nourishment to her young till she has in part digested and assimilated it. The bees and wasps are of this class, and swallow some pollen, and then disgorge it mixed with honey. Among pigeons, the greater number of grallatores, some palmipedes, and many sparrows, the mucous membrane of the œsophagus is dilated in a crop, well supplied with vessels, into which the grain which is difficult to digest is first conveyed and there softened under the chemical influence of a fluid analogous to the gastric juice of the stomach. When half digested, and converted into a kind of chyme, it is subsequently disgorged into the beak of its young. In this operation the male assists, as well as the female. Finally, in mammalia we arrive at the production exclusively by the mother of milk, which bears in its composition considerable resemblance to the diluted yolk of egg, and in some respects to the nidamentum. It will be seen from the preceding review that the food which is required by the young is essentially animal; and in those cases even where the birds themselves are granivorous or vegetable feeders, they either supply their young with animal food exclusively, or else with vegetable food so semi-digested in, or so intermixed with, the animal fluids, that for all purposes it may be regarded as animal food. Gradually as the young animal becomes older, this exclusive dependence upon the maternal supply ceases. Among pigeons, for instance, after three days the young bird begins to partake of other food also.

The reindeer at the end of some days begins to eat grass and lichens, and the calf in about three weeks cannot live exclusively on its mother's milk, and requires other food. Still the dependence of young animals upon the food which they directly obtain from the mother in the natural state, is very close. In the case of the simia rhesus, that animal attaches itself to its mother's nipple or breast, and remains in this position for fifteen days, in sleeping as well as in waking, never leaving one breast but to attach itself to the other. To endeavour, therefore, to nourish any young animal exclusively on vegetable food, is contrary to the entire law of nature, and especially so in man, where the parental relations are so much closer, and maintained for so much longer a period.

2. One would have thought that a very little reflection would have convinced any observer, that if among herbivorous mammalia the young require animal food, this is, *à priori*, a strong argument against the use of vegetable food; yet even upon this point our medical authorities are not agreed; many vegetable compounds are both recommended and taken. Apart from this common-sense view of the question, the physiological construction and anatomical arrangement of the alimentary canal of a child, prove that it requires animal food. Upon this point, Burdach in his Physiology, and West in his Diseases of Children, speak graphically. It is remarkable that suction is the only faculty for the prehension of food which the child possesses on birth, and even this is soon lost if not practised. The jaws are not so constructed as to permit active movements, nor the gums to bear pressure. The hard palate is, moreover, but little developed; albeit, the cavity of the mouth is sufficiently wide. There is, moreover, no saliva secreted for the first two months, so that no species of preparatory change can take place in it, as in the conversion of starchy matters into sugar, through the agency of this fluid (saliva). It is, therefore, merely an organ of transmission and suction. The lips are large, and the tongue and pharynx, uvula, soft palate, well developed to secure these ends (a). The stomach in infants is a small tube-shaped membrane, dilated in the centre, one extremity ending in the œsophagus, and the other in the pylorus, resembling in this character that found in carnivora through life. In position, also, it lies more parallel to the trunk; the large and small curvatures and muscular structures being but very little developed. The liver at birth is unusually large, the pancreas perhaps not more developed than the salivary glands; the intestinal tube is much shorter, and the large intestine approaches more nearly in its length to the small. The cæcum (in which,

(a) Burdach, p. 434.

Digitized by Google

moreover, it is believed a sort of additional digestion occasionally occurs,) is very small. The peristaltic motion is more rapid. All these are evidences that food taken will be kept for a shorter time in the canal, and, therefore, should be in the condition most favourable for digestion (b). In none of the mammalia, lastly, is there such a complete absence in the first periods of life, of teeth. In man they appear latest, and are longest in obtaining their total number. Let us compare these appearances with those observed in herbivorous animals. Well-developed salivary glands, compound stomachs, sometimes four in number, muscular gizzards, as in some birds, long intestines, large cæcum, etc., etc. are the exact opposites to what we find in young infants. As the child grows the changes which are permanent in herbivorous animals make their appearance. The stomach, moreover, assumes a more horizontal position, the valvulæ conniventes become well developed, the peristaltic motion of the intestines becomes slower; in fact, all the changes calculated to retard the food in its progress, and thus to expose it more completely to the solvent juices for digestion occur, the reverse of what we find in infants, all of which proves indubitably that animal, not vegetable food, is the proper diet for an infant.

If among granivora and herbivora the food essential to their preservation when very young is animal, *à fortiori*, is it the case with the omnivora and carnivora. As man belongs to the omnivorous class, there must, however, be a time when vegetable food may be given. There is no doubt a relation between the period of time occupied in incubation, and the time when an animal is so far developed and grown to partake of herbivorous food without danger. Thus, if a granivorous bird occupy three weeks in incubation, a mammal one month, we should, *à priori*, expect the offspring of the former would be sooner capable of maintaining life independently of its parent than the latter. Again, the same thing would apply to an herbivorous animal provided with a stomach fitted for digestion of vegetables, a compound stomach, as compared to a carnivorous animal, with only a membranous stomach, even though the period of gestation were the same in both. Thus, in the cow and in a woman, gestation has the same duration; but in the one case, the calf, we have the compound stomach, in the child, the simple membranous tube, and so the former depends less upon its parent, and attains independent existence and maturity soonest. The best test, however, of capability of independent life in man is the dental apparatus. The appearance of the teeth is our only guide that a child is maturing rapidly, or the reverse in that condition when vegetable food may be safely administered. It was formerly stated in books that the following was the order of appearance:—

Ant. incisors	7th month.
Lateral do	9th ,,
Anterior molars	12th ,,
Canine	18th ,,
Post molar	2 years

Drs. Merei and Whitehead have, however, shown some important modifications in this course occur. From their results, excluding those cases with only medium development, and reckoning those only with a favourable and those with unfavourable development, they conclude that in the former case, *i.e.* in 128 out of 161 children, or 79 per cent., the first teeth appeared before the 8th month was past, in 38 at 8 to 9 months, in 12 after the 9th, and in 3 after the 12th, while in the great majority of children with unfavourable development, namely, in 71 out of 119 children (60 per cent.), the first teeth were cut at 8 months and upwards, in 46 from 9 to 12 months, and in 16 even after 12 months, and only in 48 (44 per cent.) before 8 months.

Upon these data it would appear that the eighth month is about the period that vegetable food may be borne. The teeth which appear are not of value as capable of mastication, but indices simply of sufficient development in the organs of digestion, which progress, *pari passu*, and that the salivary and pancreatic glands, the glands of the membranous stomach, are capable of doing duty. The eighth month is, therefore, about the earliest period when a change of food may be given, and consequently weaning may be tried, if necessary. But even in this case the most easily-digestible vegetable aliment only should be administered, and then it is best to continue also, in great measure, the animal milks.

(b) West, pp. 402, 403.

As I have elsewhere said, animal food is, as it were, the essence of vegetable food, but far more digestible. But there is another peculiarity possessed by animal food. Liebig has shown that the blood in the body is preserved alkaline in carnivorous animals through the agency of the subphosphate of soda; whereas, in the case of herbivorous animals the salt then maintaining the alkalinity of the blood is the subcarbonate of soda. This last result, however, only applies in the case where the food consists exclusively of the lowest grains, roots, green vegetables, and fruits, the ashes of which contain carbonates; because if lentils and the higher cerealia, as wheat, oats, etc., be employed, then, as their salts are nearly the same as the salts of blood, the subphosphate of soda is the salt found in the blood. But more than this; in meat, and the higher cerealia, not only have we a large quantity of mineral ingredient, but we have also a large quantity of plastic or nitrogenous element. The hydrocarbonaceous, calorifiant, or combustible element contained is also in fair proportion, so that many of them may then be safely used. Still there is a very great disparity between these vegetable substances among themselves, as compared with animal compounds. In order to make this clear, I have annexed the following table, compiled from Liebig and R. D. Thompson, in which the amount of nitrogenous or plastic matter being expressed by 10 in all cases, the relative amount of combustible or respiratory material is given for the purposes of comparison.

Proportion of ten plastic to the following quantities of respiratory matters in the following articles of consumption:—

Veal	1	Rye flour	57
Hare	2	Barley	57
Beef	17	Maize	70
Lentils	21	Potatoes, white.	86
Beans	22	East Indian rice	100
Peas	23	Dry Swedish turnips	110
Fat mutton	27	Potatoes, blue	115
Cow's milk	30	Rice	123
Linseed	30	Arrowroot	260
Fat pork	30	Tapioca	260
Human milk	40	Sago	280
Wheat flour	46	Buckwheat flour	180
Oatmeal	50	Wheat Starch	490

The respiratory ingredient in these vegetable substances with large figures being chiefly starch (such as if digested at all, becomes converted into sugar), would lead, as shown by Majendie's experiments, to the development of scrofula, from a deficiency of plastic or nutritive ingredient. But from the non-development of saliva at an early period, it is to be feared even this change would not occur. And this seems, often at least, to be the case. In a paper published on the "Diet of Infants," Dr. Stewart, of New York, in speaking of the Parisian hospitals, says, "It is the custom at these and similar institutions, whenever an infant is sick, to withdraw him altogether from the breast, and to substitute for the milk some farinaceous substance, made fluid by boiling—arrowroot, gum, and rice water, or a thickened preparation of rice, known as 'crême de riz,' and other preparations of a similar kind forming the diet of a sick infant. In the reported cases of the Foundling Hospital, and these for the reception of sick children, prescriptions of this nature form a very important part of the treatment, as will be seen by referring to the different treatises in French on the diseases of children." "The attention of M. Guillot being directed to the changes which the food given to children underwent, and to the excessive mortality among them, he instituted a series of investigations in a number of cases of death, with special reference to the state of the contents of the bowels. He was struck with the uniform similarity,—a jelly-like substance being present in the bowels, and in some instances lining both the small and great intestines. This was subjected to the test of the tincture of iodine, which produced an intensely blue colour, thus proving it to be starch" (c). This jelly-like substance is sometimes tinged with blood. Its presence, however, in the bowels of a child proves that starch is not digestible, at least in the early periods of life, which is, in fact, what we might have anticipated. In adults it is converted into sugar; but if this change is not effected in the child, in whom two of the principal organs that bring about this change do not act at all, or at least very imperfectly, the

(c) Dr. Stewart on "Diet of Infants," *Dublin Journal*, 1845, pp. 141, 2.

Digitized by Google

presence of starch in the bowels in any excess must be detrimental and injurious. Yet how frequently, even by Medical men, is arrowroot ordered in cases of diarrhœa as the exclusive diet!

A favourite substitute, also, for human milk is barley—or more properly, patent barley. Here, again, is a flour comparatively poor in nitrogenous material. But, besides this, it contains dextrine, a substance which even in the adult is difficult of digestion, and, *à fortiori*, must be so in a little infant. Its starch corpuscles are less soluble in the gastric juice, the milk is slightly acrid, and somewhat laxative. (Hassall.) When barley paste is washed, the milky fluid deposits, as well as the starch, a protein matter, supposed to be insoluble casein.

(To be continued.)

ON A CASE OF CONTRACTILE STRICTURE,

IN WHICH PERINEAL SECTION WAS TO HAVE BEEN PERFORMED, WITH REMARKS UPON THAT OPERATION.

By HENRY SMITH, F.R.C.S.

Mr. W., aged 28, in the army, consulted me on the 29th of January last, with the view of obtaining my opinion regarding his case, which, I had been informed by the Medical officer who had recommended him, was invested with peculiar circumstances of interest. On making myself acquainted with the history, I ascertained that the patient first felt the symptoms of stricture six years before, by being suddenly seized with retention of urine. Treatment was adopted for some time, and he had reason to believe that a laceration of the urethra was produced. The symptoms were kept in abeyance until he went with his regiment to the Crimea, where he was again troubled, and on one occasion suffered a terrible attack of retention of urine. After his return, and in the early part of 1857, suffering much, he put himself under the care of a Surgeon in London, of high character and large experience, but was shortly compelled to go abroad on duty for three months to an inhospitable climate, where he got steadily worse. He returned in the autumn, and again placed himself under the care of the same Surgeon. At this time he was suffering very much, having frequent attacks of retention of urine, great pain and irritability of the parts; and the stricture was so undilatable, that no instrument beyond a No. 7 could be inserted. Any attempt to insert a larger one produced excessive suffering, although the patient informs me that his Surgeon was most gentle and careful in the use of instruments. After some further futile attempts to produce dilatation, caustic, in the shape of nitrate of silver, was applied to the stricture; but the excessive irritability, instead of being subdued, was increased, and all the symptoms were aggravated.

The patient was now told that his case was a very peculiar one, and that the only chance of his being cured was to undergo Mr. Syme's operation. To this advice the gentleman gave his assent, as he was not cognisant of the various evils resulting from it, and he was glad at the prospect of some remedy. He was, however, recommended to wait until the winter had passed by.

With this expectation, treatment was given up; but in the meantime the symptoms became much more severe; and a Medical officer in the corps to which he belonged being made acquainted with the patient's determination to undergo the perineal section, urged him to see me.

The first thing the patient did on his visit was to show me an elastic bougie, which he was compelled to carry about in his pocket whenever he moved away from his residence; for he was being continually attacked with retention of urine. During the previous two months it had occurred every day, and almost regularly about the same hour. When he was able to pass water it was with great pain, and his bladder was so irritable, that he was called up several times in the night. He had also suffered from severe shivering fits, and was altogether in such a pitiable state, that life was a burthen to him. He was naturally a fine healthy man; and, although he was a great deal shaken by the rigors, his general health was pretty good. He informed me that he was always able to relieve the daily retention of urine by passing the bougie, which he was compelled to carry about with him, down to the stricture.

For the purpose of examination, I took a No. 5 silver catheter, and passed it down very carefully to the front of the bulb, where it was arrested. A little pressure, however, caused it suddenly to jump over, as it were, an exquisitely sensitive and apparently narrow, thread-like stricture. I allowed the instrument to remain in the bladder a quarter of an hour: its withdrawal was followed by a slight oozing of blood.

On examining the urine it was found to be clear, free from any unusual deposit, and slightly acid. The general health is good; tongue clean, bowels regular. It is only during the times that the rigors attack him that he feels much indisposed; then, however, he becomes terribly shaken. He was doing duty at a garrison town where ague is somewhat prevalent, and he was of opinion that the locality might influence the occurrence of the rigors.

The question now was, whether anything could be done in the way of treatment, or whether he was to submit to the proposed operation of perineal section? He had, it is true, been under the hands of a most excellent Surgeon, who had afforded him no relief, and who is by no means an enthusiast for cutting strictures, and the present condition was much worse than when the patient was under his treatment; nevertheless, it did not appear to me to be justifiable to submit this patient to operation when a No. 5 catheter could be introduced. I freely told him so; and although from the previous history and present aspect of the case I foresaw great difficulties, I held out hopes that his symptoms might be removed by other treatment. He, therefore, determined to place himself under my care.

I inquired most minutely into all points connected with this case, and ascertained that when the attempts at dilatation were made by the Surgeon who attended him, the catheter was allowed to remain in the bladder only a very short time at each sitting; and that on more than one occasion, and at the hands of more than one Surgeon, the least attempt to increase the size of an instrument too quickly was followed by disastrous results, which precluded dilatation. I, therefore, determined to use the utmost gentleness with instruments, to increase their size in the most gradual manner, and to allow them to remain in contact with the stricture as long as the patient could bear them at each sitting.

As regards the daily retention of urine, which rendered the case so distressing, and which it was so desirable to get rid of, it struck me that its periodicity was a fact favourable to its removal by those means adopted for such attacks. I, therefore, determined to give him two grains of quinine three times a-day, desired him to live well, but to avoid wine.

February 1.—This patient visited me to-day. He informed me that on the day after his visit to me he had retention of urine; but that on the day following that he had none. I passed the No. 5 catheter, and allowed it to remain in the bladder for a quarter of an hour; to take three grains of quinine for a dose.

3rd.—No retention since last visit; passes water better. I got No. 6 through the stricture, and allowed it to remain the same time as before.

5th.—Had an attack of retention of urine the evening of the last visit, but not since; the stream is smaller; under these circumstances I fell back to the No. 5, which I passed first, and then inserted No. 6 with ease, and allowed it to remain as usual.

8th.—Has not had any retention or irritation; passed Nos. 5 and 6 again.

10th.—No retention; passes water better than he has done for years; has now given up carrying the bougie with him. I passed successively Nos. 6 and 7, allowing them to remain in the bladder.

Without giving unnecessarily minute details I may state that, after having passed No. 7 three times, I was enabled to insert No. 8 into the bladder on the 22nd; but he had left off his quinine for ten days, and a day or two previously he had a severe rigor. Unfortunately this rigor attacked him again after this operation, and on the 24th he had such severe recurrences of them that he was compelled to get leave of absence, and on March 8th he wrote to me from the north of England to say that he passed his water very freely, and could not express himself too grateful for the relief which I had afforded him.

Digitized by Google

May 3.—This gentleman called upon me to-day, having quite recovered his general health; he has not had any trouble with his water, not having had retention once; he has passed a bougie for himself once or twice, but not within the last five weeks. On examination I found I could introduce a No. 7 catheter: the urethra is still sensitive.

14th.—I have passed the same instrument on two or three occasions, and at first it was followed by some retention of urine; but he is so well this day that I introduced No. 8.

28th.—After having passed this instrument on two or three occasions, I to-day introduced No. 9.

June 14.—No. 9 having been passed on two or three previous occasions, I have this day introduced No. 10, the largest number I intended to use, as the orifice of the urethra is small.

30th.—I have passed a No. 10 catheter for this gentleman on three different occasions, without any retention as the result. His general health is excellent; he is now enabled to pass the whole night in quietude, and is enabled to retain the urine for eight hours during the day; the stream is very good. The previous misery he has suffered from has taught him the necessity of not neglecting himself, and I have urged him to occasionally introduce a large wax bougie, as recontraction would otherwise most surely take place in course of time.

August 2.—This patient paid me a visit to-day, as not having had any instrument passed for some weeks, nor having used the bougie himself as I wished, he was anxious to know if his urethra had at all contracted; however, he was very much pleased to find that I was enabled to introduce a No. 10 without difficulty. He is in excellent and robust health, and has not the least difficulty with his urination, and he is enabled to retain the water as well as he ever did in his life. He has promised that he will pass a No. 9 or 10 wax bougie for himself once every week.

Although the foregoing case has been somewhat minutely detailed, it is impossible from the narrative to form an idea of the difficulties which were experienced during the treatment, or of the patience which was required both by the subject of the stricture, and by the Surgeon; for it was found that the least attempt to carry on the dilating process at more than a certain rate was resented in a moment, and most surely; and little surprise has been excited in my mind that his former Surgeon had given up the case in despair, and had recommended the perineal section, for the most determined opponent of this operation must concede to it the one merit, at least, of being calculated to save the Surgeon an enormous amount of trouble. This case I look upon as the more instructive, as it was an example of that form of stricture not very commonly met with where dilatation, beyond a certain point, seems almost impossible, and where with an intense local sensitiveness there is a disposition in the system at large to sympathise most acutely. It is in such cases that external division of the stricture has been recommended, and I have thought that the publication of such a case, which was condemned to this operation by a most able Surgeon, and which is shown to have been remediable by other means, might be useful to those who have only looked to one side of the question, or who are in doubt as to what course should be pursued in similar instances.

The very beneficial results obtained in this instance are attributable, in my opinion, chiefly to two circumstances; the one was the employment of the catheter in the most gentle and most gradual manner, and allowing it to remain in contact with the sensitive urethra as long as the patient could bear it at each visit; the other precaution taken by me was to calm and fortify the system against the depression produced by the severe rigors the patient had experienced, and to remove the daily retention of urine; these rigors, and the periodicity of the attacks of retention (always at mid-day) indicated the remedy at once—quinine; and whether it was that medicine, or the gradual process of dilatation and emptying of the bladder, which in a few days removed these symptoms, I cannot say; but these two most formidable obstructions to the so-called cure of stricture were speedily remedied; after this, however, the extraordinary tenacity in the stricture to contract, and the exquisite sensitiveness of the canal still remained to be opposed; and it has been seen that caustic had been used to remove this state of things, had not only utterly failed, but had, as the patient decidedly informed me, made him very much worse. These obstructions, however, were removed by very slow and gradual attempts at dilatation, and by persistent contact of the instrument with the diseased canal.

The patient himself, who is a most intelligent man, attributed the non-success of his former Surgeon to the fact that he did not allow the instrument to remain in the urethra more than a very short time, on the principle recommended by the gentleman whose name is most intimately associated with the perineal section—"the instrument should not be allowed to remain in the urethra more than one or two seconds" (a). The plan I am in the habit of adopting in these cases, is to allow the instrument to remain so long as the patient can bear it without producing pain, and not to attempt the introduction of a larger catheter until the one of a smaller gauge has been passed, at least, two or three times.

This case, then, forcibly shows that a stricture of the very worst kind, and of the most contractile nature, may be remedied by other means than the perineal section; and here I may be justified in making a few observations in reference to this operation, which was trumpeted forth a few years since as "sufficient for the complete remedy of the disease in its most inveterate and obdurate form," and which its author stated would "accomplish quickly, safely, and surely," what all other things had failed to do (b).

Fortunately for the sake of surgical science, and for those who suffer with severe stricture, the time which has elapsed since the first promulgation of the extraordinary doctrines alluded to, is bringing about that which all the argumentation in the world could not effect; facts are being continually elicited which show that the external division of strictures is no more to be depended upon as a "complete remedy for the disease," than any other mode of treatment. Patients whose urethral canals were slit up a few years since, are now going about from one Surgeon to another, in as bad a condition as they were before. But this is not the worst part, for while the cases which have recovered from the operation have been prominently laid before the Profession, death has been busy with others. Not long since a gentleman with severe stricture came to me from Manchester, and he informed me that he had been alarmed and driven to consult a Surgeon, in consequence of the fatal result of an operation performed there some little time before by Mr. Syme. The facts of this terrible case are well known in Manchester. Since then the same Surgeon operated upon an old shipmate of an intimate friend of my own, the patient being a distinguished naval officer, in the spring of manhood. Death followed in this instance in the course of a few days. And this unfortunate Surgeon has since then lost another patient, also in the spring of manhood, from the same species of operation. It is surely to be expected that these three cases all occurring within a few months, will be given to the Profession in their original nakedness; for the operator has in his published writings led us to believe that the external division of a stricture upon a conductor was not only a complete remedy, but a safe operation. In my opinion, it shows either a gross self-deception or want of principle, to assure a poor fellow who is seeking our best advice, that this operation may be performed without danger. At the moment I write I am attending a gentleman labouring under the worst form of stricture, attended with perineal fistulæ, seeking for relief from his terrible sufferings. After being a long time in the hands of other Surgeons, he applied to one of large experience in this city, who at once advised him to be cut, and told him that "there was no danger whatever in the operation." It is no wonder that, to use his own words, "he had nearly talked him over." This patient, however, consulted another Surgeon before undergoing the operation, who knew its dangers, and stated them fairly and honestly. He came into my hands in the same, or in a worse condition, than he was in when he was condemned to be cut; but by the utmost perseverance the very great difficulties which presented themselves have been overcome, and thus there is another instance to prove the utter absurdity of the doctrine that there is no other complete remedy for the worst form of strictures but the knife.

Internal incision was the fashionable remedy for severe strictures twenty or thirty years ago, now there are few who do not regard it as an utterly unscientific remedy, and one, except in instances of stricture at or close to the meatus, as utterly useless. External incision has been the fashion of late years, but that operation has reached "the meridian of

(a) Syme on Stricture, p. 44, 1st Edition.
(b) Ibid, p. 58 and p. 10.

Digitized by Google

its glory," it will soon become a thing of the past, and the well-educated Surgeons of the present and succeeding age will look with astonishment upon the fact, that the external division with the knife of a contracted canal, composed in its healthy state partly of involuntary muscular fibre, endowed with the most exquisite sensibility, and subject to the most exciting causes of disease, was solemnly vaunted as a "complete remedy" for stricture in its most "inveterate form."

It may be objected that in the case detailed the remedy will be, as the perineal section, temporary only, and that the symptoms will in time return. Doubtless they will return if the patient be foolish enough to neglect himself; a bad stricture will most surely re-contract in nearly every instance, after whatever treatment may have been adopted, if it be neglected—but of this I feel pretty sure that re-contraction takes place much more speedily and obstinately after violent measures, such as cutting, using caustic, or violent disruption, than after the slow and cautious dilatation which I employed in this case, and which should always be used in similar instances. I have great faith in potassa fusa in certain obstinate cases; but my experience of that agent makes me incline to the belief that if the patient neglects himself recontraction will occur more obstinately than when it has not been used. This, however, in itself is not a valid objection against its employment in proper cases, nor is the fact of re-contraction taking place, alone, an argument against perineal section. The great objections to this operation are that death does often occur, and that cutting is not necessary if an instrument can be passed through a stricture, and proper treatment be subsequently pursued. In order to show that by taking a number of cases the results of this operation are anything but favourable in the hands even of the most skilful, I may mention that there have been operated upon in King's College Hospital by Mr. Fergusson since 1849, thirteen cases of stricture according to the new method; out of these cases, three patients have died, and of the ten remaining about one-half only have been turned out in what may be termed a sound condition. I very strongly suspect that much about the same average of success would be found to follow this proceeding wherever performed, if the results could be ascertained as truthfully as in the cases referred to; but when we have evidence to prove that fatal cases are constantly happening, it becomes a mere mockery and farce for any one, whoever he may be, to talk about the safety and success of the operation, and every honest man will hurl the indignation of his mind against those Surgeons who, knowing the real facts, plainly tell their unsuspecting patients that "there is no danger in it whatever."

I may as well state that these remarks are not at all to be applied to the old operation of perineal section, the cutting down upon an impermeable stricture on the point of a sound. The most ludicrous mistakes have been, and are being perpetrated in reference to these proceedings. Only a few weeks since a case was sent to one of the Medical Journals, all the way from China, and inserted as an instance of the new operation. The writer took especial care to glorify Mr. Syme's proceeding, giving his case as an illustration of its superiority to everything else, and after all it turned out to be an instance of the old operation, which Mr. Syme has condemned altogether as merely "the refuge of awkwardness, or failure in the introduction of instruments."

Caroline-street, Bedford-square.

CASE OF INFLAMMATION OF THE GLOBES IN A NATIVE FEMALE,

CAUSED BY SUPPRESSION OF THE MENSES.

By Surgeon WILLIAM MARTIN, F.R.C.S.
Late Professor of Ophthalmic Surgery at Calcutta Medical College.

Sowadimeenee, a respectable native female, aged 16—admitted into the Eye-Infirmary as out-patient, March 26, 1856. She states that she has suffered about a month past from pain in the globes and circumorbital region, with much intolerance of light; a feeling of tension, particularly in the left eye, etc. etc. There is some hardness of the left globe; right nearly natural; in both there is obscurity of the cornea and iris; pupils cannot be seen to act naturally. The anterior half of the left globe seems to be unnaturally prominent. There was conjunctivitis — a partial sclerotic zone in the right, and complete in the left; aqueous membrane hazy. Vision very obscure; with the right she sees features; with the left not so, but sees indistinctly large objects between her and the light. She states that there is nothing to which she can attribute the invasion of the disease. Her general health is good.

Upon the supposition that the cause of the disease was cold or damp, or such as would be likely to induce aquo-capsulitis, or hydrophthalmia, she was treated by active antiphlogistic remedies; leeches, blisters, purgatives, etc.; then by a little pil. hydrargyri, and a mixture containing iodine and iodide of potassium internally.

Some improvement took place; but there remaining after eight days a distressing sensation of tension about the eyes, particularly the left, both cornea were punctured near the sclerotic junction, with a cataract knife, and a quantity of aqueous humour evacuated. Some relief was experienced from this, but the inflammation still existing, local depletion was again used, and mercury given, with a view of affecting the system; at the same time the iodine was discontinued. The mouth became slightly affected on the 17th of April; slight improvement again took place, but there still remained much tension and obscurity of the tunics, with marks of sclero-iritic inflammation. The plan of mild depletion and counter-irritation was continued. Still no marked improvement took place. The left eye became rather more prominent than before. It now appeared, from a closer investigation, during which the woman, speaking with reluctance of her bodily state, admitted that she had not menstruated for above eight months, that this condition was the only probable cause of so obstinate an affection.

On the 12th May she began to take a mixture containing aloes, sulphate of iron, and gentian. A few days after, there being an aggravation of the symptoms, calomel was added to the mixture, and she was directed to use nightly a hip-bath containing mustard. The mouth became slightly affected, when the calomel was emitted from the tonic mixture. There was a decided, although small, alleviation of the symptoms. She began to see features of a person, as if through a thick mist, with the left, and tolerably well with the right. There was still, however, much intolerance of light, lacrymation, and obscurity of the internal parts of the eye.

On the 7th June the case appeared stationary. The calomel had produced slight effect for a few days, after which there occasionally took place an aggravation of the symptoms. No menstrual discharge appeared. The right globe was normal in shape, the left unnaturally prominent. Attenuation of the sclerotic near the corneal junction was to be expected. The tonic medicine was still continued, and calomel added as before. In a few days the mouth became tender: about the same time the prominence of the left globe and the feeling of tension in both began to diminish. On the 20th June, a few days after the system became a second time affected by the mercurial, the menses reappeared after about ten months' cessation. From that time she reported that her sight became much stronger, and the feelings of tension no longer existed. On the 24th there were no signs of inflammation present, and but little prominence of the left globe. On the 30th, it is noted in the case-book that no prominence of either globe was visible; sight much improved; pupil much less misty. The tonic medicine was omitted; occasional counter-irritation used.

Remarks.—This case is peculiarly interesting, as the cause of a most severe and distressing inflammation which for a long time was obstinate and threatened total disorganisation of the eyes, was for a considerable time not to be ascertained, and it is, I believe, very rare to find such serious effects arising from the only cause which could be reasonably assigned in this case, namely, suppression of the menses. The patient, a native female, in a respectable sphere of life, was exceedingly indisposed to answer any questions about her bodily condition, consequently the disease was referred to the ordinary causes of inflammation, predisposing and exciting. There was nothing in her appearance to indicate any special cachexia, or constitutional tendency to any particular form of ophthalmic inflammation. It was only when the obstinate characters of the malady became evident, that a more minute examination into the state of the menstrual function was thought necessary. It then appeared that a total cessation of it had taken place for about eight months. It was, therefore,

Digitized by Google

naturally concluded that this abnormal condition of the all-important function, in the absence of any other cause, afforded the only probable solution of an otherwise unaccountable case. A considerable time elapsed still before any marked improvement resulted. It was evident that, as long as this special constitutional ailment lasted, no material alteration for the better would take place, and that the treatment which was adapted rather to remove the general than the local disease, would only be palliative as regarded this local affection; it became probable that, unless a healthy condition of the menstrual function could be brought about, total disorganisation of the eyes would result. Slight mercurial action, combined with a tonic treatment, seemed to have a favourable effect upon the local disease by producing a slight alleviation of symptoms; but the improvement was not progressive, and the menses still did not appear. The alterative and tonic treatment which was continued, not producing any marked effect, and local disorganisation becoming daily more imminent, calomel was tried a second time, and fortunately very soon after the second mercurialisation, the menstrual function was restored, and it may be presumed, as a result of perseverance in the stimulating treatment, and more especially in the use of mercury. This was followed by a rapid improvement in the vision and in the condition of the eyes, and at the last report there was every chance of a permanent cure being obtained. This case, besides possessing several points of interest, shows the absolute necessity of our looking out, in all obscure cases of eye disease, for some constitutional derangement as the real cause. We shall often find, as in this case, that a morbid condition, which might be looked upon as a remote or predisposing cause simply, is quite enough, without any special exciting cause, to keep up the disease, and that we must direct our attention principally, if not solely, to remove that condition; and that until that is done, no treatment of the symptoms merely will suffice to cure, or to give effectual relief to the disease; in fact, we must look upon the local symptoms, just as we would in a case of small-pox or secondary syphilitic eruptions, as merely a local manifestation of a constitutional disease.

24, George-street, Hanover-square.

TWO SUCCESSFUL CASES OF EXCISION OF THE KNEE-JOINT.

By Mr. D. W. CROMPTON,
Senior Surgeon to the General Hospital, Birmingham.

WHILE the real eventual value to patients among the labouring classes (upon whom, doubtless, the greater number of operations for excision of the knee and hip-joints will take place) is still undetermined by practical Surgeons, I think I may be excused for sending you two cases of excision of the knee-joint, which have terminated very satisfactorily to my own mind, and, I believe, most beneficially to my patients. I was entirely free from any bias, either for or against the revived operation, and I am strongly of opinion that an unprejudiced inquiry by different minds, even when it leads to very opposite views of the same subject, is of infinite importance to the advancement of truth. Such has lately been the case with regard to Syme's perineal section, and is now occurring with respect to the resection of the hip and knee-joints; the effect, I trust, will be that of preventing too rash and hasty a judgment as to the real value of the operation, and a too frequent resort to it. Some urethræ may in consequence now be in a state that would be benefited by Syme's operation, and some limbs have been amputated that might have been saved; but, on the other hand, many persons may, by the exercise of a little more patience, be rescued from unnecessary surgical interference. It would be more to the honour of our Profession if all such controversies were carried on without the acrimonious feeling which it seems so difficult to avoid (a).

I have always considered amputation of a limb to a working man, even when successful, equal to the difference between a home with independent livelihood, and poverty and the workhouse. I was therefore most anxious to resort to an operation of which such favourable results had been reported, yet I could not but feel some anxiety as to the result of removing the ends of large bones, so as to open the cancellous structure to the access of pus, which must be the case in all these operations, not to mention the inflammatory process that may ensue, and which so often, even in simple amputation, leads to purulent infiltration. My own experience induces me to believe that pyæmia is more often to be traced to purulent infiltration commencing in the bone itself, than in the larger and more superficial veins, and therefore we can hardly hope to escape such a misfortune where two large surfaces of bone are at once exposed. This chance alone may be found sufficient to reduce the success of excision to an equality with, if not to a less degree than amputation; and, besides, there remains the possibility of a useless or unsteady limb. The very circumstance that the operation itself requires so little surgical skill, or even anatomical knowledge, I am afraid may render it liable to abuse, particularly if it should become "the rage" for a time, as appeared to be the case with the operation for "strabismus," "uterine disorders," and others.

Both my patients were 22 years of age. The first case, that of the young woman, had reached the stage in which, a few years ago, I have no doubt amputation through the thigh would have been the only course to have pursued. Her health was becoming so worn, and her pain so severe and constant, that I thought a few weeks more of such suffering would have placed her life in danger. This case was rather peculiar, inasmuch as caries and necrosis of the patella alone, beginning on the external surface, is not the usual cause of ulceration and destruction of the knee-joint. The young man's case was such as is more common in Hospital practice. Strumous disease is set up in some one or more textures composing the joint, probably during the childhood or early youth of the patient, who perhaps is admitted into a Hospital, where, for a time, perfect rest and good diet arrest the disease; but the tickets of admission (or the patience of his relatives or himself) become exhausted, and he is removed to his home, where various domestic remedies are tried, sometimes under the care of a regular practitioner, but more frequently under the management of the "bone-setters" and "herb-doctors." The limb is placed by the patient himself in the position most easy to him, and in general becomes more and more flexed, till the cartilages being all gone, and suppuration established, the pus is evacuated through various sinuses, very commonly in the popliteal space, the contraction of which increases the flexion of the joint, and renders any attempt at extension in future more difficult. I may remark here, that suppuration in the popliteal space, and consequent contraction of the knee, is very commonly the result of strumous disease going on to necrosis of the femur, above and behind the condyles on the under surface of the bone, quite independent of (and not unfrequently unaccompanied by) disease of the joint itself, which retains its cartilages, and is in a state to regain its functions, if the contracted knee could be restored to its position. I am sorry to say I have more than once been disappointed in obtaining this restoration, though I have removed the necrosed portions by operation in a more satisfactory manner than I had previously hoped to have done. I am not, however, prepared to say that in such cases one would be justified in removing the knee, so as to shorten the space for extension; and yet, in not a few of these cases, as well as in the one previously described, the time comes when the limb is an incumbrance, the bones are displaced, and, though stiffened and easier, it is not easy. The patient is obliged to attempt to gain a livelihood; while every jar or twist in trying to use the limb makes matters worse. His patience and health are both exhausted, and he comes again into a Hospital, for the purpose of being relieved from his burden while under the blessed influence of chloroform. Such is the usual story of Hospital patients; and it is in such cases that (I would fain hope) excision, combined with careful treatment afterwards, by insuring the possession of a natural ankle and foot, may be the means of enabling many poor persons to obtain a comfortable livelihood, independent of parish relief.

I subjoin notes of the two cases to which I have alluded, for which I am indebted to Mr. Goodall, the present House-Surgeon of the General Hospital. It is only due to him to

(a) These remarks may, by some, be deemed impertinent, but they express what I believe to be a general feeling in the "Provinces," where we hear the booming of the shells fired from the great guns of Edinburgh and London, which pass over our heads, and like the inventions of the late "Orsini," burst into dust and injure the bystanders, while the object aimed at escapes uninjured.

Digitized by Google

add, that he had the responsibility of placing the limbs of both patients in their proper position after the operations, which he did in a most satisfactory manner.

CARIES OF THE PATELLA AND SUBSEQUENT DISEASE OF THE KNEE-JOINT.

Case 1.—*Mary Morris*, aged 22, housemaid, was admitted into the General Hospital, Birmingham, September 4, 1857. She states that about three years and a half ago the left knee became painful without any known cause. She then noticed a small black spot on the outer side of the patella. It was blistered, but soon after an abscess burst on the outer side of the knee, which discharged a good deal of matter. She was first admitted into this hospital under my care three years ago, and stayed in the house about eleven months, during which time I kept her at rest and attended to her general health, which was not good. I cut down upon the patella, and with a gouge removed a portion of carious bone, but the disease progressed, and she left the hospital for want of tickets. She then entered the Queen's Hospital under the care of Mr. L. Parker, who also removed some carious bone. After some time she went into the Dudley workhouse, and stayed there ten months, unable to use her leg. At the time of her second admission into the General Hospital, the left knee was two inches in circumference larger than the right. The leg was straight, and a sinus on the upper and outer side of the patella led to diseased bone. She suffered violent pain when the least pressure was made on the patella, and her health was suffering daily more and more; she had restless nights and starting pains.

I decided to attempt excision of the knee-joint and remove the diseased patella: this was done October 28, 1857.

I made a semilunar incision below the patella, and cutting open the joint, raised the patella in the flap, and removed it. It was carious in its whole extent, and a portion of it was wanting altogether; the cartilages of the whole joint had disappeared. Finding that I had some difficulty in getting well free of integuments around the head of the tibia, I made a straight incision of about an inch and a half towards the tubercle of that bone, and thus turned back sufficient to allow of the free use of the saw, (which was a small amputating saw,) and I used it cutting from before backwards: very little hæmorrhage occurred. Two hours after the operation the incisions were brought together by sutures, leaving the lower portions quite free for the escape of any pus, etc. The limb was placed on a straight metal splint with a foot-piece well padded everywhere, so as to give good support, and the whole was placed in a swing.

Oct. 29th: p. 140.—She has suffered much from sickness, probably induced by the chloroform.

31st.—Portions of the wound, which had been dressed only with water dressing, have healed by the first intention.

Nov. 10.—Ordered quinine mixture, and she has had good diet from the first.

Dec. 12.—Splint removed for the first time. Clean pads and dressings applied.

Jan. 15.—Splint removed for the second time. Tolerably firm union has taken place; she can bear the leg to be lifted by one toe. Slight serous discharge from the sinuses that remain on the inner side of the knee, and upper border of the lateral incisions.

30th.—A gutta-percha splint was applied to the back of the limb, and the knee strapped.

May, 1858.—She is still in the Hospital assisting in nursing and cleaning the ward; she can walk well without a crutch or stick, and is in excellent health. She would have gone out long ago, but she has no friends to go to, and a feeling of interest is excited in her case, which has allowed me to detain her so long in the house. I am confident it is of infinite importance in all these cases, as it is also in compound fractures, that the limbs should be so "put up," that perfect rest may be obtained, and too frequent moving for dressings of any sort should be avoided. The first position therefore in which the limb is placed should be as good as possible and by all means maintained. Pyæmia, or secondary amputation, will probably be the consequence of a departure from this rule.

EXCISION OF THE KNEE-JOINT.

Case 2.—Charles Goodwin, aged 22, is the fifth of six sons, who are all in good health. The father and mother are also still alive. He enjoyed good health till twenty-one months before admission; when the left knee without any known cause gave him pain on the inner side. He could still work upon it, and there was but little swelling. Two months after this he went to Manchester, where issues were used. From this time the knee began to swell rapidly; some time after he fell down and strained it, when violent inflammation took place, and swelling which ended in the formation of pus, which was evacuated through openings at the upper and outer side of the patella, and also at the lower part; suppuration continued for the period of eight months, during which time he was confined to his bed. On his admission into the General Hospital, Birmingham, under my care, the knee appeared to be in a quiet state, suppuration had ceased for some time, but he had pain on pressure over the swelled parts of the joint. The knee was bent at an angle of 60. He looked pale, and wished something more to be done, though he was unwilling to submit to amputation. The patella was firmly anchylosed to the femur, and the integuments over the patella were immovably fixed down upon the bone, and were one mass of cicatrix. The tibia somewhat displaced backwards. I gave him the choice of leaving the leg as it then was, or of amputation, or, if he wished it, I would attempt excision, with the understanding that if it did not succeed amputation would become necessary. After a day's consideration he consented to the chances of excision, which was performed December 9, 1857. I made a semicircular incision, as in the former case, and attempted to raise the patella in the flap; but I was obliged to cut part and tear up by force the rest of this bone from the outer condyle of the femur to which it was firmly attached by bony anchylosis. Then bending the knee to a right angle I divided the crucial ligaments, and sawed off a thin portion of the tibia, then a portion of the femur, and attempted to bring the leg into a straight position, but could not do so; I, therefore, with what is called "Butcher's saw," the blade being fixed at a convenient angle, sawed from behind forwards another portion of the femur sufficient to release the tibia from the back part of the femur. No vessels required ligature. I found it so easy and convenient to use Butcher's saw in the manner just described, that in future I think I shall always use it, sawing from behind forwards. I have seen the joint attempted to be removed without dividing the crucial ligaments or opening the joint; but my impression is, that the method increases the difficulties without any advantage being gained by it. I felt myself obliged to leave the patella in this case, because no integument could be raised from the outer surface, and I was afraid if I removed the patella, with its covering, I might not have enough to close the wound over the other bones. Much difficulty was experienced in drawing the leg into a straight position, even after the second portion of femur was taken away; this, however, was accomplished, under chloroform, by Mr. Goodall in the ward, and the limb was swung in a Salter's swing, as in the former case. The remains of the synovial membrane were found in a pulpy state, and the cartilages were gone. No shock appeared to take place, and no bad symptoms followed the operation. He was allowed two mutton-chops on the second day after. The wound was dressed with water dressing.

January 15.—The pads appeared to be getting rather dirty, and were removed; this was the first time the limb had been stirred since the day of operation. The whole line of incision was nearly healed, and he felt some union of the bones had taken place. The patella and the spongy synovial membrane projected so much as to give the limb a very unsightly appearance.

January 29.—The splint and swing were entirely removed, and a gutta-percha splint applied to the back of the leg.

February 4.—He was discharged: he had walked with a stick some days, and appeared to have perfect confidence in the strength of the limb, generally sitting with it crossed over the other knee, and projecting straight out before him; two small sinuses not going towards the bones alone remained; they were injected with a solution of nitrate of silver. The knee was regularly strapped.

March 15.—Having gone home for some time, and finding he could not live so well, and the sinuses were not all healed, he was again admitted, and ordered to rest for a few days.

April 24.—Sinuses healed. He had walked three miles, with a stick, on April 19, without any pain or inconvenience. The enlargement of the knee is daily decreasing, and though the patella produces an unsightly projection, he is able to walk without a stick briskly and well. His health is much improved.

Digitized by Google

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATING THE TREATMENT OF SPINA BIFIDA.

(Continued from page 89.)

GUY'S HOSPITAL.

LARGE SACRAL SPINA BIFIDA IN A HEALTHY ADULT.

(Under the care of Mr. HILTON.)

Rebecca W., aged 23, was under Mr. Hilton's care, in Guy's Hospital, during April, 1853. The ailment for which she was admitted was a fistula near the anus, which was believed to communicate with carious disease of the end of the coccyx. The circumstance which gave interest to her case was, however, that there existed a large spina bifida. The tumour, which was as large as two fists, had a broad peduncle of attachment to the left side of the spines of the sacrum, and itself occupied the upper part of the left buttock. To the touch it felt tense, and there was free fluctuation. The skin over it was loose, and might easily be pinched up. On taking the tumour in both hands, and compressing it, she complained that a disagreeable sensation of fulness in the head was caused, and that flashes of light were seen before the eyes. Many trials were made, and these symptoms were invariably produced. She was a married woman, and had borne two children, her labours having been, she said, without any unusual occurrence. She was obliged to be very careful how she sat down, for fear of injuriously pressing the tumour, but the sensations in the head always gave her warning when it was squeezed. She had never suffered any further inconvenience from it beyond these peculiar head-sensations, excepting on one occasion, when, having fallen out of a swing, and struck the tumour, she was for a fortnight unable to stand, and during the first part of the time could not even move her arms. Having kept her bed, however, for some weeks, these symptoms gradually passed off. She was of sanguine temperament, cheerful, and of active habits, and had, on more than one occasion, taken long sea-voyages. It did not appear that in infancy the tumour had caused any symptoms. It had been noticed immediately after birth, and several Medical men were then consulted about it. At a subsequent period she was taken to the late Mr. Key, who strongly advised that no interference should be permitted. There had never been any degree of clubfoot. The fistula for which she now came under care, had resulted from an abscess near the rectum, which had formed during her homeward voyage from America about two months before her admission. It did not appear to be in any way connected with the spinal tumour.

The only parallel to this case in respect to the large size of the tumour, the entire absence of symptoms, and the age of the patient which has ever come under our notice, is the one cited in a previous part of the series (*Case 5*). In the present case, the tumour, from its lateral position and smaller size, caused much less inconvenience than was experienced in the other. There was no temptation to interfere; for the woman really suffered nothing from it, and was competent to all the duties of her station, and the full enjoyment of life. Such instances are, doubtless, very rare, though probably not quite so nearly unique as some might suppose.

THE METROPOLITAN FREE HOSPITAL.

TUMOUR, SUPPOSED TO BE A SPINA BIFIDA, OVER THE SACRUM OF A HEALTHY ADULT.

(Under the care of Mr. HUTCHINSON.)

Neither in Mr. Hilton's nor in Mr. Tatum's cases, above recorded, could there be any doubt as to the diagnosis. The tumour was in each of congenital origin, and there was direct evidence that its sac still communicated with the spinal theca. In the following, the tumour was of much smaller size, and the history of its having existed at birth being wanting, there still remained some doubt as to its nature. It presents, however, features of sufficient interest to be worthy of record, notwithstanding these detractions from its value.

John E., aged 32, a fairly muscular man, in good health, applied, on April 14, 1857, for advice respecting a tumour which existed over the spinal processes of the middle of his sacrum. It was exactly central, and about the size of a duck's egg, but more rounded. It had an evident peduncle of attachment to the vertebræ, and gave to the finger a not very distinct impression of fluctuation. It felt, indeed, as if fluid were confined within thick and tense parietes. The solid structures appeared of varying thickness in different parts, and on the right side was what felt like a plate of cartilage. The tumour was exceedingly tender, and darting sensations in the back and down the thighs were complained of when it was pressed. The man said that he had suffered a great deal from it, both on account of pain arising spontaneously, and also from the effects of its being accidentally squeezed. He was very desirous that something should be attempted for its removal, if it could be done safely.

The history given was, the tumour had not been noticed until he was twelve years old, that it had increased slowly for the first year or two, and had latterly remained quite stationary. Two years before it was first discovered he had been under care in the Oxford Infirmary on account of a swelling on one knee, for which the knife was used, or, as he said, "a tumour was taken out." Thirteen years ago he was an inpatient at St. Bartholomew's, under Mr. Vincent's care, on account of the spinal tumour. Many consultations took place as to its nature, and he was finally told that it was in all probability connected with the spine, and, that to meddle with it would kill him. From that time to the present it had not, as far as he could tell, altered either in size or solidity.

Notwithstanding the doubt which hung about the case on account of the absence of congenital history, yet, after careful consideration of its various points, Mr. Hutchinson thought the probability of the tumour having a connexion with the spinal canal was too great to allow of its removal being attempted. The man was accordingly advised not to have anything done, but to wear over it a gutta-percha cap padded inside with cotton wool as a protection against chance pressure.

Supposing the tumour in this case to have been a spina bifida, it is probable that it was overlooked in infancy on account of its being of very small size, and that it did not materially increase until shortly prior to its first discovery. Such a history of the course of these tumours is however very unusual.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

NOTES OF A VISIT TO THE EDINBURGH ROYAL INFIRMARY.

Excision of the Tongue.—My notes last week concluded with the statement that Mr. Syme's case of excision of the tongue had, like his former one, ended fatally. I have since learned that the cause of death was, as in the preceding one, a form of lobular pneumonia, probably closely allied to the pyæmic. In each case the wound, both in its external and deep parts, was doing well, in neither had any secondary hæmorrhage occurred, in neither was the patient carried off by a disease having any especial connexion with the particular operation which had been performed. Why should excision of the tongue cause pneumonia any more than excision of the upper jaw? Unless recourse be had to some fancied influence upon the pneumogastric by the cutting away of the nerves which supply the tongue, we know of no answer to this question. The one operation is apparently as formidable as the other. Yet experience has proved that removals of the upper jaw are attended with exceedingly little danger, while the only two British cases in which, as far as I am aware, the whole tongue has been removed, have ended in death. Let us not be hasty in concluding from this that the operation is essentially one of extreme danger. We meet every day with the strangest coincidences. It may be that the next half dozen excisions of the tongue will all be successful. Nothing is more common than for peculiar

Digitized by Google

events to go in batches, and runs of good and ill luck are proverbial. I will own to sharing in the keen disappointment which Mr. Syme must feel at the termination of his second case. The operation impressed me as one of those bold achievements of root and branch Surgery, which in their mere courage deserve success. Having but too often before seen cancers of the tongue removed by ligature or knife in the most niggardly fashion—the fear of hæmorrhage preventing the operator from cutting an eighth of an inch further back than necessary—I was not a little gratified in witnessing an excision which in its utterly different character seemed to justify hope of a very different result. Nor does the disappointment in this instance prevent me from still feeling that Surgery is indebted to Mr. Syme for demonstrating that such an operation is practicable, and that too without any very alarming loss of blood. It will be replied that two human lives have been sacrificed for the sake of performing an out-of-the-way piece of surgical daring. But let us look at the fact fairly. Human life is a thing which varies very greatly in value. We have not now to do with that of a healthy lad just leaving school, or with that of the father of a young family himself sound in wind and limb. Before us is a poor wretch whose days are misery, and whose nights are torture. He has a fetid sore on that very part of his organism in which such a thing is the most loathsome. No insurance office would take his life at a six months' purchase, and when death comes it will be in his most terrible of forms—death from pain. The cutting off of a few months of such life as is in store for such a man, if resulting from a well-meant attempt to alleviate suffering and prolong existence, need not surely weigh very heavily on the conscience of the Surgeon. I am supposing of course that the patient has been made fully aware of the risk to be incurred, and is, as in nine cases out of ten he will be, a willing sharer in the responsibility. My present opinion then is that if this operation were worth trying at all, it is worth going on with further. In the first place, it would be most illogical and false to the interests of Surgery to conclude from the fatal results of only two successive cases, that it is a measure inseparably attended by extreme risk; and in the second, granting it be of very considerable danger, the nature of the disease against which it is had recourse to is yet such as to afford its warrant. It may possibly be found that the mode of operating adopted by Mr. Syme is capable of improvement in some respects; but I cannot feel a doubt that the principle he has acted upon, of attempting to go much further back in the removal of these cancers than has hitherto been the custom, will be extensively adopted in the future.

Excision of the Knee-Joint.—We all know the history of excision of the knee-joint in Edinburgh. How that Mr. Syme was one of the earliest of those who tried it, and how that, discouraged by the unfavourable results of two cases, he abandoned and denounced it leaving, to more persevering men the honour of demonstrating its value, and bringing it into general practice. Since the death of the late talented Mr. Mackenzie it has not, I believe, been practised at the Edinburgh Infirmary. Mr. Edwards, a former House-Surgeon at King's College, London, and now holding an appointment to a Dispensary in Edinburgh, has, I was informed, had two or three cases of which the results had been satisfactory. On one of the days that I visited the Infirmary Mr. Spence performed amputation through the thigh in a case, which, according to London notions, would have been considered a very model one for resection, there being no sinuses nor any disease of the superficial parts, and the patient (a young woman) being in fair condition. She had been an inmate of the Hospital for many months, and the pain which at first had been suspected to be hysteric, had latterly assumed an intensity deemed diagnostic of ulceration of the cartilages. As it was intended to inject the specimen before opening the joint I had no opportunity for observing its actual condition.

Hydrocele with solid bodies growing from the interior of the Sac.—On Monday August 2, Mr. Spence adopted in a case of hydrocele the old method of laying open the sac. He did so because it was believed that the case was one in which the effusion was complicated by solid outgrowths from the serous membrane, which would prevent a radical cure by any milder means. The patient was a man under thirty, in tolerable health. He complained that he had suffered much pain in the part, but there was no inflammation of the scrotum, nor was the size of the hydrocele great. A free incision having been made into the tunica vaginalis about two ounces of straw-coloured clear fluid escaped, and there were seen adhering to the lining membrane in many places, but especially about the epididymis, solid outgrowths varying in size from a pea to a hazel nut. Most of them were somewhat pedunculated, but others were flattish and attached by a broad base. The tunica vaginalis itself was thickened in parts, but not generally. After dissecting away these bodies as cleanly as might be, the testis which had been everted was replaced and the wound covered with lint.

In this case the solid growths were some of them almost cartilaginous in hardness, others, and the majority, were much softer and more fibrous. No doubt they resembled in nature the "melon seed-like bodies" so often found in bursa. This condition of the tunica vaginalis is, as far as my observation has gone, a very rare one.

Mr. Syme's Plastic Operation for Fungous Testis.—I was not fortunate enough to be able to witness the performance of this operation by its proposer. A case was, however, in the Hospital in which it had been adopted about two months before. The patient was a cachectic looking young man. Mr. Syme stated that the "fungous" outgrowth prior to the operation was fully the size of an egg. Instead of slicing this off, the edges of the ulcer in the scrotum had been freely dissected up, so as to allow of the whole being buried and the wound then closed over it by sutures. The final result had been that the parts were now soundly healed, the testis not feeling much larger than natural. Mr. Syme attributes the disappearance of the protuberant granulations to the pressure exerted upon them by the scrotum after their enclosure has been effected. I have seen this operation performed, perhaps, half-a-dozen times, in different London Hospitals; and, as far as I could observe, with a careful adherence to Mr. Syme's directions, but, I am compelled to add, with rarely a very satisfactory result. An inaptitude on the part of the skin to heal over the diseased mass was generally shown, and in almost all the wound reopened to a greater or less extent, and the cure was only effected by the use of other remedies. In saying this, however, I do not by any means intend to imply that the operation was always a failure. In most instances it secured partially the results wished for, that is, the testis and its outgrowth were got into a less superficial position in the scrotum and were better covered, and the cure was more easily completed by other means (application of caustic iodine, etc.) than it would otherwise have been. The more rosy of the tints which Mr. Syme employs, both in writing and speaking of this procedure, must, however, certainly be omitted in any picture of it drawn from London practice.

Curious instance of Hereditary Blindness.—Chancing to visit the Old Town Dispensary, in company with Dr. Gairdner, I saw a very curious case in which blindness appeared to have been hereditary. The patient was a very cachectic child about two years old. Both eyeballs were collapsed, and had the appearance as if they had been destroyed by sloughing of the whole cornea and escape of the humors. In what looked like a puckered cicatrix small portions of blue iris were visible. The child had, however, been born so, and had never suffered any inflammation of its eyes. Its nurse told us that both its parents were in a similar condition, and that an infant sister had also been born blind. Attracted by this most unusual history, we visited the mother at her home, and found the account quite correct. The mother's eyes were almost in a precisely similar state, resembling even in details the condition of those of her children. The infant's globes were not so much shrunken as its elder sister's and mother's, and there was rather more of the remains of iridal tissue visible. The mother had been born blind, and had been educated in a blind asylum, where she first became acquainted with her husband. In his case the blindness had not been congenital, but had been caused by "the gum" when a few weeks old; as far as I could make out this "gum" appeared to have been an attack of purulent ophthalmia. The father we did not see, as he was away at his occupation, but he was stated to be totally sightless. The poor woman showed the most keen distress at the condition of her children, stating that she had consulted the Medical man of the Institution prior to her marriage, and had been assured that there was no probability of her offspring inheriting their parent's defect. Asked if during her pregnancies she had allowed her mind to dwell much upon the fear for

Digitized by Google

her infant's eyesight; she replied that during the first she had not felt any apprehension whatever on that score.

The cases, of which not a few are on record in which coloboma presents itself in the eyes of a whole family, might be referred by some to the impression made upon the mother's mind by seeing the defect in the eyes of her husband on her eldest child, tending to reproduce it in those of her subsequent offspring. Such an explanation is, however, impossible in the above instance, since the mother herself was blind, and having been so from birth, had never had any opportunity of receiving any impression as to the state of her own or her husband's eyes. It is certainly curious (though I believe quite in accordance with other facts as to the hereditary transmission of defects) that her children's globes should present such exact counterparts to her own.

(To be continued.)

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 244.—Galen's Treatment of Skin Diseases.

Sir,—I think the following account of a prescription of Galen for the Emperor Tiberius will interest many of your readers.

We read in Tacitus (Annalium, lib. iv. cap. 57) that, Anno Domini 26, Tiberius Cæsar made a journey into Campania, ostensibly to dedicate certain temples to Jupiter and Augustus, but really to get away from Rome. After giving various alleged reasons for the Emperor's absenting himself from the city, Tacitus adds:—

"Erant qui crederent, in senectute corporis quoque habitum pudori fuisse: quippe illi prægracilis et incurva proceritas nudus capillo vertex, *ulcerosa facies, ac plerumque medicaminibus interstincta:* et Rhodi secreto, vitare cœtus, recondere voluptates insuerat."

In the Notæ et Emendationes of Valpy's edition, we learn that, besides his "ulcerated face," usually smeared or "spotted with medicaments," Tiberius had ulcerations all over his body, for Julianus, in Cæsaribus, p. 309, mentions innumerable scars, ulcerations, deep wounds and vibices, lepra and lichen. With respect to the causes of this disgusting malady, historians concur in attributing it to his immoderate and libidinous habits. Suetonius says, that his lustfulness, even in his old age, was so great that the people applauded a play in which he was called "*hircus vetulus*," "an old he-goat;" and Julianus calls him an old satyr.

The particular prescription which Galen wrote for this disease is preserved in his works as follows:—

Πρὸς ἕρπητας ὁ Τιβερίου Καίσαρος:

℥ Διφρυγοῦς, μηκωνείου, σχιστῆς, ἀκακίας, ἀνὰ οὐγγίας γ' ὄξει, ἢ ὕδατι ἀναλαμβάνων, χρῶ.

which Valpy renders thus,—

"Ad herpetas Tiberii Cæsaris.

"℥ Diphrygis, meconii, aluminis fissi, acaciæ, singulorum uncias tres aceto vel aquâ diluens, utitor."

I find, upon reference to authorities, that Diphryges was the dross of copper variously obtained. The true διφρυγὲς, used as a medicament, was prepared from the mud of a copper mine in Cyprus; its name implied "twice roasted." Meconium was an extract of wild poppy.

Morris F. Davey.

August 16, 1858.

No. 245.—Discovery of the Circulation.

"When Harvey's discovery of the circulation was first announced, it was set down as an absurdity by almost all the Physicians of the day. . . But it soon gained partisans, and in particular Ent in London, Rolfink of Jena, and Slegel of Hamburgh. And then came Descartes, who declared that the fact of the circulation of the blood could no longer be doubted 'except by those who are so wedded to their prejudices, or who are so accustomed to disputations, as to be incapable of distinguishing what is true and positive in reasoning from that which is false or probable.'

"Then came the second phase of the discussion. Not being able to deny any longer the fact of the circulation, Harvey's adversaries pretended that there was no novelty in it; twisting and torturing the writings of the ancients and of their immediate predecessors, in order to elicit from them some idea of the circulation of the blood. Some pretended that the idea was to be found in Hippocrates; others in the writings of Solomon or Plato; others again attributed it to Nemesius, Bishop of Emesis in the fourth century; to Servetus, to Cesalpinus, or to Scarpi; some argued from certain passages in Shakspeare that the fact was even in his time public property: and even in our own days the author of a history of anatomy, Portal, affirmed that one of the disciples of Vesalius, Vasseur or Le Vasseur, knew as much about the phenomenon as we do now. But all these assertions vanish before an impartial investigation. Senac did justice to these pretensions; and the most recent historians, while giving all credit to Servetus and Cesalpinus, have recognised Harvey as the first to prove the circulation of the blood. 'When Harvey appeared,' says M. Flomeno, 'everything relating to the circulation had been suspected or indicated, nothing had been established.' I would add, that everything had been indicated or suspected, but that nothing had been understood. In fact, if Servetus had known what is meant by the circulation, he could never have imagined that arteries terminated by becoming nerves. Fabricius d'Aquapendente also, who came long after Cesalpinus, and who carefully studied the structure of the valves of the veins, knew nothing about the circulation."—*Milne Edward's Leçons sur la Physiologie.*

No. 246.—Apothecaries.

In England, in 1543, an Act was passed for the toleration and protection of the numerous irregular practitioners, who were neither Surgeons nor Physicians. It was entitled "An Act that being no common Surgeons may minister outward medicines;" the persons thus tolerated comprehending those who kept shops for the sale of drugs, to whom the name of Apothecaries was then exclusively applied. On the 9th of April, 1606, King James I. incorporated the apothecaries of London, and united them with the grocers; they remained so until 1617, when they received a new charter, forming them into a separate company, under the designation of the Master, Wardens, and Society of the Art and Mysteries of Apothecaries of the City of London. It appears that the Apothecaries of London did not begin generally to prescribe as well as to dispense medicines, until a few years before the close of the seventeenth century."—*Beckman's Inventions.*

The first mention made of an Apothecary in the Fœdera is in 1345. In that year King Edward III. gave a pension of sixpence a-day to one Coursus de Gangeland, an Apothecary of London, for taking care of, and attending his Majesty during his illness in Scotland.—*Ibid.*

No. 247.—Filth and Brutality—Cleanliness and Morality.

"The local circumstances which are hostile to health are likewise hostile to moral and intellectual education. It has been my duty to make myself very intimately acquainted with places, respecting which it may with truth be said, that vice and ignorance and brutality are among their active causes of disease. But from my first moment of personal intimacy with such places till now, my assurance has grown stronger and stronger, that it is much more difficult than the wealthy and powerful can imagine, for those who are born and bred in courts, which are the nurseries of cholera, typhus, and scrofula, to emerge from their wretched childhood, otherwise than vicious and ignorant and brutal. The same soil nurtures both growths of misery. And when social reformers jointly address themselves to these afflicting scenes, it is no easy problem to determine whether, by their indirect co-operation, the schoolmaster and the minister of religion do more for the bodily health, or the sanitary improver more for the progress of education, and for the lessening of crime."—*Mr. Simon.*

No. 248.—Heroic Treatment.

"In former days, blood-letting was one of the heroic arms of Medical practice; and it is sometimes almost appalling to read of the exploits of practitioners. Haller mentions the case of an hysterical woman, who was bled 1020 times in nineteen years; and a girl at Pisa is said to have been bled once a day, or once every other day, during several years. A third case he mentions of a young man who lost seventy-five pounds of blood in ten days; so that if we reckon ten pounds of blood as the utmost which the body contains at any given period, it is clear that this young man's loss must have been repaired almost immediately."—*Blackwood.*

Digitized by Google

No. 249.—Handwriting of the Blind.

Can a man stricken with blindness in mid-age, write, when stone-blind, his name distinctly? That is the question which has been argued lately, respecting a signature of Milton to the conveyance of a bond for a sum of money to the Cyriack Skinner, made immortal by the noble sonnet which Milton addressed to him on his blindness. The date of the document is the 7th of May, 1660—the Restoration month and year; the signature is John Milton, firm and upright, and the impression on the wax seal is the spread eagle of the Miltons. Of the genuineness of the document there can be no doubt whatever. But did Milton, then blind, write this signature unaided, or did he write it while his hand was held? We are in favour of the former view, and so was Mr. M. Miles, who carried off the precious document—suggestive of so many thoughts—at the comparatively cheap price of nineteen guineas.—*Illustrated News.*

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, AUGUST 21.

THEOLOGICAL MIDWIFERY.

In the last April number of the *Dublin Review*—which all of our readers may, perhaps, not be aware is the leading Roman Catholic Review in the country—may be found an article entitled satirically "Obstetric Morality." It is written to show up the gross immorality, and unorthodox nature of certain of the proceedings adopted by Physicians of this country, in particular conjunctures, in the practise of Midwifery. The writer admits that such a subject is misplaced in a literary journal, but says that nowhere else can he obtain a satisfactory hearing. Certainly in no Medical Journal would he have had an opportunity of so *effectively* showing up Physicians to the public as murderers of the bodies and souls of the innocents.

The writer, who is clearly more priest than doctor, commences with a regret natural to his class, viz. that men are ever employed in the business of Midwifery. Facile women, he asserts, would be much more at home at the work. But as things it is; so he it, he adds with a sigh.

Against the works of Dr. Churchill (a), and of Dr. Mansell, which are placed at the head of this article, his anathemas are particularly let loose, his shafts being sharpened and directed by the wisdom which he derives from a third work, also placed at the head of his tale, and the production of one P. J. C. Debreyne, whose name now for the first time meets our eye; we must therefore give him his honours in full:—

"*Pratique D'Embryologie sacré.* Par P. J. C. Debreyne, Docteur en Médicine de la Faculté de Paris, Professeur particulier de Médicine pratique, Prêtre, etc., Paris."

The queer titles assumed by M. Debreyne will prepare our readers for the style of instruction which (judging from the specimens of it in this article) his work appears to impart.

The main object of the article in question is the denunciation of the use of the perforator or crotchet in Midwifery, and of him who uses or recommends its use, on any possible occasion. There is no mincing of the matter. We are told in distinct terms, that he who uses it is a murderer—a double murderer—of the body and soul of the child. "This practice of child-murder is not only unchristian, but inhuman; the perforator should never be used for the purpose of killing the child."—(P. 116.) After fully detailing, for the benefit of his unprofessional readers, the method (of course a very pretty dish for the non-professional palate), as given by Dr. Churchill, for destroying the fœtus, the writer asks:—

"Had these children no souls to be saved? Were they not redeemed by the precious blood of our Lord Jesus Christ? So far are these accoucheurs from caring about their souls, which they cannot kill with their crotchets and perforators, and which live for all eternity, that they teach the pupil to commit far more butchery than he may think necessary for saving the life of the mother, for the express purpose of preventing the child from being born in a state in which it might be regenerated, etc."

Now the public will believe, from this writer's mode of putting the matter, that this *child-murdering* is an every-day occurrence in practice. If he had properly made himself master of the facts, before he wrote upon them and endeavoured by them to inflame the public mind, he would have learnt that the tendency of modern Midwifery is entirely in an opposite direction to what he infers. The tendency is wholly in favour of the saving of the child, but most assuredly not at the risk of sacrificing the mother's life. It is only in very rare and exceptional cases that the use of the perforator or the crotchet are ever justifiable, or, indeed, that they are used. This the writer admits in part, for as he says in his own decent language (p. 110): "In the Hospitals, which are attended by men of the greatest eminence, we are quite sure that a living child is never *murdered*, except when its death is considered the *surest*, though certainly not the *only* means of saving the mother's life."

But, says he, no circumstances can justify this murdering. If the wife of your bosom lay there beneath your eyes dying, and if you knew that the choice of only two things was to be made by you, viz. first, whether you will have the child destroyed by an operation which, in all human probability, will save the mother; or, secondly, whether you will have an operation—the Cæsarean—performed, which, in all human probability, will consign to death both mother and child, you are not to hesitate for a moment; you must risk the life of your wife—or (to speak more correctly) subject her *to* an almost certain death—rather than suffer the unborn child to be destroyed, and so die unbaptised. The bitter anguish of the husband, and all the deeply-rooted affections of his inmost nature are to be thrown, as dross, to the winds. Such is the decision of Theocracy *versus* Nature.

We may be well assured that the man who adopts and advises the adoption of such a conclusion as this, never felt his heart warmed by the tenderest of human ties; that no natural, conjugal love ever excited the highest sympathies of our nature in *him*. The very conclusion—so outrageous to our human sentiments and innate feelings—to which his logic leads him, should, we venture to think, have been enough to induce this writer to suspect that there must be somewhere a fallacy in the principles upon which the conclusion is based. Let us see further the absurdities into which this strain of arguing necessarily leads him who adopts it. "Animation," we are told (p. 124), "of the fœtus appears, beyond all doubt, to take place at the moment of conception;" it is animated by a living soul at the first moment of its existence, it does not die with the mother, and therefore, "no matter how early may be the stage of its existence, it should be brought from the womb of its dead mother, and purified by the *waters* of baptism. Should it have reached the period when the human form is developed, and exhibit clear signs of life, it should be baptised absolutely. At the earlier stages it should be bap-

(a) It is worth noting that the writer quotes not the *last*, but the *first* edition of Dr. Churchill's work, *written sixteen years ago.*

Digitized by Google

tised *under the condition*, 'If thou art a man,' and if the life be doubtful, 'If thou art living,' etc. etc."—(P. 126.)

Now we ask this writer, not in jest but in all seriousness, will he accept all the conclusions which inevitably result from these premises, and this conclusion, among others, viz. the baptising of the ovum under the microscope? If, as he asserts, the soul is infused into the thing conceived from the first moment of its conception, then it necessarily follows that it is so infused while the being is yet a microscopic object. If his argument be true, then we must search sedulously in the womb and fallopian tubes of the dead woman for the ovum even in its very first evolutions; we must search it out by all the aids which science gives us, while still a microscopic object, and as such baptise it, for (if his arguments be good) it has a soul to be saved by the rite, equally as though it were a full-grown fœtus. Is not this conclusion a *reductio ad absurdum* of the deepest dye? Does it not clearly indicate some egregious error in the premises?

Ignoring then, *under all circumstances*, the operation of craniotomy, the writer tells us that we have two resources: the Cæsarean operation and the induction of premature labour in difficult cases. Now he should have known, that one of the greatest improvements in modern midwifery has been this induction of premature labour, and the consequent saving of the life of both parent and child; that it has superseded, in the very vast majority of cases, the necessity of performing craniotomy—"an operation," which, as Dr. Tyler Smith tells, "ought never to be performed except after consultation, and in the face of the most urgent necessity." We may here remark, however, as a curious fact, that the induction of premature delivery, so warmly advocated by our writer, was once highly reprobated by men of his profession of faith, and was consequently rarely performed by Catholic accoucheurs. Paul Dubois, Dr. T. Smith says, has stated that he met with twenty fatal instances in thirteen years of cases in which the induction of premature labour would have saved the patient's life. Of late, however, M. Dubois has altered his practice, and in conformity with the teaching of the writer of this article.

As regards the performance of the Cæsarean operation, the writer attempts to make out a better account of it than truth and facts justify. There has never yet been but one (if such it could be called) successful case of the operation in London; in the case referred to, the mother suffered from cancer of the womb, and survived a short time. One gentleman, we believe, in this Metropolis has performed the operation five times, and the mothers and children have, we understand, perished in all of the cases. We are certain, that so long as the natural affections of man guide him, such a fatal operation will never be performed so long as it is possible to remove the child from the womb by any other method; and we trust it will indeed be a very long time before our Catholic brethren in Ireland permit their hands and senses to be guided in this matter by the reasonings of Theosophy.

With regard to the propriety of cutting into the womb after the mother's death, and removing and attempting to resuscitate the viable child, we can have no hesitation in admitting it. It is an admitted axiom in modern midwifery. Two cases have occurred at the St. Mary's Hospital within the last few years, in which the operation was performed, and within an hour after the death of the mothers; but in both cases the children were already dead. The writer must be ignorant of the existence of such facts as these. There was no necessity for applying to M. Debreyne for a series of miraculous cases to prove the duration of life of the fœtus after the death of the mother, because modern midwifery has to deal with facts and not with miracles; but we will quote a few of these to show the style of authority to which the writer bends. He finds from the Medecin-Prêtre, M. Debreyne, that Harvey reports the case of a woman who died *enciente*, and the child was born the day after her death; but he forgets to add that the child was *found* born and *dead*. Again, M. Debreyne tells him, "that Don Francisco Arevalla de Segovia found, on his return from a long journey, that his wife had died, and was already buried. In the excess of his grief, he ordered her to be exhumed, that he might once more behold her. She was indeed dead, but was just giving birth to a living child, who afterwards became the governor of the province." These are the kind of facts supplied by the writer's right-hand man, M. Debreyne, and will give our readers an idea of the value of his scientific guide.

There is no necessity for our endeavouring to rescue Drs. Churchill and Maunsell from the abuse which has been showered down on them in this article; but we are, we must confess, somewhat surprised to find that the Medical Press in Dublin has allowed all these injuries done to honest men to pass by unheeded. The injuries have come from a quarter which can scarcely be thought unworthy of notice. We touch on this subject because we are jealous of the honour of our Profession, that its spirit should be free and unfettered, and that the rules and principles of practice laid down by men of the highest honour and skill in our Profession—by the Denmans, the Hamiltons, the Rigbys, the Merrimans, and their like—should not be lightly laid aside, in order to bring Science into accordance with the

"Herab, herum, und quer und krumm"

of theological dogmatisms.

It would be out of place for us, before concluding, to offer any advice to this writer; but it does surprise us that a remedy, which completely meets the difficulty he deals with, and which has, doubtless, already presented itself to the thoughts of many of our readers, should never have been alluded to by him. He cannot be ignorant of the fact, that an authority, to which he bows with reverence, has given at least a tacit assent to the baptising of the child *in utero*. The historical proof of this is well known by every reader of "Tristram Shandy." We ourselves happen to know of a case in which the rite was performed *in utero* by the grandmother of a child, who is, nevertheless, now alive, and has arrived at a discreet age. This much is certain, that there can be no physical impediment to the satisfaction of religious scruples whenever they are felt; for it is evident that it is as easy to reach the head of the child with a syringe as with a cephalotrobe.

Since writing the above we have received "a reply" to this "Obstetric Morality" article, from Dr. Churchill (b). It consists of a statement made to the Obstetrical Society in Dublin. We are glad to see that our Profession has found in this matter so able and so gentlemanlike an expounder of its orthodoxy. Dr. Churchill well shows how ill-applied the term "Murderer" is to an accoucheur who is necessitated to perform craniotomy. Such a defence was, probably, necessary; but perhaps we should be contented to allow the slanderous writer of the article in question to indulge in his language unrebuked, so long as her Majesty's Attorney-General remains quiet, and does not prosecute us for the *murder* in question. If craniotomy be murder, why does not authority pursue the craniotomist? Its silence demonstrates its opinion on this subject. Craniotomy therefore is practised with the consent of the law of the country; and in future this theological midwife, if he intends to carry on this way against craniotomy, to be logical should fix the word "*murderous*" on the Legislature, and "*murderers*" on the judges of the land, and argue the question out with those who, being the responsible governors of the State, permit these *murders* to exist, and these murderous doctors to go freely to their work.

Whoever desires to see the answer, theological and medical, given in a masterly manner, will do well to consult the pamphlet of Dr. Churchill.

(b) Obstetric Morality, being a Reply to an article in the 87th number of the Dublin Review. By Fleetwood Churchill, M.D., etc.

Digitized by Google

THE WEEK.

Some legal points raised by the Medical Act having been submitted to an eminent gentleman learned in the law by one of our esteemed correspondents, we have been favoured with a copy of the opinion, which we communicate to our readers for general information:—

"1. By the Royal assent being given, all persons and corporations concerned are bound at their peril to take notice of any new Act of Parliament. It is, however, likely that the Home Secretary will transmit a copy of the Medical Act to the several public bodies interested prior to the 1st of October, calling their attention to its provisions.

"2. The proper course, under that or any other circumstance for such parties to adopt, would seem to be for the president or some proper officer at the first meeting of a College or University authorities, to lay a copy of the above-named Act before the meeting, and to have it read. Afterwards it will be competent to summon a special meeting of those entitled to vote, for the express purpose of electing a member to the General Council.

"3. This meeting must be called and held after the 1st of October next, and before the time appointed by the Secretary of State, for the first assembling of the General Council.

"4. The various Colleges and Universities will have discharged their new functions after they have chosen representatives. The responsibility being then cast upon the member elected to attend at the time and place appointed by the Secretary of State.

"5. At the first meeting of the General Council, after choosing a president, their next duty will be to examine the appointments of the respective delegates, so as to get the Council legally constituted. Subsequently they must choose a registrar, treasurer, and so forth."

A notice has appeared in our advertising columns making known that an Extraordinary General Meeting of the Governors of the Royal Medical Benevolent College will be held at the office, in Soho-square, next Monday, at four o'clock, when the following resolution will be brought forward:—

"That the number of Foundation Scholars to be maintained by the College be increased, in May, 1859, to Forty; and that the 2nd By-law be altered accordingly."

We can congratulate the Profession and the public upon the progress of this noble Institution, evidenced by the above resolution. The number of Foundation Scholars was 25 originally. It was increased in 1856 to 35, and this further increase shows how highly the benefits of the College are appreciated. To show that even 40 is by no means sufficient to meet the wants of orphans of Medical men, we may state that there are now upwards of forty candidates on the list waiting for admission, some of whom will soon be upwards of 15 years of age, when they become ineligible. There are now 120 exhibitioners in the College, paying £40 a-year for board and education, including books, washing, and every expense; and the number on the list waiting for admission is 132. Surely these facts alone are sufficient to show how triumphant has been the success hitherto attained, and what noble results may be achieved by a generous and cordial support by the Profession. Of some 17,000 members of the Profession in this kingdom, not more than 5000 have yet contributed to further a work which we do not hesitate to rank among the most glorious of the efforts ever made by the Medical Profession in the cause of benevolence.

Red tape, as usual, continues to march, not in the vanguard, but at the other end of civilisation. Let the following facts of last week's occurrence bear witness. Major-General Peel, the Secretary for War, is making an inspection-tour at Woolwich, and comes, last of all, to the *men's sleeping rooms*. We see what he thinks of them, when made clean and tight for his inspection, *during the day*, and may predicate from the description what must be their condition *during the night*, when filled with the exhalation of numerous human lungs, and of other excreted matters. On his inspection of the lower portion of the barracks, occupied as the men's sleeping-rooms, the General made frequent remarks as to their intolerable closeness and want of healthful ventilation, and inquired if the inconvenience could not be remedied. Sundry other alterations were likewise spoken of for the improvement of the sanitary condition of the garrison. And this goes on in face of facts, at which, a few months ago, all England was indignant. "The ravages committed in the ranks of the army by pulmonary disease," say the Commissioners then appointed to inquire into the sanitary condition of the army, "are to be traced in a great degree to the vitiated atmosphere, generated by overcrowding and defective ventilation, and the absence of proper sewerage in barracks." The Major-General placidly *asks*, if it can't be remedied. What will he *do?* In the meantime, let it be noted, that we have the Secretary for War's authority for stating that, at Woolwich, our troops are still exposed to, and of course suffering from and dying from, causes which are completely under man's preventive control—causes which authority has been forced to recognise, and, therefore, *knows* to be banefully destructive to life.

Last week a lunatic farmer destroyed a respectable labourer, who had gone in search of him, while wandering in his fields. At the inquest a verdict of Wilful Murder was returned against Mr. Drane, who appears from the surgical evidence to have been a dangerous lunatic. The comment made upon the case was, that it was surprising that he had not long since been placed under restraint. This is one of a very numerous class of cases of lunacy; and shows, at all events, that however much doctors may have the credit of hurrying people off into confinement, some madmen escape their observation. The public and some of the press are very unjust to our Profession on this score.

The *Globe* made a semi-official reply in a leading article last Saturday to our comments on the self-condemnation of the Lunacy Commissioners. Evidently feeling that nothing can be said in extenuation of the neglect the Commissioners admit in enforcing their own regulations upon the Private Asylums, the *Globe* very wisely confines its defence to the cry of "want of power," and insinuations against the Medical Profession. But we will let the advocate speak in his own language. It certainly does not require an answer from us.

"The Commissioners have three gigantic obstructions to contend with,—the slowness with which legislation has been buckled up to the requirement; the difficulty of enforcing obedience, especially where the official control is not fortified by larger powers; and the inherent complication of the subject. There is reason to doubt whether there is any precise and absolutely ascertainable boundary between sanity and insanity. In almost all cases both parties shrink from publicity, and will make considerable sacrifices of their own interests to avoid it. A further consequence of this shrinking is, that persons engaged in the business of receiving lunatics have infinite opportunity for evading the law with the connivance of those who ought to be the very first to invoke the law, the patients and their honest friends. The Medical journal alludes to one particular breach of the Act, which is partly explained by a previous passage in the report from which our contemporary quotes. The Commissioners say that they have discovered in some cases, 'that besides the patient who has been regularly certified and returned to this office, the proprietors of houses have also had under their charge other persons of unsound mind, relative to whom no return whatever had been made.' Now there is almost always a desire to avoid publicity, sometimes to avoid expense; and it is easy to imagine cases in which lunatic patients may be residing with keepers under an arrangement which would totally preclude official vigilance unless the Commissioners were warranted to interfere by some external

Digitized by Google

appeal. The master of the house has a family; there is nothing to preclude him from receiving 'visitors' who are not recognised as 'patients,' and who ostensibly pay him nothing. Such a visitor is a friend of the family, whose parents probably think that he, or she, will be benefited by change of air, or may be able to assist in teaching his children, or may be a pupil, either under the master of the house, or under some teacher whose tuition is shared with the children of the master. In short, there are various capacities in which a 'visitor' might justify a long residence in the house of a 'friend.' If during the year a sum of money should pass between the parents of the visitor and the visitor's host, who is to know it? But by such an arrangement as this, the keeper of single patients—for the passage in the report does not refer to asylums, public or private—may have residing in his house 'other persons of unsound mind, relative to whom no return whatever is made,' and the vigilance of the Commissioners may be frustrated without any breach of trust, or any neglect in the inspection of every licensed house. Our contemporary may remember, moreover, that this is not only a Medical, it is also a legal question, and that the best constructed Commission in the world cannot go beyond its own powers."

George Combe, of Edinburgh, the Author of the "Constitution of Man," died last Saturday, at Dr. Lane's Hydropathic Establishment at Moor-park. He had attained his seventieth year. Next week we hope to lay before our readers a sketch of his career.

A friend has forwarded to us a copy of the Calcutta *Englishman* of the 10th of June, which states that there is a great want of Medical officers for our troops in India. Speaking of a regiment at Allahabad, our Indian contemporary says:—

"Two Lieutenant-Colonels of the corps were actually scrambling for the command, while it was impossible to obtain a single Medical Officer of the regiment to accompany the detachment, one Medical officer of the corps only being available for duty, the other three being either detached, or sick, and the number of men of the regiment in Hospital being nearly two hundred.

"We believe that the case which has been reported, is by no means an exceptional one; on the contrary, we hear that the paucity of Medical officers throughout the country is such that in the beautiful and thrilling language of a well-known song, it may be said that the 'cry is Help! where no help can come.'"

If this be really the case—if our fine fellows are fighting against a treacherous enemy and a deadly climate, without proper medical aid, when that aid could be afforded from this country—public indignation will be most justly excited, and summary judgment passed upon all who are guilty of permitting unnecessary suffering and mortality.

The Profession generally has taken up with indignation the proceedings of the Treasury Economists in the suppression of the Registrar-General's Reports. The more one considers this act, the more and more mischievous it appears. There are no classes of men who can apply the reports to useful purpose like Medical men, for newspaper editors simply reprint in part, while the possession of the report gives the Practitioner of Medicine, instant, positive, and regular information, on matters which concern him in his daily duties. When an epidemic visits his neighbourhood he can, apprised of the fact by the Registrar's returns, suggest such precautionary measures to many of his patients as may tend to check the spread of the disease in the district over which he presides. Of course the Medical man is no gainer by such advice, but the contrary. This renders it the more unfair that he should have to pay for his information about diseases, prior to preventing them. But the matter may be considered in another light; all the information given out wholesale by the Registrar-General is supplied in detail, and without fee or reward, by Medical men. That this is the case in reference to the weekly returns is generally known. But it is not so well known that the meteorological summary given in the quarterly papers of the Registrar-General are also supplied, at great cost to themselves of time and labour, by members of our Profession, and a few private savans. Those unassuming meteorological reports are, we say, worked at a rate of labour and cost which can scarcely be calculated. The men who contribute the facts of these tables have each, for instance, fitted up an observatory with test instruments of uniform standard. Three times each day observations are taken, and three times each day the observations are recorded in all their minutiæ in printed forms. Regularly as clock work at stated intervals, these forms filled up, are sent to Mr. Glaisher for arrangement, and are then submitted to the Registrar-General, who has all the honour and glory of their publication as his report. We are sure, although we have not as yet heard the opinions of the meteorological reporters, that they are far too noble-minded to begrudge the central functionary any honour; but we put it whether it is not a crying shame that these and their professional brethren should have to "*buy at Hansard's*" the published results of labours so hardly won. It is really no trifle, this Registrar-General's letter; and we would advise the Profession to meet it in kind. What if all our brethren do write to the Registrar a polite note, and state "that by a Treasury minute, issued by their wives, they find it requisite for the ends of household economy to cut down all unnecessary expenditure, either in time or money; and, therefore, regret that they can no longer supply the Registrar with their reports; but that he can get them at a trifling cost through Mr. Churchill, the Medical publisher of New Burlington-street, who collects them from all the observers on demand?" What, we say, will Mr. Registrar-General and the Treasury Lords say to a note so courteous? It is worth trying.

AN ACT
TO MAKE FURTHER PROVISION FOR THE PRACTICE OF VACCINATION IN IRELAND.

Whereas by an Act passed in the fourteenth and fifteenth years of the reign of her Majesty, intituled, An Act to Provide for the better Distribution, Support, and Management of Medical Charities in Ireland, and to amend an Act of the Eleventh year of her Majesty, to Provide for the Execution of the Laws for Relief of the Poor in Ireland, it is provided that the Medical officer of every district constituted under the said Act shall and he is thereby required to vaccinate all persons who may come to him for that purpose, subject to such regulations as may be issued by the Poor-law Commissioners in that behalf: and whereas it is expedient to make further provision for vaccination in the dispensary districts in Ireland: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lord-Spiritual and Temporal, and Commons in this present Parliament assembled, and by the authority of the same, as follows:

I. *Dispensary Committees may divide Dispensary Districts, and require Medical Officer to attend for purposes of Vaccination.*—As soon as may be after the passing of this Act, the committee of management of every dispensary district in Ireland shall, subject to the approbation of the Commissioners, divide such dispensary district into so many vaccination districts as they may deem advisable and necessary, and shall report such districts to the Commissioners for their approval, and shall require the Medical officer of such district to attend at some convenient place within each such vaccination district, to be approved of by the said committee, at such times as the said committee may fix or approve; and the said Medical officer shall and he is hereby required to vaccinate all persons

Digitized by Google

resident in his district who may come to him for that purpose, or whom he may be requested to vaccinate, being fit subjects for vaccination, subject to such regulations as may be issued by the Commissioners in that behalf.

II. *Medical Officers to be paid for successful Cases of Vaccination.*—The board of guardians shall pay to each such Medical officer, in addition to any salary or allowance payable to him, the sum of one pound for every twenty cases of successful vaccination performed by him in each year.

III. *Medical Officers to report Number of Persons successfully Vaccinated.*—The Medical officer of each such district shall make a report to the committee of management, from time to time, of the number of persons successfully vaccinated by him in each year, under the provisions of this Act, and such report shall be made in such form and shall contain such further particulars as the Commissioners shall direct, and shall be transmitted by the Committee to the board of guardians, and recorded by the guardians on their minutes.

IV. *Expenses to be charged to Electoral Divisions.*—The payments to be made to the Medical officer under the provisions of this Act, and all other expenses incidental to the performance of vaccination under this Act in any dispensary district, shall be charged to the electoral divisions comprising such dispensary district, in the same manner as all charges incidental to Medical relief in the district.

V. *Where Proceedings are taken by Guardians against Persons inoculating, etc., their Costs to be paid out of the Rates.*—And whereas by an Act passed in the third and fourth years of the reign of her Majesty, cap. 29, it is enacted, that any person who shall produce or attempt to produce in any person by inoculation with variolous matter, or by wilful exposure to variolous matter, or to any matter, article, or thing impregnated with variolous matter, or wilfully by any other means whatsoever produce the disease of small-pox in any person, shall be liable to be proceeded against and convicted summarily before any two or more justices of the peace in petty sessions: be it enacted, that in any case in which any proceedings shall have been taken or instituted by or under the directions of the board of guardians of any union in Ireland under the said recited provision, it shall be lawful for the board of guardians to pay the costs of such proceedings out of the rates of the union at large.

PUBLIC HEALTH ACT.

Anno Vicesimo Primo et Vicesimo Secundo Victoriæ Reginæ.

CAP. XCVII.

AN ACT FOR VESTING IN THE PRIVY COUNCIL CERTAIN POWERS FOR THE PROTECTION OF THE PUBLIC HEALTH.—[2ND AUGUST, 1858.]

20 AND 21 VICT. C. 38.—Whereas, under an Act of the last Session of Parliament, chapter xxxviii., the General Board of Health stands continued only until the 1st day of September, 1858.: And whereas it is expedient to vest in the Privy Council certain powers now vested in the said General Board of Health, and certain other powers for the protection of the public health: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. *Powers of General Board of Health under* 18 *and* 19 *Vict.*, *c.* 116, *added to those of the Privy Council.*—In addition to the powers vested in her Majesty's most honourable Privy Council for the protection of the public health, all powers now vested in the General Board of Health under the "Diseases Prevention Act, 1855," shall, upon the discontinuance of the said Board, be vested in the said Privy Council, and the provisions of the said Act having reference to the General Board of Health and the regulations and directions issued by them, except Section 13, shall be construed as referring to such Privy Council and the regulations and directions issued by them.

II. *Certain Powers in relation to Public Vaccination vested in the Privy Council.*—The Privy Council may from time to time issue such regulations as they may think fit for securing the due qualification of persons to be hereafter contracted with by guardians and overseers of unions and parishes in England for the vaccination of persons resident in such unions and parishes, and for securing the efficient performance of vaccination by the persons already or hereafter to be contracted with as aforesaid; and any money from time to time provided by Parliament for or towards defraying the expenses of the national vaccine establishment, or otherwise providing for the supply of vaccine lymph, shall be applied under the directions of the Privy Council.

III. *Privy Council may direct Inquiries.*—The Privy Council may from time to time cause to be made such inquiries as they see fit in relation to any matters concerning the public health in any place or places, and to the observance of the regulations and directions issued by them under this Act.

IV. *Privy Council to appoint Medical Officer, etc.*—The powers of appointing and removing a Medical Officer, vested in the General Board of Health under the General Board of Health Continuance Act, 1855, shall, upon the discontinuance of that Board, be vested in the Privy Council; and the person who at the time of the cesser of the General Board of Health may be their Medical Officer shall become the Medical Officer of the Privy Council, subject to such power of removal as aforesaid; and the Privy Council may also from time to time employ such other persons as they deem necessary for the purposes of this Act; and there shall be paid to the Medical Officer such salary not exceeding £1500 per annum, and to such other persons such remuneration and allowances, as the Commissioners of her Majesty's Treasury may direct; and such salary, remuneration, and allowances shall be paid out of such moneys as shall be provided by Parliament.

V. *Medical Officer to report annually as to the execution of this Act.*—The Medical Officer shall from time to time report to the Privy Council in relation to any matters concerning the public health or such matters as may be referred to him for that purpose, and shall, in or before the month of March in each year, report to the Privy Council the proceedings had and taken under this Act during the preceding year ending on the 31st day of December.

VI. *Reports to be laid before Parliament.*—The Annual Report made by the Medical Officer as aforesaid shall be laid before both Houses of Parliament within fourteen days after the making thereof, if Parliament be sitting; and if not, then within fourteen days after the next meeting of Parliament, together with all other reports made by him under this Act, during the period to which such Annual Report relates.

VII. *As to the making and authentication of Orders, etc.*—All powers vested in the Privy Council by this Act may be exercised by any three or more of the lords and others of the Privy Council, the vice-president of the committee of the said Privy Council on education being one of them, and all orders, regulations, directions, and acts of the Privy Council under this Act shall be sufficiently made and signified by a written or printed document signed by one of the clerks of the Privy Council, or such officer as may be appointed by the Privy Council in this behalf; and all orders, regulations, directions, and acts made or signified by any written or printed document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council, and every such document shall be received in evidence in all courts and before all justices and others without proof of the authority or signature of such clerk or other officer, or other proof whatsoever, until it be shown that such document was not duly signed by the authority of the Privy Council.

VIII. *Proceedings for Penalties under Vaccination Act.*—Proceedings for penalties under the Acts for the time being in force on the subject of vaccination may be taken on the complaint of any registrar employed for the registration of births, deaths, and marriages, public vaccinator, or officer authorised by the Board of Guardians or by the overseers respectively, and the cost of such proceedings shall be defrayed out of the common fund of the union, or out of the Poor-rates of any parish not included in a union.

IX. *Short Title, and Continuance Act.*—This Act may be cited as "The Public Health Act, 1858," and shall be in force only until the 1st day of August, 1859.

Digitized by Google

REVIEWS.

Spiegelburg. Lehrbuch der Geburtshülfe. Mit 80 Holzschitten. Lahr: 1858. Pp. 364.

Spiegelberg. Manual of Obstetrics. Lahr: 1858. 80 Woodcuts.

The work before us is one of a series of manuals now in course of publication at Lahr in the Grand Duchy of Baden. The enterprising German publisher appears to be indebted to our good friend Mr. Churchill for the idea of the issue of these manuals; and judging from the present specimen, there seems every reason for concluding that the series will prove eminently useful to the rising generation of Medical students and practitioners in the "Fatherland." The text-books on Medical subjects in the German language hitherto available, have too generally a character for wordiness, diffuseness, and want of conciseness, which to say the least is not attractive; and the efforts of Dr. Schauenberg, the director of the undertaking, to place in the hands of his countrymen a series of concise, practical, and complete expositions on the various branches of Medical science, will doubtless be appreciated as they deserve to be.

Dr. Spiegelburg, the author of the present manual, and by whom another on "Gynæcology" is announced, discusses his subject under four divisions. In the first part of the work the pelvis and sexual organs are described, together with the different methods of obstetric examination. In the second part, the physiology and dietetics of pregnancy, of delivery, and of childbed receive their due share of attention. Here we find some excellent remarks, among others, on the employment of chloroform in midwifery, and valuable practical directions for its administration. The author, however, omits in his list of contra-indications to the use of this agent, one which we consider important, viz. the presence of Bright's disease in its advanced stages. In the third division of the treatise, we find all that relates to the pathology and therapeutics of pregnancy and delivery. In the section on "abnormal positions of the placenta," we do not see any allusion to our countryman, Dr. Barnes' recently expressed opinions in reference to this important complication, an oversight which is here mentioned, because it is, so far as we have been able to observe, almost a single instance on the part of the author of neglect or omission of recent inquiries and investigations in this department of medicine.

The pathology of childbed, including puerperal fevers, etc., is, we conclude, reserved for consideration in the volume on Gynæcology, as there is no allusion to it in the present treatise.

The fourth and last division contains an account of the obstetric operations.

The numerous woodcuts with which the work is illustrated do not come up to our idea of what woodcuts might be, but they are clear and intelligible, and sufficient for the purpose.

The Illustrated News of the World. Parts I to VI. London 1858.

Six monthly parts of this new illustrated paper are now before us. The chief characteristic of the publication is a series of portraits of eminent persons, admirably engraved on steel from original photographs. The likeness of Professor Faraday is one of the very best we ever saw, and those of Lord Palmerston, Lord John Russell, Dr. Livingstone, and Sir Colin Campbell are also admirable. These portraits alone make the paper a most valuable one, and we can recommend it to our readers as an ornament to the table of the drawing-room or waiting room.

On the Sickness and Mortality in the French Army during the Campaign in Turkey and the Crimea in 1854—56. By Gavin Milroy, M.D., Member of the Sanitary Commission to the British Army in the East.

Although the condition of the British Army, during the memorable proceedings before Sebastopol, was pretty well known in this country through the medium of the public press, the state of the French troops was but little noticed. Those who were on the spot were well aware that the sufferings of our French allies were much greater than our own, and that whereas at the commencement of the campaign both armies suffered alike from the calamities of disease and war, yet towards its close, the British army was in a state of high efficiency, owing to the adoption of sound hygienic measures, while the French troops, on the contrary, were perishing of epidemic disease by thousands. In the present pamphlet, Dr. Milroy gives the results obtained by M. Scrive, who was at the head of the Medical Department of the French Army throughout nearly the whole of the campaign, and the details and the figures presented to us in this *resumé*, are indeed fearful. We are told, for instance, that in the months of June and July, 1854, the loss sustained by the French Army in the East, from cholera alone, amounted to between seven and eight thousand: a number equalling the amount of those slain by the enemy in the field during the twelve months from the day of landing in the Crimea to the end of the siege by the capture of Sebastopol. Besides the total loss of life on the part of the French, which is estimated at nearly 70,000 in the official returns, 65,000 men were invalided in consequence of disablement from wounds or disease. These facts, in relation to the hygiene of armies, are highly suggestive; and Dr. Milroy has done good service by presenting them to notice in a condensed form.

Quarterly Report of the Medical Officer of Health for Shoreditch, for the Quarter ending July 3, 1858. By Robert Barnes, M.D.

In this Report, besides the usual local statistics of disease and mortality, Dr. Barnes enters at considerable length into the questions of the cause of the impurity of the Thames, of the effects of such impurity upon the public health, and of the best methods to be adopted for improving the condition of the river. The cause of the impurity is considered by Dr. Barnes to be the mixture of the salt and the fresh water, and the insufficiency of the latter, at certain periods, to overcome the force of the tidal wave; the effects of the impurity on the public health are said, and indeed are proved, to be very much exaggerated; and the remedy suggested for cleaning the river is the establishment of reservoirs of fresh water in the upper part of the stream, to be discharged whenever the salt water rises too high. Dr. Barnes seems entirely to disapprove of the scheme of discharging the sewage of London by means of large drains emptying themselves below the metropolis. Those who are interested in the subject may turn with advantage to the pages of Dr. Barnes's Report, which contains much suggestive matter.

The Principles of Treatment of Chronic Phthisis Pulmonalis. By Edward Smith, M.D., Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Pp. 53. London: 1858.

Dr. Edward Smith is entitled to very great praise for the indefatigable industry which he has displayed in investigating many of the statistics of disease, especially those relating to the organs of respiration; but, from the paradoxical nature of some of his views, his researches have not met with such general acceptance among his professional brethren as their intrinsic merits perhaps deserve. We are compelled to rank ourselves among those who do not agree with many of Dr. Smith's positions in reference to the pathology of phthisis; and we are especially sceptical as to the existence of that stage of the disease which he has named the pretubercular, the discovery of which he claims to himself. We do not, indeed, deny that there may and does exist a cachectic condition of the body which precedes the deposition of tubercles in the lungs; and this preliminary state is distinctly recognised by all who have observed or have written upon the history of tubercular consumption. But, inasmuch as this condition is not distinguished by any appreciable physical signs, we can no more recognise it as a distinct stage of the disease, than we can recognise a definite alteration of the blood as a concomitant or antecedent pathological indication of the phthisical cachexia. When Dr. Smith has shown us some cases where the signs of the pretubercular stage have been distinctly marked, and when he has pointed out more clearly than he has hitherto done the method of distinguishing, by physical signs, the condition of a lung before and

Digitized by Google

after the primary deposition of tubercles, our doubts may be removed; but under present circumstances, and with great respect for Dr. Smith's industry and zeal, we are forced to conclude that he has not yet made out his case.

The little work now before us is, we believe, founded upon an address read some time ago at one of the Medical Societies; and on its delivery, the views advanced by Dr. Smith met with little approval, owing to the circumstances just noticed. On reading the paper in its present form, we may express our opinion, that if the existence of Dr. Smith's pretubercular stage be admitted, the conclusions and reasonings which he deduces will possess very great value.

Dr. Smith is a sceptic in medical matters, especially in reference to the nature and treatment of phthisis; and cod-liver oil, in particular, finds very little favour in his eyes. Such a spirit in a Medical writer may be applauded by some, as leading to independent thought and investigation, and often opening out new paths in pathology and therapeutics. But Dr. Smith must not feel aggrieved if the soundness of his own views is called in question, particularly when they are in opposition to the general experience of his fellow practitioners.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION ON PUERPERAL FEVER AT THE PARIS AND NEW YORK ACADEMIES OF MEDICINE.

The discussion at the Academie, after lasting several months, having terminated, we proceed to give our readers some account of the opinions elicited, without pretending to conduct them through the maze of verbiage and speculation in which most of the speakers involved themselves. Noticing the discussion at all is, indeed, little more than a matter of mere curiosity, for we doubt whether it has thrown any light whatever, either upon the nature or the treatment of this destructive malady; while the contradictory views that have been advanced, are anything but encouraging signs of progress.

The discussion was set on foot by M. Guérard reading a paper upon the treatment of puerperal fever; and, as on many former occasions at the Academie, this proved to be but a small matter to have given rise to so prolonged and so declamatory a debate. M. Guérard stated his belief that as far as the nature of the disease was concerned, we must look for something beyond the mere local lesions observed, and that we cannot explain its phenomena by means of purulent infection. It is, however, more easy to say what the disease is not, than what it is; and upon the latter point M. Guérard has nothing new to offer. General infection is one of the modes of propagating it; but as regards the personal transmission of the virus, M. Guérard is of opinion that Semelweis' observations require confirmation. For the treatment of the disease he has during the last fifteen years employed with advantage in sporadic cases, the aqueous extract of opium in doses of from three to four grains in the twenty-four hours, commencing as soon after the first fit of shivering as possible. M. Leudet has employed sulphate of quinine with success, as a prophylactic, at Rouen, but it does not appear that M. Guérard has any personal experience in its use.

M. Depaul considered the subject under four separate heads. 1. *Is there a primary general affection to which the name of puerperal fever may be given?* All admit the reality of the affection; but should the denomination puerperal fever be retained, seeing that different affections have been confounded together under this name, merely because they have been febrile affections occurring during the puerperal state? M. Depaul, agreeing with those who make the essential character of the disease to consist in a primary alteration in the blood, would prefer calling it *puerperal typhus or puerperal septicæmia*. The epidemic occurrence of the disease is presumptive proof of its *essentiality*, while in its development and progress it resembles most other general diseases. The lesions of the solids are, too, of the most varying character, and in some fatal cases these do not exist even at all, nothing being appreciable save alterations in the blood.

M. Depaul produces certain statistics collected from the Parisian Hospitals, in order to exhibit the prevalence of the disease. In the Paris *Maternité* there were, during the five years 1852—6, 13,836 deliveries, with 230 deaths from puerperal fever, *i.e.* 1 in 60 deliveries. These figures, however, M. Depaul believes to be incorrect; and as far as the year 1856 is concerned they certainly are, for in 2478 deliveries, 114 deaths from puerperal fever, *i.e.* 1 in 19 occurred; and during April and May of that year the mortality rose to 1 death in every 3 deliveries. In other Hospitals the mortality from puerperal fever during 1852—6, was as follows:—

	Deliveries.	Deaths.
Clinique d'Accouchement	4,979	134 (1 in 37)
Hotel Dieu . . .	6,506	170 (1 in 38)
St. Antoine . . .	1,216	30 (1 in 40)
St. Louis . . .	3,748	9 (1 in 416)
Lariboisière . . .	1,382	56 (1 in 24)
Total of the Six . .	31,667	644 (1 in 48)

It is as difficult to account for the slight mortality at the St. Louis, as for the great mortality at the Lariboisière, which is most healthily situated, and has been recently constructed upon the most scientific principles.

Like other general diseases, this one becomes manifestly contagious under certain conditions; but it is another question whether the poison once generated on a large scale can be transported to a distance by healthy individuals who have had numerous relations with the sick. M. Depaul, from the facts he has observed, without being able to speak positively on the subject, is disposed to suppose that such communication may be made during epidemic prevalence.

But can it be shown that the blood is really altered in this disease? On this point M. Depaul entertains no doubt, having always found it at autopsies to possess a peculiar fluidity, and to be generally of a violet-red colour, easily impregnating and colouring the tissues. It often also presents a remarkable oily appearance, and coagulates with difficulty. Vogel (in Virchow's Handbuch) states that lactic acid confers an acidity upon the blood in this disease, and that in some cases carbonate of ammonia, in others the hydrosulphate is found in it. The fluid loses its aptitude for coagulation, as do the globules to redden, on the contact of air, and therefore their fitness for the respiratory action. The globules are in part decomposed and dissolved in the serum, giving it a reddish or dirty-brown colour. According to Scanzoni there is in some cases an increase of fibrine, in others a true pyæmia, the constituent elements continuing in their normal proportions, and in others, again, a true putrefactive dissolution, or septicæmia. These various researches, incomplete as they are, sufficiently show that there is really an alteration of the blood; but as to the nature and origin of the poison so mingling with the fluid, all at present is an impenetrable mystery.

2. *What are the distinctive characteristics of puerperal fever?* The disease is not always so easily recognised as might be supposed; and all obstetrical practitioners must have seen cases in which it has been overlooked, though prevailing in all its severity, and many more in which unfavourable prognosis has been unnecessarily delivered. There is, in fact, no pathognomic symptom. It is the character of several symptoms and their simultaneous and successive appearance which enable the experienced eye to seize the peculiar impress, that enables it almost always to at once divine the true nature of the disease. M. Depaul passes these various symptoms in review; but we have not space to follow him, and pass on to the next section.

3. *What is the value of the principal means which have been recommended for the treatment of the epidemic form of puerperal fever?* Notwithstanding the great number of these, a twenty year's practice and trial of them all, convinces M. Depaul that a remedy is yet to be discovered. The few successful cases he has met with, amidst hundreds of fatal cases, have recovered under the influence of mercury, which, however, in numerous other cases has failed. His trials of large doses of quinine, as recommended by Beau, have failed, as they have also in the hands of M. Trousseau; and he believes that M. Beau has mistaken curable affections, such as metritis and peritonitis, for puerperal fever.

4. *What are the prophylactic measures suited to prevent these periodical invasions of the disease, which seem to be increasing in number of late years?* These measures, in M. Depaul's opinion,

Digitized by Google

are the only ones from which any solid advantage can be drawn, and by their employment many lives may be saved. But prophylaxis may be attempted in two ways; first, by the administration of medicinal agents supposed to exert a preventive effect; and secondly, by the adoption of radical hygienic improvements. Among the former class of means, quinine has recently been strongly recommended by Leudet, of Rouen; but the trials that M. Depaul himself has made with it have been attended with no benefit. After reviewing and pointing out the uselessness of various hygienic and preventive means that have been recommended from time to time, he expresses his own intimate conviction that lying-in Hospitals as such should be abolished, and that the patients should be either disseminated in smaller Hospitals, or, better still, delivered at home.

M. Beau observed that, although the majority of accoucheurs agree with M. Depaul in regarding puerperal fever as an essential fever, he is among those who regard it as a symptomatic one, being in nineteen out of twenty cases, in fact, synonymous with puerperal peritonitis, such peritonitis being either partial or generalised. The blood in the disease is increased in fibrin, a characteristic of phlegmasia.

With respect to *treatment*, it is of the highest importance that it should be commenced early, before the inflammation can affect too large an extent of the peritoneum; for even in twelve hours the peritonitis may have undergone such an amount of development as to render its arrest impossible. In M. Beau's practice a purgative is given to every woman a few hours after delivery, whether ill or not. At the onset of puerperal fever he orders an emetic; and as soon as its effect has quite passed off he gives fifteen grains of quinine. At intervals of eight hours two other doses of twelve grains each are given, and continued three times in the twenty-four hours during the following days, so that at least thirty-six grains be taken per diem. After the first day the effects of these large doses are usually perceived in deafness, singing in the ears, etc., but at the same time we find a considerable diminution of frequency of pulse, abatement of heat, and other signs of improvement. To obtain such results we must observe certain rules; (1) the dose must be proportioned to the susceptibility, increasing or diminishing it according to the amount of quinine intoxication produced. M. Beau has never given more than 3j in the twenty-four hours. (2) Even when the disease is mastered, we must, towards the second or third day, somewhat increase the dose; for the economy soon becomes habituated to the influence of the drug. (3) We must not diminish it too soon, still less leave it off. In some cases M. Beau has not been able to suspend it without a return of fever until the eighteenth day. It is continued thus long, however, in reduced doses; and as food is also given, convalescence is not retarded. (4) If the patient reject the medicine, which is not rare, we must administer it in some new form or in *lavement*. The regulating the dose so as to prove at once harmless and efficient is sometimes difficult. There is often some trouble in saturating the economy from the occurrence of vomiting, the repugnance of the patient, or the presence of diarrhœa; and this is a state of great danger, inasmuch as the partially subdued disease may at any time put forth great virulence. As adjuvatories, M. Beau employs cooling drinks, and applies flying blisters to the abdomen.

M. Beau supplies some account of the epidemics which occurred at the Cochin (of which he is Physician) Hospital in 1856-7. In the first of these (May to Aug. 1856) there occurred, among 118 deliveries, thirty-eight cases of peritonitis, with thirty-two cures and six deaths, only three of these last cases having been treated with quinine. In the second (Oct. and Nov. 1856) eighty-five deliveries, twenty cases of peritonitis, with ten cures and ten deaths. In the third (Feb. and March 1857) sixty deliveries, fourteen cases of peritonitis, with six recoveries and eight deaths. In the fourth (June and July 1857) there were only four cases of peritonitis, all recovering. These visitations presented very different amounts of virulence, that of the third being intense, and of the fourth very mild.

M. Piorry is of opinion that there is no morbid unity called puerperal fever, depending upon a special poison, pursuing a regular and identical course, and admitting of an empirical or specific treatment. A woman in the puerperal state, exposed to overcrowding or infection, is liable to one or more of a variety of affections, simple or septic uteritis or peritonitis, septicæmia, pyæmia, etc., and the curative indications must not be directed to the disease, puerperal fever, but to its component elements. Attention should be directed to any of these conditions that may happen to be prevalent. He lays great stress upon the effectual cleansing out from the cavity of the uterus, by means of gentle injections, any coagula or putrid sanies it may contain; and during five years he has not known a single patient die of puerperal peritonitis at La Pitié, where these uterine injections are always carefully performed. If we treat the disease as a morbid unity, we fall into an irrational empiricism, confounding the most diverse circumstances under the same denomination, and admitting or rejecting modes of treatment, biassed solely by facts incompletely observed, or collected under the influence of prejudice or routine.

M. Hervez de Chégoin agrees with those who regard puerperal fever as a distinct disease, having its peculiar characteristics, and capable of existing independently of any inflammatory affection. Its cause is not always identical; for it may originate in a putrid infection due to the retention of coagula, and as a secondary effect of puerperal metritis, when the purulent product of such inflammation has become a source of general infection. Thus we may have a putrid puerperal fever and a purulent one,—this distinction at once pointing out the rational therapeutical and prophylactic procedures. In the *putrid* form, it is in the very delivery itself, and the mode in which it is accomplished, that we must seek for the cause of the disease, and the means of its prevention. Thus, a too rapid delivery may be attended with an imperfect expulsion of the remains of the membranes, placenta, or uterine fluids, leaving the uterine veins in a favourable condition for absorption. The speaker is a strong advocate for the employment of injections whenever this condition is suspected, and by their agency has often succeeded in dissipating the early slight symptoms, disregarded by the ordinary observer, but of vast importance to the attentive practitioner. Puerperal fever having once declared itself, our object should be to eliminate the cause, neutralise its effects, and endeavour to enable the economy to resist the toxical influence. For the first of these indications injections are of primary importance, and with these may be conjoined the employment of purgatives or sudorifics. The other indications will find their most rational fulfilment in the use of antiseptics, and of fixed and diffusible tonics. In the *purulent* form the indications are different, the antiphlogistic treatment energetically pursued, purgatives and mercurial frictions constituting the best prophylaxis. According to these views, putrid puerperal fever may originate in the midst of the most favourable hygienic conditions, although it will be easily understood how atmospheric causes may co-operate in its production. When, too, numbers of women are crowded together, infection may take place more rapidly by the respiratory passages than by uterine absorption. The speaker is not of opinion that the practitioner can become the vehicle of infection, seeing the minute quantity of miasm that can be thus transported.

M. Trousseau is no believer in puerperal fever as such, for it is not even proper to women, being also met with in man. Wounded men in the vicinity of lying-in-wards will manifest analogous symptoms, just as during the epidemic of 1855 infants were carried off by omphalitis, peritonitis, pleurisy, etc., although not always the children of the mothers suffering from the fever. When puerperal fever prevailed in the wards of M. Dubois, operations in those of M. Nélaton were followed by serous and synovial phlegmasiæ, so that the greatest circumspection was required in undertaking them; and MM. Jobert and Laugier were only made aware of an invasion of puerperal fever in the Hotel Dieu by the ill-success that followed even trifling operations. In 1856 the Clinique was cleared of midwifery patients, who were replaced by ordinary cases under the care of M. Pidoux; and this gentleman found an unusual proportion of deaths follow, the most simple affections becoming complicated with fatal erysipelas and gastric disease. These circumstances were observed not only subsequently to but prior to operations. Patients suffering from chronic affections, without breach of surface, waiting to be operated upon, became the subjects of characteristic indispositions, as indicated by general phenomena. Puerperal fever, M. Trousseau continued, may show itself under three forms, purulent infection, putrid infection, and, worst of all, puerperal nervous typhus, in which the most fearful nervous symptoms are all at once manifested; and

Digitized by Google

under all these three forms the subjects of surgical affections may succumb. He protested against the doctrine which localises the affection and neglects the diathesis, and against the confounding ordinary puerperal inflammation with puerperal fever. There is, in fact, something specific in puerperal fever which gives rise to phlegmasiæ of a peculiar character; but this specific something does not always proceed from woman or exclusively appertain to her—although the condition in which she is placed after delivery is a special one presenting a great morbid opportunity.

In regard to preventive treatment, as uterine injections, quinine, etc., M. Trousseau thinks little of it; and has found that the same curative agents which were reported to have acted so beneficially in one part of the same Hospital, proved of no efficacy in another part.

(To be continued.)

GENERAL CORRESPONDENCE.

THE COLLEGE OF PHYSICIANS AND PROVINCIAL PHYSICIANS.—NEW CHARTER.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last number, "A University Graduate" gives a very correct exposition of the conduct of the London College of Physicians. Under the Medical Act just passed, the College is authorised to receive a new charter from the Crown. Now it will depend entirely upon the nature of that charter, and of the by-laws established under it, whether the College is, in future, to be in reality "The Royal College of Physicians of England," or a mere London club, or guild, composed of a clique, or a small number of fraternity distinct from the rest of the Physicians of England.

Let the College take warning, and consider the subject well, before they commit themselves to their own destruction. Under the new Act, it will be perfectly optional with graduates of the British Universities whether to belong to the College or not. If the College have any wish to gain the goodwill and interest of Provincial Physicians, and many of the London Physicians who do not already belong to the body, they must modify their new charter and by-laws in a manner to command the approval of the great body of practitioners who come under that denomination.

But, Sir, I am greatly afraid that the old bigotry of the Corporation not only still exists, but even increases, in spite of the signs of the times. The atmosphere of Pall Mall East appears still very hazy, as I shall presently show. It is much to be feared that the Fellows will even now, under the new Medical Act, succumb to the decree, "*quem Deus vult perdere prius dementat.*"

Now, the 31st Clause of the Act gives the power to those registered under its provision to recover at law reasonable charges for visits, attendance, etc., etc. But, Sir, notice the proviso at the end of the clause: "Provided always that it shall be lawful for any College of Physicians to pass a by-law to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such by-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College."

The above clause shows that the College was in a state of dementia when it procured its insertion in the Bill. If anything is calculated to keep away the Provincial Physicians from having to do with the corporation, such a clause, if enforced by a by-law, will do so. Before the passing of the present Act, it had never been proved that a Physician, legally admitted, could not recover his fees in a court of law. In one case, which occurred many years ago, it is true that a judge offered an *obiter* opinion to that effect; but as the trial did not turn upon that question, it was not argued, and it never has been argued before a bench of judges. On the contrary to the *obiter* opinion or statement above noticed, it occurred to me to witness the trial of a case, at *nisi prius*, at the county town in which I reside, where the presiding judge decided that the plaintiff, a licentiate of the College of Physicians, could recover, and he did recover, for journeys and attendance upon a patient, whose executors disputed the claim. It is proper to state, however, that he was also a member of the College of Surgeons, and a licentiate of the Apothecaries Company, but the case was strictly Medical, and the judge remarked, that "he saw no reason why the plaintiff should not recover because he was a Physician." So much for the law as it existed before the passing of the Medical Act.

But the clause to which I alluded creates a positive bar to the recovery of his fees at law by any member of a College of Physicians, whose authorities may think proper to pass a by-law to that effect. It is not very probable that either the Scotch or the Irish College will commit such an act of folly. They both will take more care of their own interests and their status in the Profession than to do so. But it is to be seen whether Pall Mall will have the wisdom to do so also.

However such a by-law might apply to London Physicians without injury, it is evident that it would prove highly injurious in the provinces. Many, perhaps all, Provincial Physicians are family as well as consulting practitioners; and most of them practise generally, in one sense, with the exclusion of pharmacy. They do not, in all cases, receive their fee each time they visit a patient, but at stated periods. Although it would be a rare event to go to law for the recovery of their fees, it is difficult to see why they should not possess the right of recovering that which is their due. It is not impossible than an unthankful and dishonest person may be met with occasionally, who has been the object of much care and attention on the part of his Medical attendant, but who, knowing that the law will not enable his preserver to recover that which is his due, turns round upon him, and sets him at defiance. Such an ungrateful person is, I suppose, to escape with impunity, because a certain number of individuals, calling themselves "the College of Physicians," and a great many of whom are patientless, take upon themselves to impose "restrictions on the practise of medicine," which Her Majesty even, by the fifty-second clause of the Medical Act, is debarred from doing!

In conclusion, permit me to repeat, that if the College of Physicians has a desire to raise itself in the estimation of the Profession and of the public, let it act liberally towards those who do not now belong to it; let it admit British graduates who practise as Physicians, upon moderate terms. According to Clause 47 of the Medical Act, it is bound to admit as members all members of the Colleges of Physicians of Scotland and Ireland practising in England, upon payment of £2. Of course as such is the case, all the licentiates, both *intra* and *ex urbem*, cannot be expected to pay any additional fee to the College. Let the Fellows cast off their narrow-mindedness and ancient bigotry; let them consider that things are not now what they were centuries, or even a quarter of a century ago; let them adapt their Institution to the present state of society, and try to think it possible that all Medical and polite knowledge is not concentrated in Pall Mall East; let them stir up courage to do these things, then it is probable that the Royal College of Physicians of England will flourish, and become in reality what its name would indicate.

I am, &c.

A Graduate of a British University, and Extra-Licentiate of the Royal College of Physicians.

August 15, 1858.

Letter from a Medical Jurist.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your correspondent, an Anxious Querist, amongst other questions asked in last week's number, wished to know what would be the professional status of Medical graduates after the new Medical Act comes into operation? Notwithstanding the point has been lucidly explained in your leading article, permit me briefly to observe that, since no person can be truly considered a Surgeon except he is a Fellow or Member of some College of Surgeons; nor an Apothecary, if without a license from the English or Irish Society of Apothecaries; therefore, on analogous reasoning he is not *de jure* a Physician, according to the strict derivation of the word, unless by belonging to a College of Physicians. In either case, the name or quality of the particular corporation, from whence his specific qualification is obtained, alone enables

Digitized by Google

the party to take correctly any professional denomination: however common it may have been heretofore to give or assume, but often at random and irregularly, one or other of the ordinary distinctive appellations. Now, matters will be very different, and unauthorised pretenders may incur pecuniary penalties, "if they take or use a name or title wilfully and falsely." Many reformers said confidently, when the Medical Bill was first introduced, one of the main objects proposed, was, to make all ranks enter by the same portal, and be also placed on an equal footing. But legislation has, on the contrary, legalised numerous separate gateways through which candidates may pass, prior to becoming qualified Medical Practitioners. While, instead of three grades in the Profession as before, another, a "quartum quid," is really added; or to adopt the well-known phrase, there will exist in future "a fourth estate" among Medical men, all, of course, being equally respectable. Speaking of the new order, a facetious "quid nunc" dryly observed, if the "genus novum" cannot be classed as either flesh, fish, or fowl, they assuredly do not belong to the species—good red-herring. Few persons could have foreseen the curious conclusions thus arrived at, through Parliament; and the above result is now only specially noticed to show that, instead of being virtually destructive and revolutionary, the Medical Practitioners Act will, in fact, prove rather a conservo-creative measure than otherwise. Its only feature of the former description being, that henceforward, foreign or colonial degrees, and doctorates granted by His Grace of Canterbury, will be no longer recognised.

I am, &c.

A Medical Jurist.

August 16, 1858.

THE MEDICAL SERVICE OF THE EAST INDIA COMPANY.

[To the Editor of the Medical Times and Gazette.]

Sir,—I understand that there are at present many vacancies for Medical officers in the H.E.I.C. Service; perhaps a slight sketch of the duties, etc., of such officers might be interesting to those who think of entering it.

The Assistant-Surgeon, on first arriving at the Presidency, is usually attached for some months to an European regiment or General Hospital, doing duty under the Senior Surgeon. He may have a certain number of patients allotted to him, and of these he has to prepare cases, which, I believe, are subsequently submitted to the Superintending Surgeon.

He afterwards is attached to a Native corps, and is expected to pass a *viva voce* examination in the native language—not a difficult thing after residing for some little time in the country. He will probably now be sent up the country to do "general duty" at some one of the large stations, where he may be attached to the General Hospital or to some European regiment. His pay during this period is about £300 per annum with infantry, £400 with cavalry, with £30 extra if 200 miles from the Presidency. He may have an occasional increase by being put in charge of detachments, etc.

If he belongs to the Bombay Presidency he will have to serve for two years in the Indian Navy. This is a hardship to some, but for others it has its advantages. The pay is increased, the expenses are lessened, the heat somewhat less trying, and he has opportunities of seeing other parts of the East. There are also several staff appointments to be had in the navy, as Resident Surgeon in Bushire, Bagdad, Kotree, or the Indus, etc. etc. where both the pay and the opportunity for usefulness are considerably increased. After having thus accomplished his share of general duty on Indian Navy, he may either obtain charge of a native regiment, when his pay will be from £450 to £500 a-year; or if more unfortunate, a Staff appointment. The value of these appointments varies. As Assistant-Surgeon in charge of Irregular Horse, he gets £630; as Civil Surgeon to a station, when he would have under his care the members of the Civil Service, officers on civil employ, the Civil Hospital, the Gaol, and the police, from £400 to £1000. As Assay Master to the Mint £600 to £1200.

There are other appointments on the list, valuable for their rate of pay, for their independent position, freedom of action, and extended sphere of usefulness; such are that of Surgeon to the Governor, Conservators of Forests, Superintendent of Vaccination in the various divisions, Educational Inspector the Medical charge of Sanotaria, the Professorship of the various colleges, etc., etc.

At the expiration of ten years he obtains the pay of Surgeon and rank of first-class Assistant-Surgeon. On obtaining his Surgeoncy he is eligible for Staff-Surgeon, Superintending-Surgeon of Division, and so on until he arrives at the head of the list, and becomes Inspector-General of Hospitals or Director-General.

The pay of the Surgeon in charge of Native Infantry is about £800 per annum; of European Infantry £1000; of Artillery and Cavalry £1000. Superintending-Surgeon £1500; Inspector-General £2000; Director-General £3000.

It is not every man that is fitted for a public service. If he be one fond of home and home-ways, wishing for peace and quiet, preferring the retirement and routine of village life and practice to the changes and chances of the campaign, the shiftings and excitements of military life, by all means let him stay at home. If also he has what is usually termed a "good-opening" here—an established practice, or a good introduction and interest, he would not be right, I think, to leave; but for the many who wish to shun the hardships, poverty, and "uphill-work" which usually beset the path of him who has to establish a practice, for those for whom a different mode of life would have a charm, scientific men, naturalists, botanists, geologists, who long for fresh and untried paths, India is the proper sphere.

The Retiring Pensions granted by Government vary from £191 to £700 per annum, according to length of service, commencing from 17 years. To this is added a certain sum from the Medical Retiring Fund, the value of which varies in the different presidencies.

I am, &c.

August 15, 1858. S. I. H.

BLEEDING IN INFLAMMATION.

Letter from Dr. Markham.

[To the Editor of the Medical Times and Gazette.]

Sir,—Would you kindly allow me to add to the two papers lately printed in your journal, upon the subject of bleeding in inflammation, the following summary of the conclusions therein arrived at.

I am, &c.

W. O. Markham.

Clarges-street.

1. There is no proof that venesection has any directly beneficial influence over the course of inflammations, either external or internal. Surgeons never bleed now in external inflammations; and Physicians have given up all argument in favour of the proceeding, except in the case of pneumonia, and perhaps also of peritonitis. At all periods of Medical history, moreover, it has been especially in pneumonia, that the benefits of venesection have been most firmly extolled.

2. But the direct abstraction of blood by leeches, etc. from an inflamed part, during the early stages of the inflammation, modifies its course, and materially reduces the most characteristic phenomena of it, viz. the pain, the heat, the redness, and the swelling; and the abstraction of blood does this, whether the inflammation be traumatic or specific, as we observe, for instance, in the application of leeches to a sprained ankle or to an inflamed joint. There is therefore a marked distinction to be made between venesection and local abstraction of blood.

3. Local abstraction of blood, however, cannot produce the same beneficial results in the case of internal inflammations, except in those instances in which we are thereby able to draw blood directly from the inflamed part. Leeches applied to the thorax cannot draw blood directly from the inflamed lungs; when they appear to be of service in pleuro-pneumonia, they are so by drawing blood from, and so reducing the inflammation of, the parietal pleura. In endocarditis, again, direct bleeding (over the cardiac region) is useless; in pericarditis it is of great service, because thereby blood can be drawn directly from the inflamed pericardium and pleura.

4. Venesection, where properly used, is of great service, incidentally, in pneumonia. There is a peculiarity in the circumstances attending this inflammation, which causes it to differ from all other internal inflammations; and this peculiarity consists in the mechanical effects—the congestion of blood in the heart—produced by the inflammation. The

Digitized by Google

bleeding relieves this congestion, it has no directly beneficial influence over the inflammatory process. It serves exactly the same end in pneumonia, as it does in the congestions, which result from wounds of the lungs, diseases of the heart, aneurisms, and all those affections which produce great and sudden congestion of the organ. Army Surgeons bleed largely and at once in wounds of the lungs, before the inflammation sets in.

5. The use of venesection, therefore, in pneumonia, is to relieve the cardiac congestion which is produced by the impediment to the circulation of blood through the lungs; it neither arrests nor modifies the inflammation. And the corollary of this is, that venesection is frequently required during the progress of pneumonia, and of many other diseases, for the object indicated.

6. It is not denied, by anything here stated, that local bleeding in the inflammation of internal organs, where there is no direct vascular connexion between the skin and the inflamed organ, may not influence the inflammation by some reflex action conveyed thence from the skin to the vaso-motor nerves of the inflamed organ; but this influence, if it exists, has yet to be demonstrated.

MEDICAL CERTIFICATES OF DEATH.

[To the Editor of the Medical Times and Gazette.]

SIR,—The subject of Medical certificates as to the cause of death having in two instances lately been brought very prominently before the public, it may not be altogether superfluous to inquire into the effect and working of this voluntary duty on the part of Medical men.

In the first case, which occurred at the Bury St. Edmund's Workhouse, the gentleman in attendance was severely censured by the Coroner and his Jury for having given a certificate of the death of a woman at that institution, in accordance with the symptoms he observed shortly before her decease; and his testimony, that in very many instances the cause assigned was "conjectural," was treated with derision and unbelief.

In the other, which occurred at the Fordoun Workhouse, the Medical officer, not being satisfied as to the death of a woman in that house, made a post-mortem in the most delicate and proper manner possible, to ascertain the cause, and for this he is summarily dismissed!—the chairman of the Parochial Board exhibiting by his conduct an apt illustration of the maudlin sentimentalist of the present day, who, ever preaching humility and brotherly affection, abuses his position to practise arrogance and tyranny alone.—As I imagine no sane individual will contend, that without a post-mortem Dr. Henderson's certificate respecting the death of his patient could have been otherwise than purely "conjectural," a majority of your readers will, I am persuaded, agree with me that it is high time the Profession should clearly understand the dilemma in which they are placed, being one moment exposed to the scoffs of the multitude, for giving "conjectural" certificates, and the next liable to punishment for adopting the only means by which a positive conclusion can be attained; and that the time has arrived when all honourable and independent men should fearlessly assert their rights, and no longer furnish gratuitously that by which it is now sought to effect their condemnation. That the results and consequences to the Medical profession of having hitherto adopted an extensive gratuitous system in their practice have been otherwise than derogatory to themselves and pernicious to the public, I think but few will deny, and such as might be anticipated from individuals highly and expensively educated, voluntarily undertaking important obligations to attain a fleeting popularity, and foregoing that remuneration to which we are assured by an authority which cannot err all are entitled. If my information is correct, when certificates of the causes of death were first proposed to be obtained from Medical men without fee, a Mr. Wilson, practising in Leeds, endeavoured to draw the attention of his brethren to the manifest injustice of this innovation; but, from the unfortunate want of unanimity which pervades the Profession, and the disposition which exists on the part of many to pander to the eleemosynary spirit of the age as regards medicine, no organised resistance was established, and that which was ceded to expediency is now, as a consequence, demanded as a right.

Whether recent events will suffice to arouse the Profession to a sense of the debasing tendency of their vacillating policy I am not prepared to say; but this I will affirm, without hesitation, that if ever Medicine is to occupy the position its paramount importance entitles it to among the honourable and scientific professions, its members must cease to be the only body who, allowing petty jealousies to engender intestine feelings and contests, at once ruinous and derogatory, fall the easy victims of oppression, and succumb to an influence they despise, but lack the courage to resist.

I am, &c. M. R. C. S. Eng.

August 10, 1858.

IMPORTANT MEDICAL CASE.

ACTION AGAINST TWO SURGEONS FOR MALPRACTICES IN VACCINATING ADULTS.—RE-VACCINATING A FAMILY.

Marylebone County Court.—Before J. L. Adolphus, Esq. and a jury. Penney *v.* Lucas and Meehan. This action was brought to recover £50 damages which the plaintiff alleged that he and his family had sustained through the want of skill and malpractices of the defendants in their professional duties as surgeons. The items were—four weeks loss of time, £30; twelve months' loss of the plaintiff's niece's services, £17 17s.; expenses of family for change of air, £20; and servant, £1 1s.

Mr. Russell, instructed by Mr. G. Keene, appeared for the plaintiff, a merchant of York-place, Bayswater; and Mr. Sleigh, instructed by Mr. W. F. Cooper, was for the defendants. The Court was crowded with members of the Medical Profession.

Mr. Penney stated that the defendants had attended his family for some years, and in April, 1855, his daughter was attacked with small-pox, and Mr. Meehan recommended that the whole of the family should be revaccinated, and which advice was taken. No medicine was given to the adults, and the family were vaccinated from the same vaccine matter. In a week's time witness's arm began to swell, and a large lump, the size of an egg, formed under his arm, which gave him great pain, and did not go away till he had taken a quantity of medicine for a whole month. He was confined to his bed for a fortnight, and was unable to transact business for a month. Mr. Sharpe was called in, and applied lotions, etc. His niece was ill twelve months from the operation. After she had been vaccinated blotches came out all over her body. She was 27 years of age, and had previously enjoyed good health, and had to go to Guernsey for her recovery. His wife and servant were ill a fortnight.

By Mr. Sleigh: Went out of town shortly after being vaccinated. Did not send for the defendants when his arm began to swell. Did not complain of bad treatment until after the defendants brought their action to recover £22 13s., the amount of their bill. (This action ended in a consent.)

Dr. Owen Evans said, he considered it of the utmost importance that the vaccine matter should be taken from a healthy person. The injuries complained of might have been produced by impure matter, or the use of an unclean lancet. There was no danger in vaccinating adults or infants if proper preparatory steps were taken. Considers that the plaintiff ought to have had two doses of aperient medicine previous to his being vaccinated, to guard against any inflammatory symptoms which might be produced. Has known vaccine to fail.

By Mr. Sleigh: Did not conclude that the symptoms arose from improper treatment. It might have arisen from other causes. The most healthy subjects are sometimes attended by inflammatory symptoms. Out of some hundred of cases under his own practice, four have turned out inflammatory. Would advise re-vaccination if the small-pox were in the house.

Mr. Sleigh, having addressed the jury, called Mr. Creasy, the Assistant Judge at the Middlesex Sessions, who deposed that Leonard, his son, was vaccinated by Mr. Meehan, and that the child was perfectly healthy when the vaccine matter was taken from him to vaccinate the plaintiff's family.

Mr. Meehan said he was an F.R.C.S., and the vaccine matter used was from Leonard Creasy, and he had also used

Digitized by Google

it in the family of Lady McAdam and some young ladies at the Clergy Orphan School. No untoward symptoms appeared in the latter case. The vaccine matter used was perfectly pure. The lancet was clean, and all due skill and care were used. He had heard of no charge against him until he sued the plaintiff.

Mr. Charles Propert, M.R.C.S., considered that the symptoms would not have appeared without the introduction of vaccine matter; but he had often met with similar cases when the matter had been of the most pure character, and under the most skilful treatment. He did not attribute the undue symptoms in the slightest degree to defendant's treatment.

By Mr. Russell: It was quite possible, if impure matter or a dirty lancet had been used, blotches would have appeared. Had had as many as 3000 cases of vaccination under his treatment.

Mr. Marston, Surgeon to the Small-pox Hospital, stated that as many as 50,000 cases of vaccination had come under his practice. Such effects as stated were often produced, particularly in stout persons of advanced life. A nurse in the Hospital, aged 44, was then suffering from inflammatory arm, and had been ill in bed for three weeks, although other patients vaccinated from the same matter had speedily recovered. He did not consider it at all necessary to administer aperient medicine as a preparative. He had never done so. The blotches might have appeared independent of vaccination.

Mr. Lees, M.R.C.S., had vaccinated 60,000 persons. Symptoms might have occurred, although the purest matter was applied. Blotches occasionally followed vaccination. Very commonly, in cases of adults, swelling occurs in the glands of the arm, which depended greatly on the habits of life of the patient.

Mr. Hammersen, M.R.C.S., confirmed the latter witnesses; and in summing up, the learned judge said that if he had had the case to decide without the aid of a jury, he should have stopped the case at a much earlier period; but when so grave a charge as malpractices or unskilful treatment was brought against Medical gentlemen, he thought it better to hear all the evidence and let the jury decide. No evidence had been produced that impure matter or a dirty lancet had been used, and it was monstrous to conjecture such to have been the case when so many eminent Medical men had spoken so highly of the defendants' skill.

The jury immediately gave a verdict for the defendant.

His honour gave full costs.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 9th inst., viz.:—

BAKER, JAMES EDMUND, Royal Navy.
GREEN, FRANCIS, Houghton-le-Spring.
GRIFFITHS, FREDERICK, London.
HAYES, RICHARD HENRY, Beechcliff, Newcastle.
PARKER, THOMAS DIDYMUS, Sevenoaks, Kent.
PATTISSON, JOSEPH TARN, Queen's-road, Peckham.
ROGERS, ROBERT JAMES, Brighton.
SOULBY, HENRY, Toynton All Saints, near Spilsby.
STOREY, ROBERT, Ashby-de-la-Zouch.
SYKES, GEORGE, Commercial-road East.

Also on the 11th instant:

BLACKMAN, MATTHEW, Ramsgate.
CUTMORE, CHARLES RICHARD, St. John's-wood-terrace.
HANCORN, JAMES RICHARD, London.
HOOPER, WILLIAM ROB, Bath.
HUGALL, THOMAS JOHN, Park-place Villas, Maida-hill, West.
SMITH, DAVID, Bath-street, Glasgow.
WOODWARD, ALFRED, Bicester, Oxon.

Also on the 13th instant:

ATCHLEY, GEORGE FREDERICK, Whitehall, St. George, Gloucestershire.
BEILBY, THOMAS GREEN, Swanland, near Hull.
COHAM, JOHN HARDING, London.
COOPER, SAMUEL JOHN, London.
GREENWOOD, THOMAS FREDERICK, Wallingford, Berks.
HUGHES, ROBERT, Trefriw, North Wales.
JOTHAM, EDWIN SPARHAWKE, Hadley, Middlesex.
KING, GERMAIN, Helmsley, Yorkshire.
LEWIS, ALFRED HENRY, Penang, East Indies.
LLOYD, HENRY JAMES, Mornington-place.
MOCKRIDGE, JOHN, Taunton, Somerset.
PETMAN, ALEXANDER PRINCE, Folkestone, Kent.
REED, THOMAS SLEEMAN, Helston, Cornwall.
SPRY, GEORGE FREDERICK, Cheltenham.
TONGE, MORRIS, Wimbledon-common.

At the same meeting of the Court Mr. Josiah Austen passed his examination as Naval Surgeon, this gentleman's diploma of membership bearing date June 11, 1852.

Also on the 16th instant:

BARTLET, ALEXANDER EDWARD, Ipswich.
LEE, JOHN, jun. Ashbourne, Derbyshire.
MACKRETH, JOHN FREDERICK, Keyingham, Yorkshire.
O'NIAL, DANIEL, Killaloe.
ROGERS, JOHN FREDERICK, New Grove House, Bow-road.

The following members of the College, having undergone the necessary examination, were admitted licentiates in Midwifery, at a meeting of the Board on the 14th instant:—

BARFOOT, EDWARD, Islington.
BEADLES, HUBERT, Broadway, Worcestershire.
CAYZER, THOMAS, Erith, Kent.
HEGINBOTHAM, EDMUND, Winchelsea.
HICKS, ROBERT, Lewisham.
LAMBERT, HENRY STONE, Croydon.
LEONARD, CHARLES GEORGE, Old Kent-road.
MASON, WILLIAM, Ashby-de-la-Zouch.
NADIN, JOSEPH EDMUND KOOYSTRA, Tipperary.
LA FARGUE, G. F. H., Bosworth Husband.
PARKER, THOMAS DIDYMUS, Sevenoaks.
SENIOR, CHARLES, Bradford, Yorkshire.
STOREY, ROBERT, Ashby-de-la-Zouch.
WEBSTER, THOMAS, Kensington.
WILLIAMS, HENRY WILLIAMS, Plaistow.
WINKFIELD, WILLIAM BENJAMIN, Bedford.
WOODWARD, ALFRED, Bicester.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 12th inst.:—

DAY, EDWIN EDMUND, Acton, Middlesex.
GIBSON, THOMAS, Orton, Westmorland.
MEDD, JOHN, jun., Stockport.
NOBLE, THOMAS.
OLDMAN, JOHN, Gainsboro'.
PHILLIPS, DANIEL WELD, Halesowen, Worcestershire.
WILLIAMS, JOHN JAMES, M.R.C.S. (late Medical Staff, Army, Crimea), Northamptonshire.

And in addition six gentlemen passed their first examination.

UNIVERSITY OF LONDON.—1858.—FIRST M.B. EXAMINATION.—The following is a list of Candidates who have passed the First Examination for the Degree of Bachelor of Medicine for the present year:—*First Division*—George Frederick Atchley, King's College; Gregory Haines Atwell, Guy's Hospital; Thomas Hiron Bartleet, Queen's College, Birmingham; Charles James Bracey, Queen's College, Birmingham; John Easton, King's College; George Moule Evans, King's College; Arthur Charles Gaye, University College; Henry Gervis, St. Thomas's Hospital; Francis William Gibson, B.A., University College; Ebenezer Halley, Royal Manchester School of Medicine; Alfred James Harrison, Sydenham College, Birmingham; Charles Joseph Hellicar, Bristol Medical School; Francis Lloyd, St. Bartholomew's Hospital; Morell Mackenzie, London Hospital; Thomas Moreton, St. Thomas's Hospital; Joseph Neesom, Leeds School of Medicine; Joseph Rutter, University College; George James Symes Saunders, King's College; Thomas Bower Smith, University College; William Summerhayes, St. Thomas's Hospital; Henry Forbes Winslow, King's College; Washington Lafayette Winterbotham, University College; Edward Woakes, St. Thomas's Hospital; Alfred Woodforde, University College. *Second Division*.—Robert Shirley Belcher, King's College; Simon Belinfante, University College; John Butters, Extra-Academical Medical School, Edinburgh; Matthew Coates, Bristol Medical School; William Dale,

Digitized by Google

Leeds School of Medicine; Frederick Victor Dickins, Royal Manchester School of Medicine; William Vosper Jakins, University College; Reginald Croft Lever, King's College; Thomas Orlando Mayor, adjoining St. George's Hospital; Frank Pout, King's College; Charles Lincoln Roberts, University College.

APPOINTMENTS.

Mr. Lovegrove and Mr. J. P. Wilton have been elected Surgeons to the Gloucester Infirmary in the room of Messrs. Wilton and Wood resigned.

DEATH.

PRINCE.—On the 15th inst. at Uckfield, Charles Prince, Esq. In practice before 1815.

VACCINATION IN ALGIERS.—The Arabs and Bedouins in Algeria steadily recalcitrate against vaccination; not because the Arabian intellect is incapable of Medical knowledge, seeing that the science of Hippocrates and Galen found its way to the school of Salerno, and through Spain to Northern Europe by Arabic translations; but they cannot be persuaded that the small puncture on the arm is not meant as a mark by which the French system of army conscription is to be enforced throughout the Colony, more especially as all the troops have just been inoculated *en masse*. They think circumcision quite enough.

THE QUEEN'S COLLEGE, BIRMINGHAM.—At a special meeting of the Council held on Wednesday last, the Rev. J. G. Cumming, the Resident Warden in the Chair, the Physicians and Surgeons of the Queen's Hospital, namely, Drs. Birt Davies, T. P. Heslop, A. Fleming, Messrs. Sands Cox, Langston Parker, James F. West, and J. Sampson Gamgee, were unanimously elected Professors of Clinical Medicine and Clinical Surgery at the Queen's College. At the same meeting William Sands Cox, F.R.S., was unanimously appointed an Honorary Governor, a step necessary to precede his proposed election as the Principal of the College.

ROYAL MATERNITY CHARITY.—A truly gratifying and interesting meeting of private friends and governors of this Charity was held at the London Tavern, on Thursday, the 12th instant, to present Dr. Thomas Leigh Blundell, of New Broad-street, with a handsome Testimonial, consisting of a purse of 100 guineas, on an elegantly chased salver, suitably inscribed. The Chairman, in appropriate and kindly language, explained to the Doctor the objects intended, viz. to mark the gratifying fact of his recent advancement to the honourable post of Consulting-Physician to the Royal Maternity Charity, after thirty years of arduous and responsible service in the Institution, and in testimony of admiration of his private character, and high professional attainments.

THE MEDICAL EVIDENCE IN THE CASE OF THE GALWAY PILOT.—At the adjourned inquest held on the 5th instant, in the Court House of the town of Galway, on the body of Patrick Wallace, who died suddenly while awaiting, with another pilot, trial on a charge of having wilfully run the *Indian Empire* steamer on a hidden rock in the bay of Galway, the following declaration of Doctor Geoghegan, of Dublin, to whom the stomach of the deceased had been sent for the purpose of being analysed, was read:—"I have made a detailed examination of the contents of the stomach of Patrick Wallace, of Galway, as delivered to me with other matters, on the 23rd of July last, by Constable Mulvehill, in conformity with the instructions of Mr. Stephens, coroner for Galway. I have not discovered therein any traces of mineral or vegetable poison." Charles Croker King, M.D., Fellow of the Royal College of Surgeons, Ireland, made the following statement:—"The post-mortem examination was conducted by me with great care; nevertheless no cause of natural death was discoverable. Under the circumstances the question might naturally present itself to the jury, of what, then, did the man die? Are there any natural causes capable of producing sudden death, which, nevertheless, may not leave any appearance in the dead body indicating the exact cause of death? The answer to this question must be in the affirmative. Persons have died of certain affections, and dissection has not revealed the cause; and had the symptoms preceding death not been noticed in these cases, the post-mortem examinations would not have afforded any satisfactory explanation of the fatal result. Now, in the present instance, the symptoms which preceded death are unknown—they were not observed by any human being; and the post-mortem examination did not reveal the cause of death. Under these circumstances, though we might conjecture that death had probably resulted from some of those affections which leave no trace behind, still we could not be certain that we would be correct in doing so until it were previously accurately ascertained that no poison had been administered. That question having been settled by the chemical analysis of the contents of the stomach, we are now in a position to assign a natural cause for death. The following affections occasionally terminate fatally and yet leave no trace in the dead body of their previous existence—severe mental shock, apoplexy, epilepsy, asphyxia idiopathica. With respect to mental shock, it may be placed aside in the present inquiry; for although the man may have suffered severe mental anguish which, had he lived, might have led to the development of some wasting disease, yet he certainly was not exposed to any sudden and fearful surprise capable of extinguishing life. As to simple apoplexy, death from this cause within a few hours is uncommon. It may be worthy of remark that strong mental emotion predisposes to this affection. Epilepsy has caused sudden death; but against the occurrence of death from this cause it may be objected that the man was never known to have suffered from an epileptic attack; that he consequently must have died of the first attack, and that the paroxysm could scarcely have been attended with severe convulsions unknown to his wife who lay beside him, or without his tumbling out of bed. A Parisian died suddenly, and on examination of the body no natural cause of death was at first discovered. At last Mons. Chevallier remarked certain appearances about the heart, upon which he founded the term 'Asphyxia Idiopathica;' but in the present case these slight appearances were not sufficiently pronounced to account for death. After a most careful consideration of the case, I have come to the conclusion that death did not arise from poison or from any violence whatever. I may here remark that a letter was written to the authorities at Dublin Castle, and a copy of this letter was published in several newspapers, in which death was attributed to strangulation. Had the author of this communication applied to me, I could, I am sure, have satisfied him that his suspicions were unfounded—that no violence had been offered—and furthermore, that the examination he deemed necessary had been made, and also that the supposed conditions upon which he had based his opinion were not present. For instance, it was asserted that the tongue was protruded, whereas, sir, you can, by referring to my former evidence, at once see that I stated that the teeth were firmly clenched, and that the tongue lay within the mouth. I am of opinion, then, that death in this case may have resulted from epilepsy, ending in syncope, or from simple apoplexy; and I am confirmed in this opinion by certain circumstances, such as the frothing from the month, and the fact that the bladder had discharged its contents. Instances of death from epilepsy and from simple apoplexy are on record by Abercrombie, Morgan, Lisol, Gendrin, Foderè, and others, in which, though the most careful post-mortem examinations were made, no appearances indicative of death from natural causes could be detected.—CHARLES CROKER KING, M.D." The Coroner summed up the evidence, and the jury at once returned a verdict that Patrick Wallace met his death from natural causes, and by the visitation of God.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 14, 1858.

BIRTHS.

Births of Boys, 787; Girls, 709; Total, 1496.
Average of 10 corresponding weeks, 1848-57, 1484.

DEATHS.

	Males.	Females	Total.
Deaths during the week	571	576	1147
Average of the ten years 1848-57	623·1	699·1	1322·2
Average corrected to increased population	...	...	1355
Deaths of people above 90	2	4	6
Deaths in 15 General Hospitals	46	9	55

Digitized by Google

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	2	8	5	11	6
North....	490,396	1	5	15	7	24	6
Central ..	393,256	..	5	11	5	20	4
East	485,522	1	5	25	9	30	8
South	616,685	1	8	26	12	36	8
Total..	2,362,286	3	25	85	38	121	32

TO CORRESPONDENTS.

DR. CONOLLY's tenth paper, with a photographic illustration, will appear next week.

Dr. Bernays' second letter shall appear next week.

Mr. Clowes.—The letter of Dr. K. is an advertisement.

Dr. Robert Lee's Clinical Reports of Cases of Placenta Presentation shall appear next week.

Galen.—The new Act does not at all interfere with the relative value of degrees at different Universities. The public will see where each gentleman has obtained his degree, and will form their own judgment.

A Subscriber and Constant Reader.—1. We know of no better reports on the uses of Chlorate of Potass than those which have appeared in this journal. 2. Mr. Lovegrove, Colby-house, Kensington, has an establishment of the kind. 3. An abstract shall be given.

Dr. Gwynne.—It is not provided that the Registrar should be a member of the Medical Profession; but it is to be hoped that the Council would not think of appointing a member of any other profession. It will be stipendiary, of course, and the salary should be a good one. The council will make the appointment.

A Student.—We cannot undertake to recommend any one school; but would advise a student who has not made up his mind to spend a few days in the early part of October, in ascertaining by actual attendance at the various schools, where the teaching is best suited to his capacity as a learner. He will soon find where knowledge is most easily obtained. Where lectures and lessons are made most demonstrative there the student will learn best.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you be kind enough to inform me whether a member of the London College of Surgeons, not being a Licentiate of the Society of Apothecaries, can legally officiate as Resident Surgeon in a large self-supporting Hospital, where no specific charge is made for medicines.

I am, &c. L.

August 16, 1858.

[Unquestionably.—ED.]

THE CARLSRUHE MEETING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Oblige me by saying if two or three gentlemen likely to go in September to the Medical Congress at Carlsruhe, taking Paris on the way, and desirous of an additional person, would apply to the Registrar, Medical Society, 32a, George-street, Hanover-square, it would confer a favour. I am, &c. M.D.

BIRMINGHAM AND MIDLAND COUNTIES EYE INFIRMARY. "REPORT OF CHIEF OPERATIONS PERFORMED DURING APRIL AND MAY OF THE PRESENT YEAR."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I perceive that the Report of the Operations performed by me at the Birmingham Eye Infirmary, which you obligingly published in the *Medical Times and Gazette* of last Saturday, is made to appear, through the omission by your printer of the title my clerk appended to it, as representing the whole of the principal operations performed at the Institution during April and May of the present year. This is not correct. The report reflects the experience and practice of myself only as *one* of the Surgeons to the Infirmary.

I have considered it due to the Institution, and its Medical Staff, that this explanation should emanate from me with as little delay as is possible. I am, &c.

JAMES YOSE SOLOMON.

New Hall-street, August 16, 1858.

APOTHECARIES IN SCOTLAND.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of the *Medical Times*, I find a note from a Scottish Surgeon, who expresses his apprehension that the Apothecaries' Society may interfere with his right to practise in this country—meaning of course as a General Practitioner. The writer seems to have overlooked the extent to which the new Act curtails his present unquestioned rights as they are enjoyed in Scotland—and this plainly by its having been forgotten that the terms Surgeon and Apothecary have, in Scotland and England, a separate and respectively more or less comprehensive meaning. Thus in England an Apothecary is one who prescribes as well as prepares medicine—in short a General Practitioner; while in Scotland the licentiate of the College of Surgeons enjoys all the same rights; and I may add that the English Society of Apothecaries distinctly recognises the fact—for in their rules as to the admission of candidates for their licence they accept an apprenticeship to a Scottish or Irish Surgeon, practising as an Apothecary, as equivalent with an apprenticeship to a licentiate of their own Society.

By the new Act the Scottish Surgeon is deprived of the right to recover payment for Medical attendance in Scotland, and receives in return permission to practise Surgery in England, if such permission were ever needed—for I know of no law that interfered with him in that respect. In fact, the effect of the Act is to lay open broad Scotland to an inundation of duly-qualified English Apothecaries, and to deprive her own meritorious duly-qualified Medical men of their hitherto unquestioned rights.

If this be not so, pray enlighten me, and believe me meantime your constant reader, AN EDINBURGH GRADUATE.

P.S. I need hardly recall your attention to the wording of the 31st Clause, permitting registered persons to recover for Medicine or Surgery as the case may be.

ADVERTISING DOCTORS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The enclosed pamphlet was handed to me this morning by the person who supplies me with the *Times* newspaper, who informed me at the same time that a number of them had been entrusted to her for distribution. I am, &c. S. R.

August 16, 1858.

[We only print the first page of the pamphlet forwarded by our correspondent. If professional men will thus put themselves in the position of tradesmen we cannot wonder at the public regarding them accordingly.]

DR. BAILLIE begs to intimate that, at the solicitation of friends, he has been induced to resume the practice of his profession at 7, Chesham-street, Belgrave-square. He proposes to visit as a Consulting as well as an ordinary Family Physician, and it may obviate misunderstanding to state, that the remuneration expected in ordinary circumstances will be about a guinea for four or five visits. In cases of special Consultation and Accouchement, the usual Physician's fee will be accepted.

Advice gratuitously to all applicants at his residence every morning at half-past nine.

Dr. Baillie has now had the advantage of witnessing the practice of nearly all the most eminent members of the Medical Profession in the different countries of Europe, and the accompanying documents indicate the varied opportunities he has had of becoming acquainted with the treatment and prevention of disease. He trusts, therefore, that these very extended and unusual professional opportunities and advantages which he has enjoyed for more than twenty years, will be regarded by the Public and by the Profession as giving him more than ordinary claims to their confidence.

7, Chesham-street, Belgrave-square,
London, June, 1858.

COMMUNICATIONS have been received from—

Dr. MACKENZIE, Glasgow; Dr. COCKLE; Mr. WORDSWORTH; Dr. BARKER, New York; Mr. P. HEWETT; Dr. ROUTH; Dr. SCHMEDICKE, Leipsig; Dr. DAVIES, Hertford; Dr. BARKER, Bedford; Mr. DAVEY, Romford; DR. VAUDIN, Jersey; Dr. HAZLEWOOD; Mr. EVANS, Hull; Mr. LENDRICK; Mr. MANNING; Dr. GWYNNE; Mr. LATIMER; Mr. CLOWES; Dr. COOK; Mr. E. HUNT; Mr. SHELSWELL; Mr. J. HADDEN; Mr. C. HOWARD; Mr. J. LAUDER; Mr. RAINS; Dr. BERNAYS; Mr. IRWIN; Mr. CROSSE, Norwich; Mr. SANDS COX, Birmingham; Dr. CONOLLY; Dr. ROBERT LEE; Mr. LIZARS, Edinburgh; Mr. B. WILD; Mr. J. Y. WOOD; Mr. J. K. LENNOX; Dr. W. TAYLOR.

APPOINTMENTS FOR THE WEEK.

August 21. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

27. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday):—

Removal of epithelioma from lip, by Mr. Fergusson; removal of bone from foot, by Mr. Hulke.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES ON THE CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE

Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.

Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE V.

EXPERIMENTS OF TIEDMANN AND GMELIN ON THE FUNCTIONS OF THE BILE—ON THE ACTION OF PHOSPHATE OF SODA AND BILE UPON FATS—THE DECOMPOSITION OF NEUTRAL FATS IN THE STOMACH—RESEARCHES OF BÉRARD AND COLIN ON THE DIGESTION OF FATS AFTER THE EXCISION OF THE PANCREAS—HOW TO ACCOUNT FOR THE COLOURING MATTER OF FÆCES.

GENTLEMEN,—In our last lecture I directed your attention to the evacuation of margaric and stearic acids in diseases attended with an obstruction of the ductus choledochus; I shall now endeavour to explain the reason of this phenomenon, which will afford me the opportunity of relating a series of investigations I have lately undertaken in order to determine the action of bile upon fats.

On considering the evacuation of fats or fatty acids under the above-mentioned circumstance, I was naturally led to infer that in health one of the functions of the bile is to assist in the digestion of the fatty matters of the food; this view appeared to me naturally strengthened from the result of some very interesting experiments of Tiedmann and Gmelin, who for the purpose of determining the functions of the bile, tied the ductus choledochus on living dogs, and killing the animals some days afterwards, submitted the contents of their intestines to a careful examination: those of the small intestines being filtered; and the residue insoluble in water subsequently treated with alcohol, a solution was obtained, which yielded a very abundant precipitate from the addition of water; this precipitate consisted of fatty acids, whose properties closely resembled those of margaric acid. The residue of the contents of the rectum, insoluble in water, gave, when treated with alcohol, a solution, which being evaporated, deposited acid fats. The large quantity of fatty acids obtained on this experiment (a) considered, together with the excretion of fatty acids by patients suffering from jaundice, induced me to investigate the action of bile upon both neutral and acid fats; and phosphate of soda being one of the constituents of this secretion, a series of experiments were first instituted to determine whether a solution of tribasic phosphate of soda (2 Na. O H O P O 5) exerts any chemical or physical change on neutral and acid fats; the result obtained was that the salt in question, when mixed with pure stearic and margaric acids, prepared from sheep's fat, and heated, produced a perfect emulsion, resembling milk; on cooling, a substance solidified, which from chemical analysis was found to consist of fatty acids with more or less soda, soap, and a small quantity of phosphate of soda; therefore, the formation of the emulsion had been attended with that of a small proportion of soap. When neutral fats were heated, suspended in a solution of phosphate of soda, no emulsion occurred, the fats fused, and, on cooling, solidified under the form of a hard cake; the warm mixture, although strongly shaken, was not converted into an emulsion, but the minutely divided globules of fat rose to the surface, uniting with each other, and solidified on cooling, the fluid remaining perfectly clear.

The next subject for inquiry was to determine whether bile exerts a similar action on fatty acids and neutral fats. On heating and agitating gently a mixture of fresh sheep's bile and fatty acid (margaric, stearic, and oleic acids), prepared from sheep's fat, as soon as the latter had begun fusing it disappeared, and finally, the whole of the fatty acid was dissolved: on standing, however, it was observed that a very few extremely minute globules of fat rose to the surface. As soon as the mixture had been allowed to become colder than the temperature of fusion of the fatty acids, it assumed a turbid appearance throughout, which gradually increased, the fluid becoming white and milky, slightly coloured by the bile: finally, if the fat present was in sufficient proportion, the whole was converted into a semi-fluid white paste, possessed of a light green colour, and adhering so strongly to the sides of the vessel that it could be turned upside down without letting out its contents.

On diluting this remarkable emulsion with water, its consistence only was altered, becoming thinner; but no decomposition occurred: on heating the diluted mass the emulsion was dissolved; it disappeared, but no globules of fat could be seen floating at the surface beyond the few minute specks previously mentioned. Besides this physical action of bile on fatty acids, the phenomenon was accompanied by a chemical decomposition; for the bile, which was neutral or slightly alkaline before the experiment, had become strongly acid after being treated with the fatty acid. These fats had consequently decomposed a small proportion of soda salt of the bile combining with the base, and setting free the corresponding glycocholic and tamocholic acids. It was proved that the acid reaction of the emulsion was not owing to the fatty acids present; by filtering the cold emulsion, and testing the perfectly clear filtrate, which could not possibly contain any of the free fatty acids, this fluid was strongly acid. A series of analyses were now instituted to determine the extent of the saponifaction; for this purpose a known proportion of fatty acid and bile was used, and after exposing the mixture to the heat of a water bath for a certain time, it was allowed to cool, and the fluid was filtered from the emulsion; by washing thoroughly the residue on the filter, and ascertaining the weight of the fatty acids it contained, there was afterwards no difficulty in calculating how much of the fat had been dissolved under the form of soap. The proportion of fatty acids saponified by one ounce of bile was found to vary from 14 to 32 per °/₀ of the fatty acid employed. It now occurred to me that it would be interesting to examine the properties of the acid fluid filtered from the emulsion of bile and fatty acids, and determine whether it could not exert a further action on a new quantity of fatty acid, although its power of saponifying and emulsioning fats had, in the former operation, been completely exhausted. A preliminary experiment was undertaken, showing that after the period of three hours the action was complete; and then the filtrate from the cold emulsion, obtained by the exposure of the mixture to the heat of the water bath for three hours, was treated with another quantity of fatty acids. An emulsion was again formed, although apparently not quite so complete as in the first instance; and, moreover, a proportion of fatty acid smaller than on the former occasion was found to have been saponified; finally, the filtrate from this second operation being again treated with fatty acids yielded a small amount of soap, the proportion saponified being only 3 per °/₀ of the fatty acid employed. Consequently it appears that the presence of the emulsion interferes with the process of saponification, although the conversion of a small proportion of fatty acid into soap had at the commencement of the operation induced the formation of the emulsion.

The fatty acids used in the above experiments had been prepared from the saponification of sheep's fat with potash; the soap being subsequently decomposed by hydrochloric acid; and the free fatty acid was washed with water in order to remove from it every trace of the mineral acid. In this condition the fat consisted of stearic, margaric, and oleic acid. Very minute globules of fat having been noticed to escape the emulsion of bile and fatty acids, I thought it advisable to examine separately the action of bile on free oleic acid, and on pure margaric and stearic acid. For this purpose a sample of oleic acid was prepared from olive oil, and it was ascertained to have exhibited no acid reaction, although its alcoholic and ethereal solution were acid. When mixed and agitated with sheep bile, hot or cold, no emulsion took place, the oleic acid rose to the surface, having exerted no action on the bile, which remained clear, and exhibited no acid reaction. On the other hand, the pure stearic and margaric acids mixed with bile and heated, yielded a mixture which, on cooling, was transformed into a complete thick emulsion, exhibiting an acid reaction. No globules could be seen floating on its

(a) By repeating this same experiment with the contents of the intestines of healthy dogs, Tiedmann and Gmelin extracted fatty acids, although not in such an amount as after the ligature of the bile duct.

Digitized by Google

surface, when heated to a temperature higher than that of the fusing point of the fats. The conclusion to be drawn from these experiments is, that the oleic acid present in the mixed acids obtained directly from sheep's fats, is not completely emulsioned by the bile, although it is partly dissolved and emulsioned through the agency of the stearic and margaric acid present in the mixture.

An experiment was now instituted to determine whether a similar phenomenon takes place when bile and neutral fats are mixed together. Indeed, it was hitherto generally admitted that bile had no action on neutral fats. The results of my observations confirmed this view, for in no case could I succeed in obtaining an emulsion and chemical decomposition, by heating bile with pure sheep's fat or with olive oil, having a neutral reaction; on agitating the hot mixture, the globules of fat were broken up; but on standing they rose to the surface, the bile being unaltered in its appearance and reaction. Consequently, bile exerts no action on neutral fats.

The fatty elements of food being neutral, it might be considered, *a priori*, from the experiments I have just related, that bile cannot assist in the digestion of fats; if, however, I am able to convince you of the fats of the food being transformed into fatty acids in the stomach, I hope I shall have succeeded in establishing the fact that the presence of bile in the intestines is intimately connected with the digestion of fats.

The experiments were undertaken upon dogs, and repeated four times with the same result. The animals were made to take a meal, consisting of cooked meat and sheep's fat, and killed from one to five hours later; the contents of the stomach being at once submitted to examination, yielded in every case fatty acids. The method of investigation was not precisely the same in every case. On one occasion I began by exhausting with alcohol the contents of the stomach. On cooling a deposit occurred, which after being washed with distilled water until the washings had lost their acid reaction, was found to yield acid fats to alcohol and ether: the original alcoholic solution usually contained the greatest portion of these acids fats which were precipitated by means of water. The precipitate was washed with distilled water, and finally treated with ether. Thus an acid ethereal extract was obtained, which, when evaporated to dryness, yielded a residue consisting of fatty acids. This substance was soluble in warm bile, and on cooling formed an emulsion. In other instances the semi-digested food was first washed with water, in order to remove entirely from it the acids of the gastric juice, and then treated as on the other occasions; the result was the same.

An objection, however, to this new function of the stomach, might be grounded on the circumstance that the juice of flesh being acid, the process of cooking transformed some of the neutral fats of the raw meat into fatty acids. I took care, however, previous to communicating these results, to inquire into the condition of the fats in cooked meat; the dripping of beef, while roasting, failed to yield the slightest trace of fatty acids, and the fat remaining in the roasted beef was not found in the least to have become acid.

There is another secretion in the intestines, the pancreatic juice, whose functions it is to digest the fats of food. Now, if the bile has the property of transforming the fatty matters eaten into a condition fit for their being absorbed, in those cases where the flow of pancreatic juice into the intestines is obstructed, we might expect the digestion of fat to continue partly or entirely. Such is actually the case. Messrs. Bérard and Colin have undertaken of late a very interesting series of researches, showing beyond doubt that after the excision of the pancreas, where, consequently, no pancreatic juice could possibly be formed, the digestion of fats continued; they were absorbed, producing a milky chyle, such as would have been expected from the action of the pancreatic secretion on fats. It is obvious that in these experiments the bile had performed the functions of the pancreatic juice, and converted into chyle the fats of the food previously transformed into their acids by the action of the stomach.

To conclude the present lecture, I beg to add that my researches on the action of bile upon fats, confirm the usually admitted theory that the colouring matters of fæces is owing to the pigment of this secretion; for I had an opportunity of observing that the filtrate from the emulsion obtained by the action of bile on fatty acids had acquired a slightly brown appearance; this filtrate again treated with fatty acids, and filtered from the emulsion, yielded a filtrate possessed of a browner colour; and the filtrate from the third operation had completely lost the green colour of bile, and acquired a brown appearance, very like that of healthy fæces.

In our next, and last lecture, I propose to give you an account of the soaps contained in healthy evacuations, of excretine and cholestrine in fæces, and finally, of the ashes of human excreta.

ORIGINAL COMMUNICATIONS.

THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.
Consulting Physician to the Hanwell Asylum.

No. 10.—Religious Mania.—Convalescence.

The more frequently the attention is directed to external expression, or what is commonly called physiognomy, the more curious, or one might say, the more wonderful, the subject appears. In some degree this outward expression is to be discerned throughout the whole diversified animal creation, even as far as our senses make us cognisant of forms and movements in the microscopic depths of animal life. This variety of expression is but the result of variously modified muscular contractions, and, in animals not microscopic, of their effects on the position of the more solid portions of the living bodies; attitude, the result of muscular actions, furnishing expression throughout the figure, and what we call expressiveness of face being the result of muscular contractions playing over moveable fleshy structures lying on solid facial and cranial bones, in themselves not only immoveable, but, when left bare by the grave's workmanship, ghastly, and even hideous. The bones of the face and skull, denuded by death, become death's emblem; yet in the small space now so spurned, loveliness once reigned, or intellectual expression; beauty or dignity; all the eloquence of benevolence or of depravity, and all the mysterious magic of the eyes. We read all this divine work in life; but we understand it not; and in death it is soon gone.

A cunning artificer might construct a perfect model of the skull; nay, might perhaps clothe it with some resemblance of muscular structure skilfully patterned so as to represent muscles: but there man's art would stop. Or one step further he might go, imitating by delicate threadwork the marvellous work of nerves, single or complicated, united and knotted, or spread out like a net; and the connexions of these with the nervous centres of brain and spinal chord might be made almost intelligible. We can understand that the outward extremities of these imitated nerves, or those directed to surfaces external, might become capable of impressions which, transmitted to the brain, produced pleasurable or painful sensations: but how conveyed, and whither conveyed, and why productive of pleasure or pain, we cannot explain; cannot even imagine. In each social meeting of men, in every domestic assembly of the old men and matrons, and of young men and maidens, it is vain to attempt to catch all the momentary shades of expression; but the commonest observation still makes us sensible of their numerous and endless succession. Facial commentaries are unceasingly renewed, not transmitted to words, nor audibly delivered; not intended even to be revealed to the general eye; yet, transient as they are, some visible to all, and all to the adept, and translateable; even producing various degrees of emotional influence on many who are gathered together at the table, or round the evening fire. But who will essay to explain the nervous mechanism or workmanship which must be simultaneously active? Fancy may indeed lift itself from vulgar sense for a short flight, and conceive some images of the essence of human impressions or sensations; but in essaying to enter the gate of things divine, its wings droop, and it falls abashed into the lake of ignorance.

From some one or more of what we call nervous centres, where these pleasurable or painful sensations are received or generated, a reflex action arises; and along the reticulated lines of nerves of muscular motion, and particularly of facial muscular motion, is transmitted some inexplicable agency, of which the result is an arrangement of muscles in the figure,

Digitized by Google

and more intimately in the face, imparting a character or expression wherein we read the existence of emotions of pleasure or of pain.

But, if we flatter ourselves that we can really form some reasonable notion of the origin of the sensation which is the cause of this outward demonstration of pleasure or pain conveyed from nerves distributed to the surface of the body, or to the tongue, to the intricate halls and labyrinths of the ear, or to the exquisite texture of the retina; we lose all doubt as to our incapacity of penetrating further, when we come to consider the effect of emotions and of passions, and of all the affections on external expression. We vainly attempt to say where these movements of the mind or soul originate; from what nervous impressions they arise, and in which of the enigmatic complications or groups, or masses of the cerebral structure; although they no less certainly transmit their instantaneous messages along the fine electric cables of nervous interlacings, and stamp their meaning in muscular changes productive of an external language as plain as its origin is beyond man's comprehension. This language is legible in facial expression and in attitude; in the delicate movements of the muscles of the eyelid; in the more marvellous modifications of what we call expression in the eyes themselves; and scarcely less so in the muscles which govern the attitude of the body, and in those which make the very fingers demonstrative, and the hands eloquent.

These wonderful effects, familiar to all observation, are at the same time evanescent. Rapid mutations, of which the existence is undeniable, and the effect on the observer unmistakeable and striking, still seem to elude the observer's glance, and almost as much to defy the copying power of the artist as an electric flash. But if caught by the ever advancing power of his art, or fixed by the photographer, to be contemplated at leisure,—nay, when the seal of individual character or of rational character is set so undeniably that every one capable of observation interprets it in the same way,—it still almost defies analysis.

The student, therefore, who wishes to become a proficient in the diagnosis of diseases, and especially of diseases of the mind, must be an industrious watcher not only of all the principal facial or attitudinal signs of inward changes of bodily functions and structure, but of the ever-varying external language of emotion, passion, and thought. To this end an habitual observation of healthy faces and bodies will conduce; rendering him more sensible of the delicate metamorphoses of malady: and the expression of the outward language of the mind must be similarly studied.

Many incidental pleasures are afforded by such habit to the observers of physiognomical expression, which are of themselves sufficient, if anything were indeed required, to redeem such a pursuit from the charge of insignificance. The several readers of these papers who lately visited the northern division of our island, at the great meeting of the British Medical Association in Edinburgh, will easily understand the wider scope of gratification enjoyed by the traveller whose mind is cultivated, and whose senses have also been exercised on living human beings and objects, than is conceivable to the unlettered and undisciplined minds of the commoner people, who have learned to observe nothing attentively. By the one, nothing is regarded in a journey but the distance. By the other, of whom not a few representatives were to be found among the southern practitioners of this island who lately visited the Great Northern School of Medicine and of all science, every journey presents matter for reflection, and perhaps to Medical observers more than to all others; their minds being at all times more or less occupied, as a professional necessity, with man and all that surrounds him. As they proceeded, therefore, the gradually increasing elevation of the hills was appreciated, and communicated in itself a pleasurable excitement: and as the hills rose to mountains, the fleeting lights and shadows on their grand expanse, the profound retreats and hollows here and there revealed, to which the very sun seemed debarred an entrance, inspired admiration not unmixed with awe. Nor, when opportunities occurred, was the language of the clear and pebbly brooks, or of the "rivers wide" unlistened to, the deep and narrow glens flown over "on the violent speed" of steam, so as just to disclose the steep descending banks and the deeper and deeper shade of the thick embracing foliage, with the glancing water far below, awakened in many a breast the fine sympathies habitually overlaid by the common toil of each day's life in the work-o'-day world; all the pure recollection of Divine poetry, and many of the sweet memories of innocen childhood.

But the observer and habitual reader of the human face possibly derived a more intellectual pleasure, or one more closely allied with practical instruction, from the passing contemplation of the modifications of man's physiognomy and figure in the various districts travelled through, and marked by the characteristics of diversified toil or occupation, agricultural, or manufacturing, or mining, or maritime, or keeping of sheep. In all these things there were successive mutations more or less attracting attention until, at length, it dwelt on the steady and thoughtful character manifested so remarkably and so generally in the demeanour and look of the Scottish people; not in their cities alone, but on those pastoral borders, every hill and stream of which is married to immortal verse; —on the hills of Lammermoor, or on the banks of Esk, and on Tweedside, or by the "bonnie Doon," or wherever the tourist's fancy took him before he returned to his patients and to regular life once more.

Very different scenes were presented to their observation in the older parts of the romantic town of Edinburgh itself; in the depths of the Cowgate, and amidst the swarming population of the many Canongate wynds. These long openings from that fantastic street are generally named after some great family, whose name is often as the sound of a trumpet, and whose somewhile town mansion forms a sort of historical monument at the head of the wynd. Each, thus accompanied, is a kind of type of the ancient splendour of the nobleman's state, with a squalid tail of poor habitations. These grim houses belonged in their youth to scarcely less grim proprietors, for the most part themselves ignorant and gross, and all below them was grossest; and the fervid nationality of character and brain chiefly exhibited in valour, and in military virtues terribly dashed with ferocity and crime. As we endeavour to find a passage through these town ravines, where the tops of the tall houses advance towards each other as we proceed, until the upper stories almost meet and shut out the light of heaven, we find little to encourage us to think that the people there existing are much more cared for than in the olden time. We meet pale, and deformed, and rickety children not a few, doomed to a short and joyless existence; the air and the green fields unknown to them, and the stamp of early death set upon them. Yet, even in these narrow passes of populous life, the majority of the poor children have a look of intelligence; and, what seemed unexpected and startling to us, every now and then some beautiful child stepped forth out of the chasm into the broader street, it might be without shoes and without stockings, and with raiment just not too scanty for decency, yet the figure erect, symmetrical, and graceful, the head well set on, the forehead excellent, and the head adorned with fair and flowing hair; the lips beautiful, the chin well pronounced, the eyes significant, the figure quite faultless, and the whole result an undeniable natural dignity. Few of our Medical Association who happened to wander down towards Holyrood, with time to look at people as they went, can have failed to see some children answering to this description; and vindicating God's power and his indestructible laws of development, amidst the gross abandonments of which selfish man, still calling himself Christian, is everywhere guilty.

These notes of travel require, doubtless, the illustration of photographic pictures; for the colours left on the mind fade among the ever-coming sketches of every coming day, and we feel surprised to find how inadequately our impressions of childish faces and figures, of forehead and chin, or of the facial character, and of the poise and movement of the gracefully plaided shepherd of the land of Burns, can be conveyed to others, or their differences from what we again recognise in the sleepier villages of the South, or even among the sharp countenances of the juvenile population thronging the streets of London. Still, such observations are not altogether barren of fruit. In proportion to the attention paid in any journey, and anywhere, to the development and variety of human beings in different circumstances, physical, moral, climatorial, or political, the range of useful deductions widens, and of the perception of truths that will also become fruitful, in some way or other, and some time or other, in relation to the all-important laws of social science, to the promotion of which the most able and the greatest minds are now devoting so earnest an attention.

Digitized by Google

Into such speculations it is scarcely possible not to fall, even from the subject of physiognomy, and especially from that of the physiognomy impressed by causes that have disturbed the human intellect; for physiognomy is not a mere matter of eyebrows, and noses, and chins, and ears, although all these, in their tributary details, help to compose it. Considered as the outward and visible sign of individual and of national character, it acquires a wider interest, becoming associated with the consideration of all that makes a good or a bad impression on man. But still I may seem to owe an apology to the gentle readers of these papers for so long deferring particular allusion to the singularly interesting portrait accompanying the present Number.

The portrait is one of the same patient represented in the number of the *Medical Times and Gazette* of July the 24th. At first sight, if placed by the side of the former, this may scarcely seem credible; so terribly was the physiognomy of the patient modified during the continuance of the religious melancholy, and so marvellous the change when convalescence had advanced nearly to complete recovery. It will be recolleeted that the patient represented was a married woman, the wife of an agricultural labourer, thirty-six years of age, industrious, domestic, and of irreproachable character; but driven for a time from all composure of mind by the ravings of fanatical preachers. All her character for a time seemed changed. Her activity was directed to mischief, and her religious enthusiasm sometimes prompted only fierce denunciations of others, and sometimes burlesque perversions of devotional song. The lowest suggestions of her nature often found expression; and even decent and cleanly habits were forgotten. For several months this shocking state of affliction remained. At length the cloud began slowly to pass away: the maniacal expression of which the calmest phase was caught in the first photograph, when her attention seemed directed to the book she held in her hand, disappeared, and she became well enough to walk to the artist's house, where the second photograph was taken. Her countenance, it will be seen, had lost all maniacal wildness, and reassumed its intelligent and acutely sensible character. With reference to some remarks in a previous portion of this paper, it may be observed that the whole head and face of this patient, and the indications of observation and of thought in the features, mark her as belonging to a province where the faculties are generally well developed. There is no dulness or rustic stupidity to be seen in her face. The forehead is unusually good, and the whole head may, without exaggeration, be called beautiful. The observing and the intellectual regions of the forehead are in admirable proportion to each other; and the region of veneration is so grandly marked as to rejoice any phrenologist; while its combination with the ample ideality and marvellousness seems to explain the peculiar form in which her mental disturbance manifested itself. The fixed and almost intense expression of the eyes, and the recovery, as it were, of her eyebrows from the undue elevation of mental excitement, are worthy of regard. Even the nose belongs to an intelligent face; and the shape of the lips is indicative of delicate perception. The fine contour of the chin, and the firm character of the lower part of the face, are sufficiently observable; but, as an illustration of what has been said of the difficulty of describing modifications of facial muscular action, there is a gentle smile pervading the features, to which it would be in vain to attempt to assign any narrow locality. Whoever is interested in remarks of this kind, and feels more than mere curiosity concerning the workings of malady on the nerves of facial expression, and on those which conduce by their action to expression in attitude, will doubtless dwell more minutely on these two portraits, comparing them with the attention they deserve. The loose and negligent dress in the first portrait, the neglected state of the hair, the general impression of a pre-occupied imagination in the face, and especially in the lips and eyebrows, may be curiously compared with the carefully-arranged costume, indicative of neatness and taste, and with the resuscitated mind shining through all the features in the second. It is evident that the patient must, in her sound state, be even superior to the generality of women of her station, and one whom a liberal education might have preserved from the influences of vulgar fanaticism. Too true, indeed, it is, that at the present time a very large proportion of what are called educated women are found among those affected with religious insanity.

But what is called education, as respects women, even women of the educated classes, and of the highest ranks in England, is far from honourable to us as an enlightened nation; and in no respect calculated to promote or preserve their mental health or their happiness. A very small progress is made in a few showy accomplishments; great attention is paid to the formalities of religion, on which they are taught that only certain views are allowable or even free from sin; and very generally the only part of instruction carefully, and even laboriously attended to, is music. It is really pitiable to contemplate the general vacancy of mind among young ladies; the miserable kind of reading to which they devote themselves; their total ignorance of all the most beautiful writers in their own language, and their want of any noble treasury of wise or consolatory thoughts on which to draw in retirement or in trial. To those of a better temperament than the generality, the vapid books and songs and occupations with which they have alone been familiar, become in time wearisome and displeasing. But they have nothing more elevated to which to address themselves. The works of our best English authors are generally as unknown to them as the works of the ancients, and of the most exquisite poems with which our language is enriched they scarcely remember the names; they may have read some of them at school, but only among other tasks, and not one stanza, not one passage, abides in the memory as a counterpoise to the unavoidable commonness of ordinary life, or a relief from too much care. All that we designate as sublime, or even, in the highest sense, beautiful, seems to have been carefully excluded from their thoughts; and devotion, to which the most earnest of them turn for relief as years advance and sorrows gather round them, is too often little more than an indulgence in religious terrors, their hope appearing unsustained by any great or just views drawn from any habitual attention to the works of their Maker. It most unfortunately happens, also, that preachers abound whose discourses, wild and extravagant, and delivered with screaming voice, and distorted face, and frantic gesticulations, make a frightful impression on the female mind. Such sermons and such scenes form the excitement of Sunday, when the pursuit of gain is suspended, and there is no opera. Every form of superstitious dread is thus aggravated; no wholesome instruction given, no consolation imparted; the object of all worship becomes a mere image of terrific judgments. In the next world nothing is promised but torture; and in this world nothing remains but despair. Every Physician occupied with the insane knows the frequent results; the incurable despondency, the deep and irremovable anguish of pure and virtuous minds, and the determination to destroy a life from which hope and joy have departed, and to rush to an existence where nothing is expected but everlasting suffering. This shocking perversion of the mind is becoming, indeed, so common as to make it a serious duty in those who profess to educate young persons, but especially young women, to consider how their pupils may best be fortified against it.

CLINICAL REPORTS OF TWENTY-ONE CASES OF

UTERINE HÆMORRHAGE FROM PLACENTAL PRESENTATION.

By ROBERT LEE, M.D., F.R.S.

Fellow of the Royal College of Physicians, Obstetric Physician to St. George's Hospital.

The histories of sixty-three cases of placental presentation have been recorded in the Fifth Report of my "Clinical Midwifery," published in 1848. The following is a succinct report of all the cases of uterine hæmorrhage from presentation of the placenta which have since come under my observation.

Case 64.—On the 10th of May, 1848, I was called to a case of dangerous uterine hæmorrhage, in the ninth month of pregnancy, in which there had been complete placental presentation. Before I could reach the house of the patient, her Medical attendant, seeing the peril to which she was exposed, and believing that her life could only be preserved by immediate delivery, introduced his hand into the uterus without difficulty, grasped the feet of the child, and turned. When I saw the patient the uterus had been emptied entirely of its contents, the flooding had ceased, and she recovered favourably.

Case 65.—On the 15th of August, 1848, at 11¼ a.m., I

Digitized by Google

received a letter from Mr. Thorn, stating that he had a case of flooding at seven months, and requesting me to see the patient as soon as possible. The husband had lost his first wife in childbed, and was in a state of great alarm. Mrs. —— was the mother of three children, and this was the fourth pregnancy, and she was near the end of the seventh month. Ten days before, without any accident, she had a slight show. It had been going off and coming on, disappearing and reappearing occasionally, ever since. The day before, or the 14th, there was no great discharge of blood; but there was a constant flow of a thin watery fluid, so that a quantity of napkins were wetted. No pain. On the morning of the 15th Mr. Thorn had been sent for, as there had been a great discharge of blood during the whole night. When I first saw the patient the pulse was small, but not very frequent. The os uteri was little dilated, but dilatable. The edge of the placenta was felt at the back part of the os uteri, and the membranes at the anterior part. The head presented. We resolved to rupture the membranes, and see whether the hæmorrhage would not cease, and the labour be completed without further assistance. It would have been better practice to have passed up the hand into the uterus at once, and delivered. At 2 p.m. the fainting and flooding still continued, but with very little pain. At 3 the flooding still continued. There were large coagula in the vagina. No progress since 11½, though there had been slight pains. Os uteri in precisely the same state; pulse 120; very feeble. No hope of delivery by the natural powers, and the operation of turning considered unjustifiable, in consequence of the escape of the liquor amnii and death of the fœtus, which had been ascertained. It was resolved, therefore, not to delay delivering, and I perforated and extracted the head with the crotchet. The placenta followed soon after the child, and the flooding ceased. The pulse rapidly improved after delivery. I left the patient at 4 p.m., and she recovered very favourably, though the quantity of blood lost was great,—in fact, greater than it ought to have been, if our interference had been more prompt.

Case 66.—July 26, 1849, about mid-day, a lady at the Terrace, Kensington, nearly seven months pregnant, was suddenly seized with uterine hæmorrhage. The day before she had been driving on a rough road. Mr. Haden soon saw her, made an examination, and felt the placenta. I saw her, at his request, about half-past four o'clock in the afternoon. The os uteri allowed two fingers to be introduced; no hæmorrhage, no faintness, no pain. Felt a portion of the placenta on the left side, on the right the membranes and the limbs of the fœtus. I recommended immediate delivery if the hæmorrhage should return, by passing two fingers through the os uteri, and seizing one of the lower extremities. At 3 a.m. the flooding again returned suddenly, at which time the delivery was effected by Mr. Haden, by laying hold of a foot with two fingers. The whole hand was not introduced. The head passed without much difficulty, the placenta was adhering firmly, and a good deal of difficulty was experienced in getting it away. All the placenta was attached except the little portion that we felt through the os uteri. In this case I think it would have been the best practice to have delivered at 4½ p.m. No good resulted from waiting till the following morning, when much blood was lost.

Case 67.—

14, Lower Belgrave-street, Eaton-square, S.W.
August 21, 1850.

My dear Dr. Lee,—I am happy to tell you that my patient has progressed most favourably, without one bad symptom or the slightest drawback, and is gradually recovering her strength, which was very considerably reduced from the frequent loss of blood previous to the operation (removal of polypus by ligature). By your first note I thought you considered the tumour to present the character of cancer; now, in the absence of minute microscopical examination, I should have said, from the practical observation only, that it was "a non-malignant tumour," "a firm polypus;" but in your second note, if I understand rightly, a more minute examination has decided that it contained no cancer-cells; and I certainly have the best hopes there will be no return of the growth; the patient's history, I conceive, does not point to a case of malignant disease. I happen to have preserved notes of the case you required, and have enclosed them, hoping they will serve your purpose.

Believe me, my dear Dr. Lee, yours very truly,
W. P. Jorden.

March 1, 1850.—Mrs. H., aged 23; fourth pregnancy; miscarried with the first two at an early period, and with the third at seven months and a-half. Previous to this delivery had occasional attacks of hæmorrhage. The labour was rapid, and without the aid of her Medical man, the nurse officiating. The loss of blood during the labour was not great, although there is reason to suppose the placenta was in this case situated near the os uteri. In the present case the patient suffered from occasional attacks of hæmorrhage for six or eight weeks previous to labour, but not to an inconvenient extent. Rest in the horizontal position was strictly enjoined, and carried out for the last two months. She was ordered cod-liver oil, and strengthening medicines, being of a fragile and weak consumptive habit.

February 28, 1850.—Was sent for to see her, for a very severe and fixed pain under the left breast, which appeared to be connected with indigestion and flatulence, etc. At twelve at night she was seized with violent flooding, continuing at intervals during the night, and producing extreme faintness and exhaustion, which alarmed the nurse, who sent for a Medical man whom she knew, close at hand, and to whom she had also sent in the morning previously to my seeing her, for the pain under the breast. He states he saw her at 1 a.m., when he found the patient lively and joking, having passed some considerable-sized clots. Os uteri undilated, and no pains. He said he did not consider it necessary to do anything, but ordered that I should be sent for early in the morning if she were worse. At 11 a.m. I received a note from her husband stating how ill she was. I saw her at 12 a.m.; found her almost moribund, faint, pulseles, exhausted, with blanched countenance; os uteri dilated, to the size of a crown; no pains; sent for Dr. Robert Lee; immediate delivery was considered necessary. The head of the child was opened, and child born in half an hour; cord twice round the neck; no hæmorrhage during labour, nor, indeed, since 11 a.m. Mother died about 1½ p.m., being twenty minutes after delivery.

Case 68.—April 24, 1851.—Mr. Jackson requested me to see a patient in the eighth month of pregnancy, who had been suddenly attacked with flooding about 8 p.m. A great quantity of blood had escaped in a short time, and she became extremely faint. She had not been exposed to any accident of any kind. Great alarm was excited by the hæmorrhage, for she was fully aware of the danger. Mr. Jackson was immediately summoned. There were no labour pains, and the os uteri was so slightly open that only one finger could be introduced, and the part was extremely rigid and undilatable. The patient was desired to remain in bed, and vinegar and water was applied over the lower part of the abdomen, and cool air admitted. At one o'clock in the morning the flooding and faintness returned, and I saw the patient half an hour after. Two fingers could with difficulty be passed through the os uteri, and with these a portion of the placenta was felt at the anterior part of the cervix. Immediate delivery was required, but the hand could not be introduced to turn the child. With the two fingers introduced through the os uteri, the head of the child was pushed aside, one of the knees was seized, and then the foot, but it was impossible from the contracted and rigid state of the os uteri to draw the foot into the vagina without risk of injury. All the efforts I could make were unavailing, and it was resolved therefore to desist for a time till the os uteri had become more yielding. The hæmorrhage having ceased, Mr. Jackson remained with the patient, prepared, the instant it became possible, to seize the foot, and extract the child. At 7 a.m., the hæmorrhage being renewed, with great faintness, and the os uteri not only having become more open, but more dilatable, the foot was drawn down by Mr. Jackson, then the breech and the whole child extracted without much force. The placenta came away at the same time. A slight oozing of blood having continued, I saw the patient at eleven, recommended stimulants to be freely given, ice in a bladder to be applied to the external parts, and if the discharge continued, a large sponge to be introduced into the vagina, and that it should be pressed up firmly against the os uteri. A binder and pad had been applied. The child was dead. The patient recovered favourably.

Case 69.—On July 9, 1851, I saw a lady in Brompton-crescent, who had been seized with profuse uterine hæmorrhage in the country fourteen days before. Upon the discovery that the placenta presented, she was sent to London,

Digitized by Google

and placed under the care of Mr. Haden. Before the last flooding happened she was perfectly well the moment before, "and she at once, and on the instant, lost such an enormous quantity of blood, that any attempt to save her was simply hopeless." Mr. Haden thought it his duty, however, not to let her die undelivered, and therefore turned. Not a drop of blood was lost during the operation or afterwards. "According to the nurse's account the fatal rush was over in half a minute." Mr. Haden had completed the delivery as above stated before my arrival.

Case 70.—On the 10th of February, 1852, Dr. Richardson, of Bedford-square, requested me to see a patient in High Holborn, in whom there was complete placental presentation near the full period. The hæmorrhage had been going on for nine weeks, but not profusely. The os uteri was widely dilated and soft. Dr. Richardson passed up his hand without difficulty, and delivered by turning in a slow and deliberate manner. The hæmorrhage ceased, and on the 12th I saw the patient recovering favourably, and she did well.

Case 71.—On the 27th February, 1852, I was requested to see a private patient who had profuse uterine hæmorrhage from complete placental presentation, with a rigid state of the os uteri. An unsuccessful attempt had been made by the Medical attendant to deliver by passing the hand into the uterus; and much and long-continued force had been employed. I passed the right hand into the vagina, then the fore and middle fingers through the os uteri, between the placenta and uterus; ruptured the membranes; seized a knee without much difficulty, and speedily completed the delivery. The recovery of the patient was very satisfactory. The Medical attendant afterwards inquired how I had succeeded in getting the hand so easily into the uterus, and was surprised when told that it had not been passed into the cavity at all. He had not before this ever heard of the operation of turning being performed with two fingers instead of the whole hand in cases of placental presentation with rigid os uteri.

Case 72.—On the 4th April, 1853, Mr. Phillips requested me to see a case of profuse uterine hæmorrhage from complete placental presentation. The os uteri was so rigid that he could not succeed in passing the hand into the uterus to turn, though he employed cautiously and for a considerable period all the force that he considered justifiable. The hæmorrhage continuing profusely, and there being great faintness, he requested me to attempt to deliver. I passed the whole hand readily into the vagina, and then the fore and middle fingers through the os uteri between the placenta and uterus, pushed aside the head, came in contact with an upper extremity, pushed this aside also, and then got hold of a lower extremity, and in a very short time extracted the child alive. Mr. Phillips expressed great astonishment on the occasion, not having heard before or remembered that the operation had often, under similar circumstances, been rapidly performed by the same means. The result of the case was most satisfactory in all respects.

Case 73.—On the 24th of August, 1853, I was called to a case of alarming uterine hæmorrhage in the Edgware-road. An immense quantity of blood had been rapidly lost, and the constitution was extremely depressed. The entire os uteri was covered with the placenta. I experienced little difficulty in passing the hand into the uterus, and turning the child and removing the placenta; but the hæmorrhage continued undiminished after the placenta was under the bed, and she soon died. In this case, perhaps, the result would have been different if the delivery had been sooner completed; yet there was little time lost.

Case 74.—About the same time, the date has not been preserved, I was called to a case, by Mr. Yorke, in the Harrow-road, of hæmorrhage in the eighth month of pregnancy, with partial placental presentation. The os uteri being in a most favourable condition for the operation of turning, there could be no doubt about the propriety of immediate interference. Mr. Yorke performed the operation in a short time, and the patient recovered completely.

Case 75.—On the 8th of January, 1855, I saw a lady, aged 45, who had been married ten years, and had no child. An ovarian tumour had commenced six years before, and had made considerable progress, about which I had been previously consulted, when there was some suspicion of pregnancy having taken place. In the course of the afternoon of this day pains like those of labour had commenced; her Medical attendant had been summoned, and on making an examination found a bag of membranes protruding through the os uteri. He ruptured them, and a large quantity of liquor amnii escaped. No part of the child could be felt. At 7½ p.m. there was a great coagulum, part of which was in the vagina, and part external. On removing this I felt a portion of the placenta hanging through the os uteri, which was so rigid that the hand could not be passed. No presenting part of the child could then be felt. The patient being extremely weak and delicate, and incapable of sustaining the effects of long and severe hæmorrhage, immediate delivery seemed necessary. After giving some brandy, I passed the hand into the vagina, which gave intense pain. Then two fingers through the os uteri, an arm was felt, and nothing else could be reached by any effort. As the fœtus was premature, I drew down the arm, thinking I might succeed in getting it to pass down, as I had seen in other cases. This I did not succeed in doing, the os uteri would not dilate, and there seemed a risk of pulling off the arm had I proceeded; I therefore withdrew my right hand altogether, and passed the left into the vagina, and forward in the direction of the feet, and two fingers through the os uteri, which was now more dilated, and with these ultimately succeeded in getting hold of a lower extremity and turning the child. The patient recovered. The effects of all this upon the ovarian disease I do not know.

(To be continued.)

ON VEGETABLE SUBSTITUTES FOR HUMAN MILK.

By C. H. F. ROUTH, M.D.

Physician to the Samaritan Hospital for Women and Children.

(Concluded from page 187.)

Next in esteem with the public is pap. Now pap is given very early. I have seen it given to a child from birth. It seemed to thrive upon it at first; but in about a month's time the child, which was enormous for size, sickened, and recovered only after much difficulty. Now, here the popular prejudice in favour of white bread proves often a source of death. To show this distinctly, however, it will be necessary to recur to some of the saline constituents of wheat, as compared with those of milk; the comparative disadvantage of wheat-flour, as given in bread, being the decomposition of the phosphates into insoluble, and therefore useless, salts to the economy, and also to a marked deficiency in chloride of potassium.

The salts of milk are not the least important of its constituents. They are stated in the annexed table for human and cow's milk:—

Mean of two experiments.

COW'S MILK.		HUMAN MILK.	
Phosphate of lime . .	2·84	. . . . .	0·706
Phosphate of magnesia	1·06	Carbonate of lime . .	0·069
Phosphate of peroxyde of iron	·07		
Chloride of potassium .	1·63	Other salts	0·053
Chloride of sodium . .	·29	. . . . .	0·098
Soda	·43	Sulphate of soda . .	0·074
	1000		1000

Schwartz in his Journal (vol. viii. p. 270) mentions as contained in 100 parts of human milk the following enumerated salts:—Soda, resulting from the decomposition of lactate of soda, 0·03; chloride of potassium, 0·07; phosphate of soda, 0·04; phosphate of lime, 0·25; phosphate of magnesia, 0·05; phosphate of iron, 0·001.

I pass on to speak particularly of the phosphate of lime. This salt, especially when combined with carbonate of lime, is most important in the process of alimentation. It is upon their combined agency that the solidity of the skeleton depends. Moreover, the peculiar property of phosphate of lime in enabling blood to take up more carbonic acid, is not one of the least interesting of its uses. Its administration, whether in a separate form or in aliment to a growing animal, is thus peculiarly indicated. Deformity of every kind in the skeleton may depend on an insufficient quantity of this salt; for it should be remarked, that not only is it useful

Digitized by Google

because it is itself appropriated into the system, but also because by its peculiar influence on carbonic acid it increases the quantity of carbonate of lime held in solution in the blood, and facilitates in this way its deposition in the bones. Chalk, or carbonate of lime, is insoluble in distilled water; but in proportion as this becomes saturated with carbonic acid, so it takes up a larger quantity of this chalk,—a property never to be lost sight of, when it is wished to strengthen a growing child. Again, "The phosphate of soda has an alkaline taste and reaction like the carbonate, and its solution in the presence of free carbonic acid takes up as much of that acid as carbonate of soda does; and, like it, only more easily, gives it off by agitation in vacuo, or by evaporation, without losing its power of again absorbing carbonic acid. Hence it follows that the change of acid combined with alkali by phosphoric acid has no pernicious influence, and *vice versa*, because it gives rise to no alteration in the essential properties of the blood. The processes of sanguinification, of the production of heat and secretion, are carried on alike under the influence of the predominating alkali," as before stated (a).

But phosphate of soda seems to possess another useful property in the economy. The fatty acids, stearic and margaric, are converted into emulsions in the chyle through its agency, so as to allow of their easy assimilation in the system. This peculiar property, discovered by Dr. Marcet, and lately exemplified by Dr. Thudichum before the Medical Society, is of immense importance in the explanation of the digestion of fatty matters, and is another reason for supplying food rich in phosphoric acid and soda, which is especially the case with animal aliments, to growing and weakly children; fat, it being well known, being the nucleus around which albuminous matters are deposited.

Of phosphoric acid in particular as an acid, and viewed in its regard to alimentation, there are several very interesting points of view. The blood is alkaline, and, as opposed to this flesh, is acid, this acidity being due to phosphoric acid. In vegetables, also, the excess is on the side of the alkali, except in the case of the more nutritious kinds of grain, which are rich in phosphoric acid.

There is one peculiarity in the solid portions of animal food, flesh, and muscle especially. These contain excess of phosphoric acid; but in muscle, and in soup made from muscle, we have also excess of chloride of potassium in lieu of chloride of sodium. Now there is considerable analogy in this respect in milk which contains an excess of chloride of potassium, although it also contains some chloride of sodium. The following table will show this:—

Composition of ashes of flesh. (Keller.)		When boiled then enter into the soup.	Composition of ashes of milk. (Com.)	
Phosphoric acid	36·60	26·24	Phosphate of lime	50·7
Potash	40·20	35·42	Phosphate of magnesia	9·5
Earths and oxide of iron	5·69	8·15	Phosphate peroxide of iron	1·9
Sulphuric acid	2·95	4·95	Chloride of sodium	5·0
Chloride of potassium	14·81	14·81	Chloride of potassium	27·1
(Liebig's Letters, p. 428.)			Soda	6·7
	100	100		100

No doubt its large excess in the milk answers many of the purposes of the chloride of sodium in the economy. Chloride of potassium enjoys the peculiar property, however, in common with carbonic acid, of dissolving carbonate of lime or chalk. Its use, therefore, to the infant, for holding in solution in the blood this chalk for the purposes of the skeleton, and supplying to the muscular system a salt essential to that structure, must appear at once obvious.

To return, however, to pap,—and the first remark applies to most of the grains, if we except the pea and bean tribes, which are all deficient in the same way. There is no chloride of potassium in wheat, etc., and, necessarily, in bread. But more than this, the phosphoric acid is completely neutralised in its effects. Englishmen like to use white bread, which, independently of containing less nutritive matter than brown bread, as I have fully shown elsewhere, contains alum. This adulteration is known to make inferior flour, and of a bad colour, white, and in appearance equal to flour of superior quality; and secondly, it enables flour to retain a larger quantity of water, by which means the loaf is made to weigh heavier.—(Hassall.) The bread is also less liable to crumble as it gets stale. Accum, quoted by Hassall, states the smallest quantity of alum that can be employed to produce this white appearance is 4 ounces to a sack of 240 lbs. Dr. P. Markham states 8 ounces to be the usual quantity employed, and Mitchell found in the 4lb. loaves he examined the amount of alum varied from 34½ to 116 grains in each. 114 grains would amount to 20 ounces to the sack.—(Hassall.) In 28 samples of bread in London examined by Dr. Hassall in all was alum found, in smaller or larger quantities. The injurious effects of alum cannot be too strongly urged. Alum forms with phosphoric acid, as Liebig has shown, an insoluble salt, thus preventing the phosphoric acid from being appropriated to the economy. The blood thus becomes incapable of performing its duty, and hence the child deteriorates, and in the end will die. And herein is the explanation of that frightful amount of disease in pap-fed babies. The phosphoric acid, so essential to them, is lost altogether. The brain and nervous system, the bones are arrested in their development; and hence also the explanation of the great comparative success in bringing up children by hand in the country on home-baked bread, which contains no alum, and which, although of darker colour, provides phosphoric acid in an assimilable state to the child. But there is another way in which pap proves injurious. It is perhaps more often than is recognised, the cause of death. It has long been known that bread and milk if given to canaries, in any quantity, swells in their stomachs, and thus, pressing against the heart, impedes its action, and is often a cause of death. The same result sometimes occurs in the infant. In a paper published in the *Association Journal* for February, I have enumerated several fatal cases in which the coroner's verdict assigned over-feeding with pap as the cause of death.

Another fraud extensively practised in London is the large admixture of rice-flour in bread. This, I believe, is not generally known; its great whiteness; its great power of absorbing water, are properties peculiarly well known to bakers, and not only ordinary bakers, but many of our hypocritical workhouse-poor feeders. I have been informed by a wholesale corn and flour merchant, that there is a species of rice-flour which is expressly kept for the purpose of adulterating bread, and which is largely employed by our London bakers. In this way the nutritive power of the bread is considerably diminished, although the calorifiant power is increased, the proportion of the former to the latter being, instead of 1 to 7, as it ought to be in wheat flour, increased to 1 in 10 or 11, producing precisely the same results in the human frame as those which follow the employment of a diet too exclusively saccharine, viz. scrofula, atrophy, and all its dependencies.

Among the vegetable substances, that which comes closest to milk in its composition is, without doubt, lentil powder, or, as it is called for the purposes of obtaining a better sale, Revalenta Arabica, containing both phosphoric acid in abundance, and chloride of potassium; it also includes casein, the same principle which is found in milk in its constituent parts. Moreover, its nutritive matter is to its calorifiant matter in the proportion of 1 to 2½, milk being in that of 1 to 2. No wonder, therefore, that under its influence many children affected with atrophy and marked debility have completely recovered. I have given it with the very greatest advantage in such cases, and, so far as I may judge from my own experience, I should conclude that practice fully carries out what theory, from a knowledge of its composition, would have led us to anticipate. Lentils have also a slightly laxative effect, and therefore, in many instances, where the child is of a constipated habit, they are to be recommended. Peas and beans in this respect resemble lentils; the former, however, is objectionable, on the ground that it produces much flatulency. The latter is not generally obtainable; still the bakers take advantage of this fact in regard to the beans, and usually, where wheat by partial germination has lost some of its nitrogenous aliment, or where the flour used is poor in quality, they add a proportionate quantity of white bean flour, to restore it to its proper nutritive value.

The only advantage which another popular ingredient seems to have, (I allude to what is called baked flour,) is that it contains a smaller quantity of water, which has been expelled during the heating process, and in this respect it comes to resemble more closely, because more concentrated, an animal compound. Moreover, from its greater capacity to absorb moisture, it is somewhat more astringent, and less likely to produce diarrhœa, which indeed it often checks; but the absence of chloride of potassium and

(a) Liebig's Letters.

Digitized by Google

fatty matters in it, both so essential in growth and all development, is, I think, a great objection to it. Indian corn flour, which contains much oily matter, is preferable to it for this last reason. Hence, if given they should, to supply fat and chloride of potassium, be mixed with milk.

Flour enters into the composition of many of the ordinary foods for children. The best combination which I have seen, and heard most favourably spoken of, is that prepared by Mrs. Wells, of the Laurels, Hampton Court, in which it is mixed with sugar, and occasionally a little aniseed, forming a most agreeable food for infants: so far as I have tried it I am satisfied as to its effects being beneficial; and among the best bread compounds made out of wheat flour, that which my own experience, (because I have seen it frequently attended with beneficial results to children, who were evidently losing flesh and strength under other ordinary foods,) are Robb's biscuits. I doubt not there are many more; but it is no part of my intention to make an examination of each of these. I lay down general rules, which I believe to be founded on a scientific basis. The application of these rules I leave to others.

The conclusions to which the present paper leads me are,—

1. The analogy of comparative anatomy of warm-blooded animals, and the special anatomy of a child's alimentary canal, indicate that its food should be animal.

2. The child should not be weaned, if it can be avoided, before the 8th month. At this period it may be allowable to give vegetable food, but animal is better.

3. The vegetable aliment selected, should contain chloride of potassium and phosphoric acid among its mineral ingredients, and a due proportion of plastic as compared with calorifiant matters; excess of starch being very difficult of digestion.

4. If pap be given, it should be made with milk, so as to include fat and chloride of potassium in the compound, and not given in large quantities; above all it should not be made with white town-made bread, which contains alum, and is nothing better than a slow poison.

52, Montague-square.

SCROTAL HERNIA OF THREE YEARS, REDUCED "EN MASSE."

OPERATION—RECOVERY.

By J. C. WORDSWORTH, F.R.C.S.
Assistant Surgeon to the London Hospital.

"James Bell, aged 45, a sailor, was admitted into the London Hospital, Aug. 10th, under the care of Mr. Wordsworth, on account of symptoms of hernial strangulation.

He has been the subject of scrotal hernia for three years, occasionally as large as an orange, but always reducible, and under the control of a truss. On Saturday, the 7th August, he left off his truss, and on the following Monday the hernia descended, and became as large as a hen's egg, attended with pain, at first in the tumour and lower part of the abdomen, and gradually spreading as high as the navel; vomiting commenced at eleven o'clock p.m., and recurred four or five times in the night, during which he succeeded in reducing the hernia to the size of a large playing-marble. At 10 a.m. on Tuesday the 10th, he was visited by a Surgeon, who made several attempts at reduction, and ultimately advised his removal to the Hospital. The pain which he had suffered was relieved by the efforts which had been made by the taxis.

At 1 o'clock p.m. he was admitted in the Hospital; at that time he was not suffering much; he was placed in a hot bath, and expressed himself relieved. During the afternoon vomiting recurred four or five times, and his countenance evinced an anxious expression, though he had little or no pain. At 9 p.m. Mr. Wordsworth saw him, and proposed an exploratory operation. He had not vomited for some time before that hour, but his abdomen was tender, and his aspect betrayed an increasing and expressive impress of danger and alarm; his pulse was full, and of good power. No trace of a sac could be distinguished in the scrotum, but an indistinct and moveable tumour occupied the upper part of the left inguinal canal, and disappeared into the abdomen on slight pressure with the fingers. The pillars of the lower ring were remarkably defined, and gave to the fingers an impression of want of support; the spermatic cord also seemed unnaturally moveable and bare.

The teguments were divided over the canal by an incision of about three inches, the tendon being exposed; the canal was then laid open to its full extent, and no trace of a sac could be found; but during the patient's struggles a slight protrusion was observed at the upper ring, and rendered more evident by a little traction. The covers of the tumour were carefully raised, and a sac opened, in which a coil of small intestine was imprisoned. The orifice into the sac from the abdomen was very small, and fully occupied by the bowel; a slight incision sufficed to enable the contents to be reduced. The intestine did not appear much congested. A considerable amount of peritoneal fluid was allowed to escape, and the wound was closed by three sutures and a compress, etc. Chloroform was administered for the operation.

August 11.—All tenderness disappeared, and has had neither pain nor vomiting since operation; slight febrile reaction.

13th.—The wound was dressed: perfect union by adhesion. His bowels had acted freely, by the aid of a small dose of castor-oil.

16th.—Convalescent."

The above detailed case (for the history of which I am indebted to Mr. Michell, the dresser) affords an additional example of a very interesting and somewhat rare class of hernia cases. I have operated on more than seventy hernias, and have only once before had a similar case of "reduction *en masse*." At this Hospital several have occurred in the practices of my colleagues within the last twenty years, and have been duly recorded; but the number of cases is not yet so great as to divest them of great and practical interest to the Profession at large. In making a few comments on this case, I may be allowed to deprecate a tendency of the present times to encumber the medium of public communication with narratives of cases which necessarily afford little or no interest to the Profession in the aggregate, but which are simply records of individual success, in the application of knowledge which has long been common to every well-informed practitioner of our science. Instances of disease or injury, which illustrate new or doubtful points of pathology or treatment, must always be a source of pleasure and profit to all engaged in the eventful practice of Medicine, and afford the best and safest index of progressive and experimental science. How rapid would be the improvement of our art, if men could be persuaded to record their failures as freely as their successes! We should soon satisfy ourselves of the real value of much effete matter which at present only serves to enshroud us in obscurity and doubt, and trebles our labour in the acquisition of knowledge. Authors from a fear of their writings being considered imperfect, gather in tares with the corn, and impose on others the task of segregation; sufficient for them to have collected every straw; let the inexperienced learn by practice their relative values and aptitudes. The negative results of well-applied art are as profitable and as instructive as all the positive deductions derived from tentative medicine, and equally promote the perfection of our science.

A review of the above case suggests to me a few points of practical interest. In the first place, we notice that the severity of his symptoms subsided from the period of the Surgeon's visit, and that little remained to indicate that the bowel was still incarcerated by the sac, and required an operation for its liberation. What then justified us in recommending an exploration? In reply to this question, I may at once say that there was scarcely time for urgent symptoms to be developed; we were therefore influenced by the previous history of hernia having existed, and by the apparent absence of the sac—indicated by the condition of the lower ring and that of the cord. Having, therefore, decided that the sac had disappeared, the presumption was that the intestine was still in jeopardy, and that delay would only increase the risk. The expression of the poor fellow's face was peculiarly suggestive of mischief, and contributed considerably to our conclusion.

Second, some encouragement may also be deduced from the rapid recovery of this patient, to urge an early operation when the presumption is decidedly against spontaneous relief. Had a few hours' delay occurred, on the plea of waiting more urgent symptoms, there is little doubt that the patient's prospects of life would have been greatly diminished, as well by further injury to the intestine, as by the consequent indisposition of the tegumentary tissues to heal by adhesion.

41, Finsbury-square.

Digitized by Google

RESECTION OF THE UPPER JAW.

SECONDARY HÆMORRHAGE—LIGATURE OF THE COMMON CAROTID ARTERY.

By A. G. FIELD, Esq.

John Berry, a blacksmith, had experienced a sensation of fulness, unaccompanied by pain, in the right antrum for some years, together with obstruction in the nostril of the same side. This was supposed to depend on the presence of some gelatinous polypi, which were accordingly removed in the month of March; but the obstruction still remained. Before this he had been under treatment for inflammation of the lachrymal sac, which had proved remarkably obstinate.

About six months ago, the right cheek became more prominent, and has gradually increased up to this time, the hard palate being at the same time considerably depressed.

Abscesses formed on two occasions beneath the eyelid, and discharged healthy pus, the incisions made for its exit healing readily each time.

Some remains of teeth were removed, and a large trocar passed through one of the sockets into a solid substance, which occupied the antrum. Nothing but a small quantity of blood flowed through the canula. He has lately lost flesh rapidly.

Notwithstanding the unpromising nature of the case, which was fully explained to the patient, he desired to undergo an operation, urged as he was to that decision by the pain which had lately become severe: he was therefore supplied with a very liberal diet for a fortnight, under which he greatly improved in appearance and strength. The operation of removal of the superior maxillary bone was performed on the 15th of June. At the operation, which was done under chloroform, the patient remaining unconscious all the time, very little blood was lost, the divided branches of the facial artery being compressed by able assistants, and only one branch of the internal maxillary gave any trouble. The external incision extended from the middle of the mouth into the right nostril, then beneath the right ala of the nose, and straight upwards to within three quarters of an inch below the inner canthus of the eye; from the extremity of this the incision was continued at a right angle beneath the eye to the malar bone, the flap was dissected away from the tumour, and the whole mass; including all the superior maxilla, excepting quite the extremity of its nasal process, was removed with the malar bone by means of strong cutting bone forceps. This part of the operation was accomplished with great ease, the incisions described proving amply sufficient for exposure of the bones without any incision from the corner of the mouth. The cavity left by removal of the diseased structures was filled with cotton-wool, and the incisions closed by several sutures. After taking a small quantity of brandy the patient walked into an adjoining room with very little assistance.

All went on in the most satisfactory manner till the evening of the 16th, when a stream of arterial blood forced its way through the upper part of the facial wound; this, however, ceased spontaneously before I arrived; but the next morning a sudden gush of arterial blood took place from the mouth, and the bleeding continued till half a hand-basin full of blood had been lost. The patient was greatly exhausted, some oozing continued; it was therefore decided that the common carotid artery should be tied as the most effectual means of preventing a recurrence of hæmorrhage, which would probably have proved immediately fatal. This expedient was preferred to reopening the cheek and searching for any bleeding vessel, with all the risk of not finding it, because thought to be more certain and involving less constitutional disturbance, as well as allowing of the preservation of the union which had already taken place in the face.

June 17.—A ligature was passed around the common carotid, in the usual manner, just below the omo-hyoid, since which there has been no return of the hæmorrhage. Chloroform was not administered.

18th.—Good soup and stimulants were freely given with the effect of partially restoring the vital powers.

19th.—He was worried by a cough and feeling of sickness, but was much relieved by the middle of the day after taking small doses of morphia.

20th.—Slept well, sickness gone. Ate some roast mutton. The stitches were removed from the face, union having taken place, excepting at two points under the eye.

21st.—Slept well for several hours, pulse firm, cough nearly gone. There had been no relief from his bowels for several days, a small dose of castor-oil was therefore prescribed, but a large one was given instead, which was followed by excessive diarrhœa for twenty-four hours, accompanied by entire loss of appetite and great prostration. Opium and astringents were freely used.

22nd.—A return of the diarrhœa, which produced still further exhaustion.

By the evening he was much better, having taken a fair amount of nourishment, pulse ninety-four, and tolerably firm. He is hopeful, but has been faint during the day.

23rd.—Has passed no water since yesterday; the bladder not distended. After several painful efforts a small quantity of urine loaded with mucus was expelled in the evening. The catheter could not be introduced, because of a very tight stricture. Increased prostration at night.

24th.—Passed a bad night, having scarcely any sleep, but has taken a good quantity of nourishment and stimulants. Not more than two ounces of urine passed in the twenty-four hours. Stricture impassable.

25th.—Much weaker, slept badly, complains of great pain in the region of the prostate, bladder not distended. More urine passed, but it was thick and bloody. In the evening he was better, had taken more nourishment, and was more cheerful.

26th.—Improving in all respects.

27th.—Slept well for several hours, passed more water, still with blood in it. Pulse firmer, and spirits improved. Speaks with great satisfaction of an expected dinner of roast mutton and new potatoes. Ligature came away from the carotid on very slight traction.

He has continued to improve up to this time (July 26), with occasional interruptions from retention of urine, which were usually remedied by an enema of starch and laudanum.

The case is not brought forward as presenting any feature of originality as to treatment, but principally to record my own experience of the facility with which the upper jaw may be removed by adopting the facial incision which I have described, allowing, as it does, of the preservation of the facial artery and nerve with the parotid duct, and thus preventing the obvious ills which may arise from division of those structures in the incision, upwards and outwards, from the corner of the mouth.

28, Old Steine, Brighton.

USE OF SECALE CORNUTUM IN ASTHENOPIA.

By Professor F. VON WILLEBRAND.

(*From Archiv für Ophthalmologie, Vierter Band, Abtheilung I.*)

. . . I have employed secale cornutum in several diseases of the eye, in which I believed the evil to be removable by recalling a brisk contractility in the walls of the blood-vessels, or in other structures furnished with unstriped muscular fibres. This remedy has proven of the greatest advantage in disorders of the adjusting power of the eye. . . .

A woman, aged 28, of a fine healthy appearance, who had always enjoyed good health, and had gone through two favourable confinements, the last of them four years before, complained of great deterioration of sight, so that she could not occupy herself for longer than some five minutes at a time in sewing or reading, when the letters seemed to mix together, and pain arose in the eyes, spreading to the brow and temples. Were they, on the contrary, wholly unemployed, she felt no pain in the eyes, and found her power of vision pretty much as it had always been. The patient thought she had remarked this irritability of the eyes to have come gradually on for two years, contemporaneously with diminished menstruation. No morbid change could be detected about the eyes. The pupils were somewhat contracted, but quite moveable. The patient could distinguish near and distant objects as formerly. Her visual distance was normal. The eyeballs felt something firmer than common. There was no doubt that the disease consisted in a disturbance of the adjusting power; it appeared to me certain also that a chronic congestive state of the eyes was present, and that this

Digitized by Google

probably the cause of the disturbance in the adjusting power of the eye. The case presented nothing further worthy of note, except that the bowels were slow.

I ordered ten grains of secale cornutum with carbonate of magnesia, four times a-day. I saw the patient again in four days; she was overjoyed at the improvement which had taken place. She could now read and sew with ease. This state lasted four months, after which the patient observed that the disease returned. The same means was again employed, and with equal benefit. Since then she has seldom required to have recourse to it, so long as she follows the advice given her, to use her eyes sparingly in reading and sewing.

More recently, I have in cases of disturbance of the adjusting power always used the same means, and with constant good effect. The complaint returns, indeed, readily in those cases, where the cause (for example, straining of the sight upon minute objects, especially in a bad light) cannot be avoided; yet it is removed by the same means. The young people of the ladies' school of this place, who, in consequence of strained occupation in a bent position, and of ill-arranged illumination, are exposed to the above-mentioned unfavourable circumstances for sight, have afforded me several examples of considerable derangement of the adjusting power, which all, at least for a time, have yielded to this means. I am thereby firmly convinced, that in disturbed power of adjustment the treatment by means of convex glasses is greatly aided by internal medicine. The dose of the secale cornutum is to be varied according to the age of the patient. Lately, I have ordered only five grains for a dose to an adult, mostly in combination with carbonate of magnesia, sometimes in chlorotic cases with iron. . . . . .

Helsingfors, Finland.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SAMARITAN HOSPITAL.

SUCCESSFUL CASE OF OVARIOTOMY.

(Under the care of Mr. SPENCER WELLS.)

The following case is of importance just now that the question, "Is ovariotomy justifiable?" is so warmly debated. It is additionally interesting as being the second successful case of ovariotomy Mr. Spencer Wells has had at the Samaritan Hospital within the last six months.

M. R., a married woman, aged 38, was sent to Mr. Wells, on the 10th of July last, by Mr. Ottaway, of Dover. She was married in 1851; has had three children, but no miscarriages. Her youngest child is two years and four months old. Was in good health up to the birth of the last child; but the abdomen did not diminish in size so much as after her previous confinement. She cannot say when she first perceived any distinct tumour; but the swelling of the abdomen gradually increased after her confinement until March last, when Mr. Ottaway tapped her, and removed eighteen quarts of clear, thin fluid. The sac filled again rapidly, and Mr. Ottaway tapped a second time early in June, removing seventeen quarts of a thicker fluid. His impression was that there was but one cyst. It was six weeks after this tapping when she came to town, and she was then becoming oppressed by the quantity of fluid. The catamenia had been generally regular; but had not appeared for eleven weeks until the day she came to town. Owing to repairs going on at the Hospital it was impossible to admit her, and as she became much distressed in her breathing by the rapid accumulation of fluid, Mr. Wells tapped her at her lodging, on the 15th of July, and removed fourteen quarts of thick albuminous fluid.

The sac refilled rapidly, and the patient was admitted to the Samaritan Hospital on the 2nd of August. She was very desirous of having the cyst removed, although the danger of the operation was fairly put before her, and as her general health was pretty good, and she was suffering from the rapid accumulation of fluid in the cyst, it was agreed in consultation on the 9th of August that her wish should be gratified.

On the 11th of August, Mr. Spencer Wells performed the operation. Dr. Richardson administered the Vienna mixture of one part of chloroform to six parts of ether, as it was very important to obviate after vomiting. She took ice for two hours before operation with the same object. Dr. Graily Hewitt noted the time occupied by the different steps of the operation, as follows:—Inhalation commenced, 2.14 p.m. Incision through abdominal parietes, 2.23. Trocar introduced, 2.27. Cyst emptied, 2.37. Peduncle tied, 2.59. Wound closed, 3.5. It will thus be seen that the whole operation, from the commencement of the abdominal incision to its complete closure occupied forty minutes, ten minutes of this being taken up the flowing of the fluid through the trocar. Twenty minutes was required to separate the cyst from its attachments. The cyst weighed 11lb. 5oz., and the contents 29 lb. 10 oz.

It is unnecessary to describe the operation minutely. Suffice it to say that it was the usual operation by small incision, in the following stages:—

1. Incision through abdominal parietes in linea alba, three inches in length, half way between umbilicus and symphysis pubis, laying bare the covering of the cyst.

2. Introduction of trocar into cyst (which was fixed by passing a loop of strong twine through it), and emptying of cyst.

3. Separation of cyst from its attachments. There was unusual difficulty and some unnecessary delay in this stage of the operation, as it was, in the first place, not easy to make out the exact line of demarcation between the cyst and its coverings, and it was necessary to lengthen the incision; and secondly, because there were some irregular outgrowths from the right wall of the cyst, consisting of an aggregation of small multilocular cysts, which were firmly attached to the under surface of the liver and the coats of the gall bladder, and great care was necessary in the separation.

4. Ligature of the peduncle. This was effected by transfixing and tying in four separate portions, each the breadth of a finger. The portion left was long enough to permit of being fixed between the edges of the wound at its lower angle.

5. Closure of the wound. This was done by six harelip pins and the figure-of-8 suture, as in harelip. A broad flannel belt was fastened round the abdomen. The lowest pin transfixed both edges of the wound and the peduncle.

The woman was much depressed for about an hour after the operation, and vomited several times, but soon rallied, and said she was "very comfortable" at night. Pulse 140. She took two grains of opium and some iced brandy and water as soon as the vomiting which followed the operation ceased, and a one-grain opium pill was given every three hours.

August 12, 1st day after operation.—Has slept well. Says she does not feel so ill as she has done after her labours. Complains of some oppression at the upper part of the chest, and difficulty of breathing, but not more than she has done after simple tapping. Nausea and occasional vomiting are rather troublesome, and morphia suppositories, one-third of a grain in each, were substituted for the opium pills. She takes brandy and arrowroot, and has ice to suck. Pulse 140 all day.

2nd day.—Still going on well. The wound appears to be healed. Some fetid discharge from peduncle. Pulse 130. Morphia suppositories are kept up every three or four hours. Urine is removed by the catheter thrice daily. Takes iced brandy and water, and wine and water freely. Pulse 120 at night.

3rd day.—Quite as well all the morning, but in the afternoon diarrhœa came on, and she had four motions. Some pain in the abdomen for the first time, lasting a few minutes after each motion. Pulse 140. Tongue dry and brownish. A mixture of chloric ether, aromatic confection, and peppermint water was ordered to be taken after each motion, and the suppositories continued. She had one very copious feculent evacuation at night, and then the bowels kept quiet.

4th day.—Much better again. Pulse 125. No pain. Eat some boiled sole. Wine and suppositories continued.

5th day.—Mr. Wells removed five of the pins, and found the edges of the wound perfectly united, except where the peduncle, transfixed by the lowest pin, keeps the lower angle open. Pulse 120. Eats and sleeps well, and there is no pain.

6th day.—Bowels open spontaneously. The pin through the peduncle removed and the ligature fastened by plaister to integuments. Pulse 120. Towards evening some smarting of urethra and irritability of bladder came on, apparently due

Digitized by Google

to the urine being very highly charged with lithate of ammonia. Relief was afforded by suppositories, and the use of a sponge wetted with cold lead and opium lotion. To drink barley-water freely.

7th day.—Irritability of bladder much diminished. Pulse 120. Bowels open again this morning. To take a suppository twice only during the day.

8th day.—Pulse down to 100 for first time since operation. Some irritability of bladder continues. Is hungry, and takes a good deal of beef-tea, arrowroot, and has had a slice of roast meat. Sleeps well. She sat up in bed for some time, and did some needlework.

9th day.—Feels better and better every day. Pulse 100, feeble. The peduncle had completely sloughed through except at one spot, which Mr. Wells secured by a fresh ligature, and then removed the old one. An ounce of the mistura vini gallici of the Pharmacopœia ordered every three hours. She takes a suppository at bed-time, and another when she wakes about 3 a.m.

10th day.—The new ligature on remnant of peduncle came away.

August 25.—A fortnight after operation. The wound is quite closed, and she may be said to be convalescent.

CASES ILLUSTRATING THE TREAMENT OF SPINA BIFIDA.

(Continued from page 192.)

UNIVERSITY COLLEGE HOSPITAL.

Case 1.—PEDUNCULATED SPINA BIFIDA.—OPERATION BY LIGATURE.—DEATH.

(Under the care of Mr. ERICHSEN.)

In June 1855 a healthy infant, aged six weeks, was admitted under Mr. Erichsen's care into University College Hospital, on account of a lumbar spina bifida. The tumour was the size of a small orange, fluctuated freely, and was translucent. The pedicle by which it was attached to the lumbar spine was not thicker than a finger. Although the tumour could not be materially diminished in size by compression, yet there seemed little reason to doubt that it communicated with the spinal theca. Mr. Erichsen adopted the ligature plan of treatment, and having passed a strong double silk through its base, tied it in two halves. A large portion of the tumour sloughed away within the week, and, up to the eighth day, the infant seemed doing well. It died, however, from the irritation caused by the operation, within the fortnight. In this case the infant was, at the mother's wish, treated, at some disadvantage, as an out-patient. No post-mortem was, we believe, obtained.

The case is interesting as an example of a very narrow pedicle in spina bifida. In all probability, the channel of communication with the spinal canal was very small indeed. One of nature's processes of cure is to close this channel altogether, thereby leaving the cyst as an isolated shut sac. Many of our readers will recollect the details of an important case brought before the Medico-Chirurgical Society about a year ago by Mr. Solly, in which a pedunculated cyst depending from the neck had been excised. At the time of the operation there was no communication whatever with the spinal canal; but in infancy it had been considered, no doubt quite correctly, to be a spina bifida. This mode of cure, although applied to a morbid condition instead of a natural one, is identical with that by which the tunica vaginalis testis becomes shut off from the peritoneal cavity. The cure, when it takes place, is probably well advanced during intra-uterine existence.

THE METROPOLITAN FREE HOSPITAL.

Case 2.—LUMBAR SPINA BIFIDA.—OPERATION FOR RADICAL CURE.—DEATH.

(Under the care of Mr. BORLASE CHILDS.)

In November of last year a healthy infant, aged one month, was admitted under Mr. Child's care, with a lumbar spina bifida of about the size of a Seville orange. It was situate exactly in the median line, and over the spinous processes of the fourth and fifth lumbar vertebræ. It was translucent, and fluctuated freely. By pressure it was easily emptied, and the finger could then be inserted into the orifice of communication with the spinal canal, and while retained there prevented refilling of the sac. The mother stated that the child had always enjoyed good health, and was not unduly restless. It had been born at the full time, and presented no other ailment. There was no degree of talipes. The tumour had not materially increased since birth, but the integuments overlying it were very thin. The head was of natural size, and no cerebral symptoms had occurred. The parents were very anxious that a cure should be attempted, and were quite willing that any risk should be run by which such a result might be hoped for.

The operation devised by Mr. Childs was of a somewhat novel character, being a modification of the procedures of Dubourg, Tavignot, and other French surgeons, who cut away part of the walls of the sac, and then united the skin across. Mr. Childs thought that much danger might be avoided by not opening the sac itself, and proposed to dissect off the skin and remove its thinnest and central part, and then having tucked the serous membrane into the spinal canal, to unite the margins of the skin over it.

The child was put under the full influence of chloroform. The dissection of the skin away from the sac was found, on account of its thinness, and their close union, to be a matter of extreme difficulty; and before its completion the serous membrane had been pricked in one or two places, and a few drachms of clear spinal fluid had escaped. This escape made the return of the serous sac into the spinal canal more easy. An ellipitical portion of the thinnest integument having been cut away, the sound skin was brought together on hare-lip pins, and a bandage and light compress applied. The child had borne the choroform well, and recovered from its influence very satisfactorily.

November 10 (the day after the operation).—The infant had slept fairly, taken the breast well, and showed no unusual restlessness.

11th.—An occasional twitching of the muscles of the face and arms was noticed, and the child had a peculiar startled countenance. The anterior fontanelle was bulged. The skin perspired freely, and the bowels were open. The edges of the wound appeared to be united. A powder, containing a grain of calomel was prescribed, and it was ordered that the infant should be kept in a dark room, and have an evaporating lotion applied to the scalp.

On Nov. 12, the fourth day after the operation, death took place rather unexpectedly. No vomiting, nor any positive convulsions had occurred between the time of the operation and the date of death.

No post-mortem could be obtained, but there was no doubt that death was due to spinal irritation, and in all probability conditions similar to those noted in the following and preceding cases would have been found.

Case 3.—LARGE LUMBAR SPINA BIFIDA.—COMMENCING HYDROCEPHALUS.—PARACENTESIS OF THE TUMOUR.—DEATH.

(Under the care of Mr. HUTCHINSON.)

A young infant, otherwise in fair health, was admitted during 1856, under Mr. Hutchinson's care, on account of a spina bifida in the lumbar region, as large as a moderate sized fist. There was no club-foot, or other deformity, but the head was rather large, and the fontanelles were widely open. The tumour fluctuated freely, and was translucent. By pressure it could be considerably diminished in size, but refilled as soon as the hand was removed. The skin over it was thin, but quite sound. Its base was as large as any other part. It was in the first instance not intended to adopt any surgical measure for its treatment, and a cup of gutta-percha having been fitted to it as a protector against injury, the parents were apprised of the danger incident to interference, and were told that the best that could be hoped for was that it would not increase.

For several months the child attended regularly as an out-patient, and all did well, no perceptible increase of the tumour taking place. When, however, at the age of seven months dentition commenced, both the tumour and the head underwent rather rapid increase of size. The infant also

Digitized by Google

suffered from slight convulsions, diarrhœa, and other signs of cerebral irritation. At length, the tumour having become tense, almost to bursting, it was determined to relieve it and the head also by tapping. This was done; a small exploring trocar was introduced, and about eight ounces of clear spinal serum drained away. The canula having been removed, the puncture was covered by plaster, and the whole tumour, now flaccid and loose, was supported by a pad of cotton wool placed inside the gutta-percha shield. The infant had borne the operation well, and during that and the following day it seemed relieved by it rather than otherwise. Subsequently, however, symptoms of spinal irritation, restlessness, twitching of the limbs, etc. developed themselves. There was nothing, however, to excite unusual alarm, until on the tenth day convulsions occurred, in one of which ultimately death took place.

At the autopsy, the cyst was observed to have refilled but very little since the operation. It was still flaccid, and almost empty. On laying it open, however, it was found to contain several table spoonfuls of creamy pus; and adhering to its lining membrane, and to the arachnoid of the spinal canal were many films of effused lymph. Only a few nerve twigs of very small size could be traced passing out from the theca into the interior of the cyst. The inflammation of the spinal membranes did not extend more than about two inches from the entrance to the cyst upwards towards the head.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

NOTES OF A VISIT TO THE EDINBURGH ROYAL INFIRMARY.

(Continued from page 194.)

Diagnosis by Physiognomy.—I was much interested in going round the Medical wards to observe the close scrutiny which current notions, as to the peculiarities of physiognomy in different organic diseases, appear to be undergoing. A feat in diagnosis by physiognomy, which Professor Laycock accomplished soon after his entry on duty at the Infirmary, was the means of drawing general attention to the subject. It is one well worthy of systematic investigation. There is much of ill-defined knowledge already extant; and few men, long accustomed to large fields of observation, but possess certain principles of their own discovery, which are to them invaluable guides. The amount of knowledge capable of being conveyed to the student is, however, very small. The pale face and glistening watery eye (known as "the Bright eye" at Guy's) of albuminuria; the faded-leaf complexion in cancer; the earthy complexion in constitutional syphilis; the haggard face and drawn cheeks indicative of abdominal disease; the unhappy down-at-the-mouth cast of countenance produced by disease of the testicles or ovaries, are generally known. Sir Astley Cooper relates that when patients came to him with, "Sir, I have got disease of the testicle," he used often to stop them at once with, "No, you have not!" feeling sure from the healthy expression of face that no organic disease of the gland itself existed, and that the affection was, in all probability, merely hydrocele. There can be little fear but that the discovery of valuable general laws will reward whoever may patiently develope these inquiries. I shall hope in the future to hear more from the Edinburgh school respecting them. Than Dr. Gairdner and some of his colleagues none could be found better qualified for a task requiring so much of acute observation and cautious judgment.

Amputation at the Ankle-joint.—I have said that the opinions expressed to me by Scotch Surgeons as to the merits of perineal section, although generally good, were not unanimously so. Respecting the amputation at the ankle-joint, Mr. Syme's second *chef d'œuvre*, however, I heard no difference of opinion. Every one assured me that it secured excellent and wearable stumps, and to the inquiry which I repeatedly put, "Have you seen cases in which it was necessary to amputate higher up because the patient could not bear pressure on the face of the stump?" the invariable answer was, "Never!" The feelings of distrust with which certain London Surgeons still regard this amputation, evidently has no existence among either Mr. Syme's colleagues or former pupils. It is, I believe, as high in favour at Glasgow as at Edinburgh, and at both places is constantly adopted in all suitable cases. In speaking of a "feeling of distrust" of it as felt by certain English Surgeons, it is only fair both to ourselves and it to add that they are very few, and I do not believe include any who have had much experience. A large majority of our Hospital Surgeons think of it as highly as our northern brethren. I had an opportunity of seeing Mr. Syme perform it. The case was one in which a man on whose foot a Chopart had been performed many years ago, came under care on account of an ulcer in the cicatrix, evidently dependent on unsound bone, and which prevented him from using the stump. Mr. Syme does not cut so far forward in the sole as he used to do, thus avoiding the making of so cupped a flap. The incision was commenced on the level with one malleolus, and sloping a little backwards towards the heel passed under the sole and terminated at the other. The dissecting of the flap backwards from off the os calcis is made vastly more easy than when, according to the old plan, it was cut an inch and a-half longer. The flap also fits much better than did the larger one, and leaves no hollow for the collection of matter. In the old method a Surgeon used often to occupy much time in a dissection made difficult and tedious by his sedulous endeavour to avoid making "a window" through the heel. When the feat was accomplished, and the great flap turned up, it looked exactly like a contrivance for collecting matter and keeping it pent in, the want of a counter opening through the heel being most obvious. According to the more recent plan, the need of this opening in the most depending part of the stump is much less apparent, but it is still rather in obedience to the rules than the principles of Surgery that we avoid making it.

After the disarticulation of the foot, Mr. Syme always saws away the malleoli and the articular facet of the tibia. He does not close the stump in the theatre; but covering it lightly for the present, leaves the dressing to be done at a subsequent period when all oozing has ceased.

In one case which I saw in the Hospital, both feet had been removed by amputation at the ankle joint on account of the strumous disease of both tarsi. The patient, a phthisical-looking and delicate lad, had two very good stumps.

Pirogoff's Amputation.—This amputation has, of course, not been performed in Edinburgh. Mr. Syme spoke of it with much contempt, alleging that the retained extremity of the os calcis would, in the first place, be likely to act as a foreign body and cause irritation, and that even if good union were obtained the limb would be too long to be useful. He also repeated with much positiveness a rumour which was circulated some months ago, on what authority I do not know, that its Russian proposer had himself given up its performance and preferred the ordinary ankle-joint operation. I can only say that some of the best stumps I have ever seen have been obtained by it, and that so far from the portion of os calcis acting as a foreign body, it usually unites easily and firmly to the tibia. In London the operation has been performed by Mr. Ure, at St. Mary's; by Mr. Simon, at St. Thomas's; by Messrs. Busk, Tudor, and Croft, at the Dreadnought; and by Mr. Fergusson and Mr. Partridge, in King's College; all of whom have, I believe, been, on the whole, well satisfied with its results. At the Glasgow Royal Infirmary, Dr. McGhee, the Medical Superintendent, showed me a case in which it had been performed seven weeks previously. The stump was just healed, and promised to be an excellent one. It was, I understood, the first case in Glasgow in which that operation had been adopted.

Division of the Posterior Tibial Tendon in Talipes Varus.—In a case of club foot in an infant under Dr. Gillespie's care which had been operated upon, I was interested to learn that not Mr. Syme's but the London method of dividing the posterior tibial tendon had been adopted. Mr. Syme, it may be remembered, advises division of that tendon under the arch of the tarsus instead of behind and above the internal malleolus, whilst the creed of our London orthopædists is that, except in very unusual cases it is quite impossible to find the tendon in that position, and that those who imagine they divide it there in reality cut only bands of plantar fascia. Hence arose, a few years ago, a paper war conducted with the usual spice of acrimony, out of which we must note, however, that, judging from the practice of Mr. Syme's colleagues, the London opinions have come victorious.

Digitized by Google

Multiple Melanoid Tumours.—An interesting example of the multiple development of cancer, was shown me by Dr. Gillespie in one of his wards. The patient was a man between 50 and 60, of somewhat sallow appearance, but large frame. Under his left armpit, and spreading round on the back and shoulder, was a crop of melanotic tumours, varying in size from half an egg down to a hazel nut. One or two of them had ulcerated and sloughed out. They appeared to be developed in the subcutaneous tissue rather than the skin itself. The first had been noticed nearly a year ago. The reader interested in this subject may find several examples of multiple cancer of the skin, occurring as a primary affection, in the Hospital Reports of this journal during the last few years. None of them, however, exemplified the outbreak of true melanosis in this way. It is, however, I believe, not unusual for horses to present numerous tumours of this kind in groups, and nothing is commoner, in the course of melanosis in the human subject, than to find, in cutting out the principal growth, that numerous other small and perfectly distinct deposits have been developed in its neighbourhood. The difficulty, indeed, in being sure that all these spots of deposit have been removed, is one of the greatest objections to Surgical interference.

The Edinburgh Treatment of Syphilis.—In some comments upon a case of fungoid growth from the testis, previously adverted to, Mr. Syme took occasion to remark that the affection was one rarely met with in Edinburgh since the mercurial treatment of syphilis had been abandoned, and was, he believed, usually a result of the employment of that plan. As is well known, Mr. Syme is an advocate for the "non-mercurial method." It struck me that the field for the observation of syphilitic disease in the Edinburgh Infirmary is, as compared with our own hospitals, exceedingly limited. There is no out-patients' department whatever, nor are there any foul wards. A Lock hospital is attached, but it receives only women; and at the time I visited it had only half-a-dozen inmates. Even to the observation of those the students are not admitted. I suspect that St. Bartholomew's rarely has fewer than a hundred cases of venereal disease in its worst forms within its walls, whilst its out-patients rooms are overwhelmed by patients of the same class. Genuine Hunterian chancres, although comparatively rare in London, are by no means infrequently seen; but the conclusion I arrived at from conversation with Scotch Surgeons was, that they almost never saw them. Now the London rule of practice, which is almost universally agreed in, is never to give mercury except for the indurated sore or its results. My belief is that there is in reality no great difference between our practice and that of our Edinburgh confrères, and that the antagonism which some have sought to make out is to be explained away by the circumstances at which I have hinted. The only case of constitutional syphilis which I chanced to see in the Infirmary, was a man with ulceration of the soft palate, and he had been taking bichloride of mercury in ⅛ of a grain doses, exactly the remedy which would, in all probability, have been ordered for him had he been under care in Guy's. In Edinburgh, indeed, I did not speak with any who were positive non-mercurialists, excepting the Clinical Professor himself. In Glasgow, several junior members of the Profession of great intelligence were, I found, converts to the non-mercurial doctrine; but I was informed that the opinions held by almost all others were in unison with those of Hunter. Here, as well as in Edinburgh, I was assured that "Hunterian chancres" were exceedingly rare.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 250.—A Sensible Question.

Can any of your Medical brethren, who have served in the East during the present or any past wars, inform us what is or has been the actual benefit derived, as a protective agent, from the brass helmet of the Dragoon? How many sabre-wounds it has averted, and how many bullets it has stopped? The injurious effects of this helmet have been plainly enough demonstrated during the present war, on account of its heat-absorbing qualities. We ask the above question, because if, as is not at all improbable, this head-covering should turn out, upon investigation, to be of more injury than service to its wearer, when on duty in the tropics, common sense would suggest that henceforth the Dragoon should, in those regions, use it only for cooking; in this capacity its heat-absorbing quality would be put to its proper use. It surely is hardly worth while to retain as a mere ornamental head-piece an article of dress which, through the effects of its pressure on the brows and the throat (by the chin-strap), and of its heat-condensing powers, empties more saddles than it saves from being emptied.

No. 251.—A Surgical Consultation three Hundred Years ago.

"Then M. de Lautrec sent two Surgeons, Master Alême and Master George, to see to me (Montluc). They said my arm must be cut off. But there was a young Surgeon, who had served M. de Bourbon, who was my prisoner, and whom I had about me. He advised me by no means to let that be done. M. de Lautrec commanded me to have my arm cut off, and promised to care for my fortunes. The Surgeons came with their tools, and I would have submitted, but the young Surgeon, standing behind my bed, continually urged me to refuse, so I refused. The Surgeons went and told M. de Lautrec, who said he had just been thinking that it was best such matters should be left to God; and bade them to examine my prisoner to see whether he was versed in Surgery, and if so, to commit me to his care. He bore examination well, and thereafter I lay on my back for two months and a-half in a house at Termeo di Bressi, where, to ensure my being cared for, two chief citizens and the brother of my host were taken as hostages, with a promise that they should be hung if I were not made comfortable. Certainly it was not their fault, from lying on my back so long the flesh all rotted from my back bone."—*Palissy the Potter.*

No. 252.—Paracelsus and his Fee.

"There was at Basle a certain canon named Cornelius von Lichtenfels, who was afflicted with a stomach-ache, and the stomach-ache of Cornelius von Lichtenfels ruined the worldly prospects of a great philosopher. For the afflicted canon, who no longer dined canonically, had sought ease of the Physicians of the town, and swallowed, as good patients ever ought to swallow, many quarts of potions. Then he applied to Paracelsus, who bargained to afford ease for the price of a hundred florins. The canon having agreed to this, received three little pills containing opium. His pain departed; but since he was a man devoted to the ancient customs of the world, and had expected (as to this day patients often still expect) to get the value of his hundred florins in six hundred draughts and many mixtures, the canon, who desired to be elaborately, orthodoxly cured, refused to pay for three small pills—not even boluses—so large a sum of money as had been agreed. Paracelsus then sued for his fee before the arbiters of the law, and was informed by them that he could not lawfully claim payment of the canon, except, according to the custom of the town, by charging for his medicine; and it was well known that one florin would have been a high price for three pills. Thereupon Paracelsus moved—as he was too often moved—to wrath, informed the judges so emphatically of his opinion of their sense, that to avoid the consequences of his great contempt of court, he was obliged to quit the town."—*Ibid.*

No. 253.—Wormwood as a Febrifuge.

In one of his treatises, written about 300 years ago, Palisey writes thus of wormwood:—"Before I knew the value of the said herb, the worms caused me the death of six children, as we discovered both by having caused their bodies to be opened, and by their frequently passing from the mouth, and when they were dead the worms passed also by the nostrils. The districts of Xaintonge, Gascony, Agen Quercy, and the parts towards Toulouse, are very subject to the said worms."

No. 254.—Caste with a Vengeance.

"Dr. Wells, the Surgeon of the regiment, having occasion to visit the medicine store of the Hospital, and feeling at the time indisposed, incautiously applied to his mouth a bottle taken from the Hospital medicines, containing a carminative. The act was in contravention of Hindoo caste. No high-caste Hindoo could afterwards have partaken of the medicine contained in the polluted bottle. The native apothecary, who

Digitized by Google

attended Dr. Wells, was unfortunately on bad terms with him, and informed the Sepoys in Hospital of what had occurred. The consequence was an outcry among them, and a refusal to touch any of the medicines prescribed for them. Colonel Palmer assembled the native officers, and in their presence destroyed the bottle which the Surgeon had touched with his lips, besides subjecting Dr. Wells to a deserved (?) rebuke.

"It was hoped that these measures would have satisfied the Sepoys, and that the matter would have been forgotten. But it was not so. The men in Hospital, indeed, no longer persisted to refuse their medicines; but the Doctor's offence was not forgiven. A few nights after, the bungalow in which he resided was fired, and Dr. Wells escaped, but with the loss of most of his property."—*Gubbins' Mutiny in Oude.*

No. 255.—Peter Pindar's Head.

"Dr. Wolcot's head might have well served Gall and Spurzeim for the study of their whimsicalities. It was exceedingly fine. When young, he must have been very handsome. One of his sisters, whom I remember, had the same fine features. Both were of dark complexion."—*Cyrus Redding.*

No. 256.—Peter Pindar on Cataract.

"I once found Wolcot laid up in bed, his eyes bandaged. 'What is the matter, Doctor?' 'Since you were here, Adams the oculist (afterwards Sir W. Rawson), who goes about blinding everybody, persuaded me to submit to the operation for cataract.' 'And he operated?' 'Not on both eyes—I told him he should try one first.' 'And he has not succeeded? How could such a great man fail?' 'He has cured my eye of seeing for ever. I could before observe the shadowy figure of any one between my eye and the light. I have just escaped an inflammation that might have reached the other eye, besides suffering three or four weeks' confinement. I outwitted him.' 'How?' 'I gave him the worse eye of the two to block up. He had persuaded me into it. At just eighty years of age, it was folly, Adams knew better. He wished my name to puff a cure with.'"—*Cyrus Redding.*

No. 257.—Insect Physic.

Insects once formed a class of medicines which were considered highly effective in certain doses; and there was a time when three gnats were taken as a dose, just as three grains of calomel might be taken now; while three drops of lady-bird milk was formerly prescribed as seriously as a small dose of some fashionable medicine of the present day. —*Butterfly Vivarium.*

No. 258.—Air in the Bones.

Dr. Crisp has lately published some interesting papers upon the air-sacs in birds, and the presence of air in the hollow bones. His conclusions are:—1. That in the majority of British birds no air-cavities connected with the lungs are present in the bones. 2. That the presence of air in the bones is not necessary for swift and long-continued flight, as instanced especially by the gulls, snipes, swallows, and martins. 3. That in no bird examined by him was air found in the bones of the extremities beyond the femora and humeri.

No. 259.—Upas Antiar Poison.

Professor Kölliker obtained from Dr. Christison last year, during his visit to England, some of this rare poison. He has since experimented with it, and his experiments confirm those of Sir B. Brodie's.

The results of his investigations are thus summed up:—

1. The antiar is a paralysing poison.

2. It acts in the first instance and with great rapidity (in five to ten minutes) upon the heart and stops its action.

3. The consequences of this paralysm of the heart are the cessations of the voluntary and reflex movements in the first and second hour after the introduction of the poison.

4. The antiar paralyses in the second place the voluntary movements.

5. In the third place it causes the loss of excitability of the great nervous trunks.

6. The heart and muscles of frogs, poisoned with urari, may be paralysed by antiar.

7. From all this it may be deduced, that the antiar principally acts upon the muscular fibre, and causes paralysis of it.

No. 260.—Tanghinia Venerifera, or Cerbera Tanghin.

The seed of this plant is used in Madagascar as an ordeal poison. Kölliker has likewise examined its effects. It has a paralysing influence over the muscles, stopping the heart in from five to fifteen minutes. It resembles in action the upas antiar.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, AUGUST 28.

DOCTORS AND QUACKS.

A clever and pungent writer, who in the *Saturday Review* often hits the right nail pretty sharply on the head, has lately told us a word or two of his mind about "Doctors and Quacks." We call attention to what he has written on this topic because his opinions on Medicine and its Practitioners seem to us to represent indifferently well the opinions of many of the best informed and most reasonable of the non-professional public on these matters. There is, it is impossible to deny the fact, some truth mixed with a large share of fallacy in these opinions; and we would gladly, therefore, endeavour, while admitting what is true, explain to candid minds wherein lie the errors of the conclusions which are there accepted as undeniable facts.

The writer tells us that the languor exhibited by Parliament on matters connected with Medical Reform is not attributable solely to the difficulty of reconciling conflicting interests. There is a feeling pretty widely distributed, he asserts, among the public, and extensively felt even in the House of Commons, that the sick get well when not treated "according to received rule;" and there is a fear lest these Reform Bills should be used "to annoy every one who is suspected of disaffection to the creeds and symbols of the drug-dispenser."

The great fault of Doctors, he goes on to say, is this: that they ignore contemptuously all new plans of treatment, and all systems of medicine which do not square with their idea and standard of orthodoxy; but what is the use of this? "Almost everybody in private society has of late years had friends who left them sinking under disease to make trial of some of the tabooed systems, and then returned in ruddy health; and yet so strong are known to be the prejudices of Medical men that it is thought hardly civil to mention a case of the kind in their presence." And when Doctors allude to these systems it is only to ridicule them, or to vilify and vituperate their authors; they never condescend to examine and investigate the truth or fallacy of them, like honest observers. "The English Medical Profession includes knowledge of the highest, and talent of the most various kind;" and yet their abuse is like that of theologians in by-gone days, "when theologians were not as meek and peaceable as, of course, they are at present. The Medical press is the most scurrilous in England, and its personalities reduce to insignificance the gentler venom of religious journalism," writes the *Saturday Review!*

Digitized by Google

RELIGIOUS MANIA

CONVALESCENCE

Drawn on Stone by W. Brigg

Printed by Hullmandel & Walton

Digitized by Google

Digitized by Google

"It is not, however, of the Physician that the public can complain; as usual, it is the democracy of the Profession, the body of General Practitioners, which is really and sternly exclusive."

Now, when we plainly and honestly endeavour to explain the injustice and fallacy of these accusations, we are always most unfairly stopped by that unanswerable *tu quoque* rejoinder, "Ay! you deny all this, of course,—it don't suit your book to admit it; it's contrary to your creed; we know the value of your arguings and facts before you utter them. What you have to say is the old tale all over again." And the actual truth is, that we are compelled to repeat the old tale over and over again, and simply for this reason: that the old tale is a true, honest, and scientific representation of the facts it has to deal with. Time, which squares all anomalies, will one day do us justice; and, in the meantime, all that remains for us is to lay the honest bare truth of this matter, as we know it, before the world, trusting and believing that there are some candid and discriminating minds, who are able to appreciate the difficulties and yet recognise the solidity of our position, when it is pointed out to them.

Let us then argue these points calmly, and, as rational beings should address each other. Don't let us commence the argument by accusing each other of scurrility, for example; for by so doing we only convict ourselves of being in possession of the beam, which we think we see in our neighbour's eye. Let us honestly endeavour to find out the causes which provoke so many of the world to express their dissatisfaction with Medicine as it is, and to fly into the open arms of Quackery. By so doing we shall be enabled to answer the question you ask: What is the definition of a quack? And we shall also, perchance, ascertain at whose account lies the blame of all these evils.

Now there are, as we see the matter, two distinct provoking causes, acting in different directions, which have brought so many of the world to this dislike and positive distrust of the Medical Profession, and have induced so many to carry on a war of proselytism against it.

One cause is to be found in the conduct of the Medical Profession itself; with the other, the public is distinctly chargeable. Let us now, first of all, contemplate the conduct of those who cast these stones at our Profession: let us see if it is consistent with common sense and common wisdom. You admit, "that a man must be a fool who does not wish that his Medical attendant should have as much as possible of the knowledge, skill, and powers of observation which constitute the superiority of a Brodie, a Holland, a Clark, or a Watson. But," you add, "when we come to strictly curative methods and appliances, the feeling is visibly different." Now, what does this mean, if it have any sense, but this:—that the deeper a man is grounded in a scientific knowledge of his Profession, the less you, the public, judge him to be capable of practising it. Yes! you, the voice of the public wisdom, accept this manifest absurdity. And when you speak of the thoughts and sentiments of the public and of the House of Commons, did it never occur to you to ask yourself the worth and value of the thoughts and sentiments of those bodies about the question in hand? Did it never strike you that the public may be possibly a very ill judge of the matters it has taken upon itself to decide? Have you forgotten that you are dealing with a subject in which, as far as the public is concerned, men's faith, rather than their reason, is brought into exercise; and have you not the proofs lying all broadcast about you, how grossly superstitious this said public never misses an opportunity of proving itself to be?—ay! and the learned, the educated, the high-placed public too? Witness its million antics in every age; and in our own, think of Metallic Tractors, St. John Long, Mesmerism, Clairvoyance, Spirit-rapping, Homœopathy, Table-turning, and the other thousand-and-one mad follies of the day. What made Michael Farraday boldly tell you, the educated public of the land, that your education was defective, but this very fact: that he found, when the hour of trial came, you succumbed; that your minds were not strengthened by that knowledge of physical science which would enable you to avoid the degradation of being drawn into the vortex of every passing folly of the day.

And if you want an unanswerable proof of the ignorance and superstition of that public which pretends to be our judges, of its amazing crudulity, look at the broadsides of seven-eighths of the newspapers of this country! You, the journalists of the country, accuse us of scurrility! You are angry with us for telling the truth, because we denounce, in no courtly terms, the beastialities which, as advertisements, disgrace and disfigure your journals. You know that the shameful trade of torture and robbery carried on by quackery, through the aid of the press, is the main support of half the journals of this country. Advertisements figure on those journals which you would not permit your wife or child to read; and yet, ponder it well, those filthy things keep your journals alive. One advertising firm alone, we have heard it credibly asserted,—one firm alone of that class in this Metropolis spends from £12,000 to £15,000 a-year upon your journals! (a) You ask for a definition of quackery, and we tell you to read the advertisements on the back of your journals, and you will see one and the worst part of it depicted there. In the face of such abominations as these, can you expect a man who knows their meaning, and their purport, and their *effects*, to be nice and genteel and mealy-mouthed in his language? And can you be surprised if we wish to dissociate ourselves as utterly as possible from all connexion with the authors of those advertisements? Why should not our Colleges and Universities have the power, equally as the Bar, and as the Army, and as the Church, of ridding the Profession of (or of persecuting, as you call it) a member who had disgraced it. Let him carry on his trade if he choose, but not under the sanction of an honourable title.

Thus it is, then; you, the public, who spend *millions* a year in the encouragement of this foul and manifest deceit and quackery; you, the governing body of the country, who give the stamp of your approbation to every nostrum that desires it—you pretend to be the judges between the Medical Profession and Quackery! Are you just, reasonable, or even honest?

When you accuse the Profession of not explaining or admitting the wonderful cures and recoveries which are continually taking place outside the Profession, you are accusing them of intangible crimes. An explanation of such cases, whenever their whole history can be got at, which would satisfy a scientific Physician, would be incomprehensible to the public mind, especially when that mind is already made up—when the faith has preceded the reason of the thing. You know well enough, that in all these cases, you ask us for explanations, not for the sake of getting at the truth, but simply to glorify your disease-curer; you know well enough, that before we open our mouths your mind is irrevocably made up on the subject. However, we would like under this head, to ask one question of those who throw these wonderful cures in our teeth—is it, or is it not true, that ninety-nine hundredths of the real diseases of the people of this country are treated by the Medical Profession, and that such diseases, so treated, if not cured by their Medical skill, remain, and are incapable of cure? Why should these miraculous cures you speak of, if really true ones, be instanced only in some few cases striking to you and yet intangible to us? Why not prove the truth of your conjurer's position, by getting him to

(a) Of course we gladly acknowledge that there are journals who do not thus prostitute their pages, but these are only the "rari nantes." The truth remains unanswerable, that the large body of the press of this country is perverted to this most unholy business.

Digitized by Google

cure, not one, but a whole class of diseases, which we confess and admit to be beyond the reach of our skill?

The real fact is that you—the public—are not only, as we have proved by your doings, incapable of judging in this matter, but you are, moreover, unable and unwilling to hear and admit the honest truth, when it is honestly told you. Let a Physician tell his patient the clear truth, the truth such as a long and arduous study of scientific Medicine justifies him in telling—as, for example, that his patient's disease is of a nature which is little amenable to any mere ordinary Medicinal agencies, or that it is incurable; let him do so, and he will, in all probability, never see the patient again. Let the patient be told the same thing by half-a-dozen equally skilled observers, and yet he will remain unsatisfied, and is almost certain to find his way into the hands of the most ignorant advertising empiric, who will promise him all he desires, and of course falsely promise him. The Profession meet with these cases every day of their lives; but you—the public—hear nothing of the failures. One happy hit will make the fortune of a quack—a thousand failures do him no harm with the public; the one is widely bruited to the world, the others are buried with the bones of the patients. The public are most unreasonable; they expect, on all occasions, from the Medical art and from Medical skill what neither the one nor the other can on all occasions accomplish for them; they are impatient if told that they cannot be so readily rid of their ailments; and then they rush to where they can be gratified by the sounds of delusive promises. They love this deception, and herein lies the exact difference between Medicine and Quackery—the one promises what it can perform, the other what it cannot. It is an unholy impatience of bearing the necessary ills which "flesh is heir to," that makes so many deride true Medicine, and fly to the delusions of knavery.

We have spoken now but of one phasis of Quackery—of that disreputable advertising division of it of which you yourself, I will suppose, do not undertake the patronage; which you as reputable journalists do not even permit to gain reputation through your columns, and which, therefore, as the higher portion of the press, you stamp as disgraceful. And now we ask you to explain this glaring anomaly; that you pass over in silence this monster evil, which you know and admit is degrading the minds and injuring the bodies of thousands of your countrymen, which is yearly fed by millions of the money of the ignorant—that you have no word of reprobation to say to those of your fellow-journalists who live by and promote this evil, but save all your anger, and pour out your ill-will, upon a body of men who have received a deeply-scientific education, and who, in honour, indignantly exclaim against the abominations which their knowledge forces them to loathe. You act thus, and then call us bigoted, and proclaim yourselves the fit and proper judges of the value of the scientific knowledge of a Medical man!

THE WEEK.

There is, it seems, to be a pitched battle between the Homœoquacks of France and the Medical Profession as represented by *L'Union Médicale*. This journal, the *Globe* tells us, has been scattering over the heads of the Homœoquacks the terms of *charlatans*, *Chevaliers d'industrie*, etc., and the gentry thus powdered won't stand it, provided the law will help them. They go for 50,000 francs damages. The struggle will be amusing.

Is it not a scandal upon our civilisation that such things as these can be said, and said with truth—"*One hundred and thirty-seven* persons have been attacked during the quarter by small-pox, a complaint which the benevolent discovery of Jenner, if universally applied, might practically remove from the table? *One hundred and ninety-six* patients have laboured under ague, engendered by the noxious exhalations of the marshes in the neighbourhood of the metropolis, and which efficient drainage would unquestionably eradicate." Yet this is true, if we are to trust the last quarterly return of the Association of Medical Officers of Health.

We are glad to find that the following address to Mr. Henderson, of Fordoun, has been signed by a large number of Medical men in all parts of Scotland:—

"We, the undersigned members of the Medical Profession, having learned that at a special meeting of the Parochial Board of Fordoun, held on Monday, the 26th July last, you were dismissed from your appointment as Medical Officer of the Board, on the ground of having made a post-mortem examination on the body of an unclaimed pauper; and being satisfied that the circumstances of the case fully justified such an examination, and that from the published statement it was conducted with the utmost propriety, beg to express our sincere sympathy with you on the infliction of a sentence so unmerited and severe. We are deeply grieved to learn that any body of intelligent men should, at the present day, deny the great advantages both to science and humanity of post-mortem examinations, and should to the extent of their power punish those who perform them."

Mr. Henderson replies:—

"Under the very painful circumstances in which I have been placed by the ungenerous proceedings of a majority of that Board, it is most gratifying to my feelings to receive the unsolicited support and cordial sympathy of so many of my professional brethren of such high standing and respectability."

The matter must not rest here.

In adding strength to a popular cry, and in some respects abetting a vulgar prejudice, the general press is led just now into a very unjust attack upon a highly honourable class of Medical men,—gentlemen who are proprietors of private lunatic asylums. These establishments are stigmatised as "horrid dens," "lawless prisons," "dismal dungeons," and Medical men at their head as "lunatic-mongers," "heartless ruffians," &c. One paper says, "Gaolers, turnkeys, masters of workhouses are in the same category; callousness of feeling is part of their stock in trade, or rather constitutes their vocation." All this is as painful as it is untrue. There are black sheep in every profession. The Church, the Law, the Army and Navy are each disgraced at times by the conduct of unworthy members, and every now and then some instance of ignorance and cruelty will make honourable members of the Medical Profession blush for the misdeeds of one of their order. But, as a general rule, we feel bound to state, after very sufficient observation, that a vast majority of the private lunatic asylums of this country are a credit to their proprietors, and to the science and humanity of the age. The Lunacy Laws and their Administrators form part of a very different question, which must be fully discussed hereafter.

General Peel's visit to Chatham is to bring forth comely fruits. Each trooper there, is at last to have sufficient air to breathe; the space in which eighteen men (besides women) have been previously huddled up together is found to be just sufficient for twelve men, and that, in future, is to be the maximum number of occupants of it. The men, too, are to have more fuel, to make up, we may suppose, for the loss of the animal heat, which belonged to the crowding and bad ventilation of their rooms. At Brompton Barracks, also, it has been discovered that it is a bad plan to cram the sick and healthy into the same building; and a new Hospital is to be erected at Chatham for the sole use of the sick of the Engineers and Ordnance. "By this arrangement addi-

Digitized by Google

tional space will be afforded to the Sappers and Miners, who are at present very much crowded, and, in consequence, sickness is more than usually prevalent." It really is about time that this system of slow poisoning should cease; and yet nothing is done unless the Secretary of War himself exposes his nose and eyes to the foul scents and sights of these barracks. How long would these things have gone on at Bromptom and Chatham if General Peel had not visited these places? How long will they go on in those thousand obscure barracks of the country which General Peel will never visit? Our soldiers, Dr. Balfour tells us, enjoy good air and decent sleeping-rooms only when they find their way into a prison.

The Scotch Poor-law Guardians seem to be anxious to emulate, if not to outdo, the tyrannical proceedings of their English prototypes in their treatment of the Medical Profession. A week or two ago we recorded the dismissal of Dr. Henderson from his office by the Fordoun Guardians, for the offence of making a post-mortem examination; and this week we relate the summary expulsion of Dr. Ebenezer Milner from the Poor House and Lunatic Asylum belonging to the Barony Board of Glasgow. From the statements which have reached us, we learn that Dr. Milner during the course of last year rendered himself obnoxious to the Barony Board by his conscientious and truthful reports as to the filthy state of some of the unfortunate lunatics placed under his care, and as to their general want of adequate superintendence. The Board, being wholly unable to controvert the statements of Dr. Milner, adopted the somewhat stale trick of expelling him from his office, and this was done by locking him out of the premises, and sending his property after him by the hands of a pauper. Dr. Milner has taken ample revenge upon his oppressors, by the publication of a pamphlet which details the condition of the Poor House and Lunatic Asylum, and traces all the steps which led to his own summary dismissal; and there cannot be two opinions that Dr. Milner, although ejected from his office, has gained rather than lost in reputation by that event. It appears that within the last sixteen months no less than five separate Medical Superintendents have succeeded each other at the establishment in question.

Mr. Haviland, of Bridgewater, has brought forward some important facts as to the prevalence, cessation, and reappearance of ague at Cannington, in connexion with bad drainage, improved drainage, and bad drainage again, owing to want of rain not permitting sufficient flushing of the drains. He says:—

"Since the establishment of the Cannington Dispensary, I find that I have attended 2217 patients at that institution, and that for the first ten years, the average number of ague cases was only three per annum, or in other words, about 1½ per cent., whereas during the present year, the proportion of ague to other cases has risen to more than 19 per cent. Two of the Friendly Societies have suffered much from the prevailing epidemic—thus, the 4th of May club to the extent of 33 per cent., and the 13th May club, 25 per cent. on all other cases."

These facts should lead to immediate cleansing and flushing, and the establishment of a permanent system of efficient drainage.

The flowing Burnous of the swarthy Arabian, and the loose-fitting snowy robes of the Indian tell us, clearly enough, what are the *natural* habiliments of the inhabitant of tropical regions; the European, indeed, left to himself in those climes, quickly rids himself of his dark woollen coverings, and gladly adopts the *light cotton* dress of the natives. The voice of nature, however, of reason and of science, makes no impression on the stiff ear of the martinet Colonel, or on the well-imbued red-tapist soul of Bureaucracy. We still are obliged to hear of dragoons charging the enemy under a sun throwing down its burning rays of 115°, with their brows compressed by helmets, the metal of which would *burn* the hand laid upon it; our soldiers still march, or stagger along, with stocks and tight buttoned-up woollen jackets; and the best heat-absorbing colours are in many cases the dresses they wear. We wish now to say one word about the soldier's dress; and hope that a fact demonstrated both by experience and science may meet some willing ear among the authoritative few. M. le Dr. Coulier (a) has lately investigated, *scientifically*, the nature of the soldier's different habiliments as agents protecting him against heat and cold. His experiments show that a thin layer of white cotton placed over a cloth dress is sufficient to produce a fall of 7° cent. in the heat of it. He gives the following table, which shows the effects of the sun's rays upon the temperature of tubes covered with the following different articles of dress:—

	Temperature of the tubes, centigrade.
Thermometer in the shade . . .	27·
,, exposed to sun . .	36·
Tube not covered	37·5
Tube covered with cotton-shirting .	35·1
,, ,, lining .	35·5
,, unbleached linen .	39·6
,, dark-blue cloth .	42·
,, red cloth . .	42·
,, dark-grey capote cloth	42·5
,, red cloth for the "Sous-officiers" . .	41·4
,, dark blue cloth for do	43·

Here then is the fact scientifically demonstrated, that a diminution of temperature, such as might suffice to prevent a soldier from being struck down by the heat of a tropical sun, may be obtained simply by placing a white cotton covering over his dark woollen dress. These are Dr. Coulier's general conclusions:—1. The colour of soldiers' clothes has very little sensible influence over the diminution of caloric. 2. All kinds of textures are capable of absorbing a certain quantity of hygrometric water in a latent state. The quantity is considerable in the case of wool; but linen absorbs less, and cotton least of all. 3. This absorption takes place without any immediate loss of its caloric by the body. 4. The colour of clothes has a great influence upon the absorption by them of solar rays; and whatever the nature of the clothes, the greatest advantages are obtained by covering them with white-coloured materials, when the wearer is exposed to the burning sun.

GEORGE COMBE.

(*Abridged from the Daily News.*)

"A man must be called a conspicuous member of society who writes a book approaching in circulation to the three ubiquitous books in our language—the 'Bible,' 'Pilgrim's Progress,' and 'Robinson Crusoe.' George Combe's 'Constitution of Man' is declared to rank next to these three in point of circulation; and the author of a work so widely diffused cannot but be the object of much interest during his life, and of special notice after death. It seems as if nature were as capricious as fortune in appointing the destinies of man. George Combe's wide influence over society arose out of natural causes; but, as in many similar instances, there was nothing in the man to account for the eminence of his position. He was a good man, and in certain directions a wise one: but he was not a thinker, nor a poet, nor an orator, nor an enthusiast, nor a quack. He did not owe his social influence to any of the ordinary sources of that kind of influence, from the loftiest to the meanest. Of course the solution of the marvel

(a) Journal de Physiologie, par M. Brown-Séquard, vol. i. p. 122.

Digitized by Google

must be looked for in circumstances chiefly external to the man, and there, in fact, the solution is easily found.

The Combes—a family of seventeen, of whom George and Andrew were the two conspicuous members—were descended on both sides of the house from respectable tenant-farmers. Their father was a tall, robust, staunch Presbyterian, of whom his phrenological sons report that he could never find a hat that he could get his head into, and was obliged to have a block to himself.

George Combe (nine years older than Andrew) was born in 1788. He was bred to the law, and became a Writer to the Signet in 1812. In 1815, Dr. John Gordon, of Edinburgh, an esteemed lecturer on anatomy and physiology, furnished Jeffrey with an article for his Review, which was intended to demolish, and was for a time supposed to have demolished, 'the Physiognomical System of Gall and Spurzheim,' as the title of that system stands in the books of the time. No one laughed more heartily than George Combe (as we learn from himself) at the 'thorough quackery,' the 'impudence,' and what not of 'the Germans' who dared to offer us anything but Werther sentimentalism. . . . One day a brother-lawyer met George in the street, and invited him to his house to see Spurzheim dissect a human brain. What he saw there satisfied him that the human brain is something very unlike what it seemed to dissectors, who sliced it through and looked no further. He attended the lecturer's second course, and reached a conviction, which determined the character of his mind and life. He himself tells us that he was not 'led away by enthusiasm,' but won by the evidence that the doctrine was 'eminently practical.' . . . . .

In 1825, the Society for the Diffusion of Useful Knowledge was instituted—chiefly for the purpose of supplying good and cheap books to Mechanics' Institutes, where the want of books, as supplementary to lectures, was severely felt. Political troubles caused delay; but the scheme was resumed in 1826; and in March, 1827, the issue of the Society's Tracts began. Lord Brougham and his coadjutors had promised means of political, social, and what may be called personal knowledge. Theological teaching was wholly excluded, and morality had no chance. Now, the thirst of mankind for moral philosophy is unquenchable, and the refusal or neglect of the Diffusion Society to give it, merely turned the mechanics of the country loose, to find what they wanted for themselves. Six weeks before the appearance of the first of the Society's tracts, George Combe had read to the Phrenological Society of Edinburgh the first part of a work 'On the Harmony between the Mental and Moral Constitution of Man and the Laws of Physical Nature.' This was the first form of his celebrated 'Constitution of Man in Relation to External Objects,' which was published in 1828, and read with unexampled eagerness by almost the entire reading classes of the nation. A benevolent gentleman, named Henderson, left a sum of money to be spent in rendering the book as cheap as possible; and extremely cheap it was made, so that multitudes possess it who never owned any other book. Its circulation had some time ago amounted to 100,000 in Great Britain and Ireland; and it is in almost every house in the United States, besides having been translated into various Continental languages. The good effects of this book, on the whole, are the best counterbalance that its author afforded for the damage he inflicted on the 'science' to which he believed his life to be devoted. It was a prodigious boon to the multitude, high and low, to be led to the contemplation of their frame in relation with the external world; to obtain the first glimpse (as it was to them) of man's position in the universe as a constituent part of it, subject to its laws precisely like every other part. Much else there is in the book which fell in remarkably with the needs and desires of the time; and there can be no doubt that the effect of the work, as a whole, on the health, morality, and intellectual cultivation of the people has been something truly memorable. It is the great work and the great event of the life of George Combe. He wrote other works, but he is known by his 'Constitution of Man.' In 1819 he published his 'Essays on Phrenology,' and afterwards his 'Elements,' 'Outlines,' and 'System' of the same subject; and a volume of 'Moral Philosophy,' and 'Lectures on Popular Education,' 'Notes' of his travels in America, and a Life of his brother Andrew; and, we regret to add, his views on Art after his visits to Germany and Italy in pursuit of health.

* * * * *

The merit of Combe was great in pertinaciously and effectively sustaining the rights of opinion, and some facts of science, in the *Phrenological Journal*, against an opposition unsurpassed in violence and dishonesty. For this he was well fitted by nature and training. His remarkable self-esteem; his self-consciousness, rendering him very faintly impressionable; his good-nature and real benevolence; his shrewdness and caution; the absence of all keen sensibility, and the presence of a constant sense of justice; all fitted him to hold any given ground well against unscrupulous and passionate adversaries. No romance of duty dazzled him; no idolatry of the ideal intoxicated him; no sympathy with human passion or devout inspiration put him off his guard. Standing above the perils of gross selfishness and dishonesty, and below those which attend high intellectual and spiritual gifts, he was the man to hold a certain ground; and he held it steadily, cheerfully, and well. We do not, indeed, see how the honours of genius, or of philosophical achievement, or of original thought, can be awarded to him; but he was the agent, if not the author, of a great revolution in popular views, and in sanitary practices. If he did not advance his own department of science, but rather hindered its development by his own philosophical incapacity, he prepared for its future expansion by opening the minds of millions to its conception. The world owes him much, however disappointed it may be that it does not owe him more.

In 1833 George Combe married Miss Cecilia Siddons. Four or five years after, he quitted the practice of his profession, and in 1838 went, accompanied by Mrs. Combe, to the United States, where he remained, lecturing and preparing his journal, till 1840. Dr. Spurzheim had visited the United States in 1832, and died there in a few months; and the disciples he had obtained, wishing for another master, invited George Combe to go and lecture to them. The years after his return were varied by Continental journeys, too often rendered necessary by failing health. The latter period of his life was one of very infirm health—the result, as he believed, of the early adverse influences which turned his own and his brother's attention so strongly to sanitary subjects. After more and more shutting up for the winters, and less and less ability to enjoy the business and pleasures of life and society within his own home, he died on the 14th inst., at his friend Dr. Lane's hydropathic establishment at Moor-park."

It would not be just to Mr. Combe's memory to allow this sketch to pass without noticing the unwearied efforts o Mr. Combe to introduce the teaching of Physiology into our schools, and to draw the attention of the public to this important but neglected branch of education. But the writer is much mistaken in his notion as to the circulation of the "Constitution of Man." We could name many books which very far exceed it; for instance, Watts's Hymns, Leigh Richmond's Works, Shakspeare, the Waverley Novels, etc.

REVIEWS.

Health and Disease, their Laws; with Plain Practical Prescriptions for the People. By Benjamin Ridge, M.D., F.R.C.S. etc. Pp. 624. London: 1858.

Books like the present are not much to our taste, nor is our opinion of Dr. Ridge's work much enhanced by the discovery that the author appeals to the public in favour of doctrines which have received no favour from the Profession. When we find a gentleman who styles himself a Doctor of Medicine and a Fellow of the Royal College of Surgeons, gravely telling the public that auscultation and percussion discover only a number of "queer noises and sounds," which "confuse both the cause of the disease and the treatment," and that it is safer under all circumstances "to submit to the guidance of the tongue," we cannot but repudiate such extraordinary doctrines, and, on the part of the Profession, denounce them as opposed to the present conclusions of science and experience. Many years ago it appears that Dr. Ridge published a work on the indications to be obtained from the tongue in the treatment of disease, and from the partial and probably honest, though qualified, approbation accorded to his views, he evidently imagines that he has discovered an infallible

Digitized by Google

guide to diagnosis. Having clearly made out to his own satisfaction that the appearances of the tongue will point out the nature and seat of every disease, he proposes a triple division of diseases and their remedies. All diseases, says he, are acid, alkaline, and neutral; all remedies may be divided in the same threefold manner; and all kinds of diet are also acid, alkaline, and neutral. Hence nothing is more easy than to cure diseases, if we only follow Dr. Ridge's hypothesis; for the acid diseases must be cured by alkaline remedies, and the alkaline ones by acids; the neutral diseases must be treated by neutral medicines.

We believe that we have given a sufficient specimen of Dr. Ridge's work, which it would be waste of time to analyse in detail, more especially as Dr. Ridge himself intimates that he writes for the public rather than the Profession.

Leistungen des Mikroskops zum zweck der Arztlichen Diagnostik von Dr. Gustaf von Düben in Stockholm, übertragen von Dr. L. Tutschek. The Use of the Microscope in Medical Diagnosis, by Dr. VON DUBEN. Translated into German from the Swediah by Dr. TUTSCHEK. Pp. 88. Würsburg: 1858.

THIS little work is another proof, among the many we have lately had, of the vitality of Medical science in Sweden. It comes introduced to us in a German costume, with the addition of a few remarks by the hand of the translator. We can have no hesitation in saying, that to the clinical student, —and what Medical man is not a clinical student?—this little volume gives a large amount of very useful information, in a small and practical form.

The microscope has now become a necessary instrument in clinical diagnosis. It yields to the physician instruction such as he can obtain through no other means, enabling him, in many instances, to form positive conclusions as to the nature of the disease he is about to treat, and consequently teaches him to direct his remedies to their most useful purpose. A patient, for example, is troubled with cough and expectoration: what excites these? The stethoscope gives him no satisfactory answer; but in such a case the microscope comes in, and, not unfrequently, decides the question, by demonstrating in the sputum the presence of elastic fibres; showing that ulceration and destruction of the lung-tissue has already commenced. A striking example of the use of the microscope is mentioned by Professor Bennett in his "Principles of Medicine," and is worth referring to here. Doubts existed as to the nature of a tumour in the left side of the abdomen of a patient in the Edinburgh Hospital; it was thought by many to be ovarian. Dr. Bennett, by examining the blood of the patient under the microscope, showed that it was leucocythermic, and, therefore, that in all human probability the tumour was splenic. Such, indeed, it eventually turned out to be.

However, there is no necessity for us to vaunt the services of the microscope; the instrument is every day becoming more familiar to the Medical man, and there can be no doubt that it will soon be as much a part of his "properties" as the stethoscope now is. Works like this we are now speaking of serve the end of aiding most materially the microscopist. It tells him what to look for in the sputa, the blood, the milk, the fæces, and the urine, and what upon and in the skin. It tells him how to look for it; and it tells him how to recognise the thing sought for, by referring him for comparison to excellent lithographic copies of the microscopic object.

The author, in his preface, while speaking of the immense service rendered by the microscope in pathology and physiology, wisely cautions the student against the not unfrequent abuse made of the instrument. He says:—

"There was a time when it was thought that the microscope would settle every question; but the most skilful in its use soon found out that the microscope, like the unaided sense of vision, had a limit to its powers. Those who put unbounded confidence in the instrument were exposed to all sorts of errors. Others, again, well instructed in the use of the instrument, neglected the clinical study of diseases, and so constructed microscopic diseases, and erroneous pathological ideas." And consequently, as he tells us, microscopists were looked upon as mere enthusiasts; and justly so, for the observations of the exclusive microscopist are one-sided and faulty. It is a natural fault of human nature to overdo a good thing. The wise observer is he who, making use of all means of observation, neglecting none of them, knows how to extract the just conclusions which a comparison of the facts obtained through their aid reasonably justify. The public have not unreasonably a suspicion of the practical abilities, as a treater of disease, of any very renowned microscopist, or very skilful chemist, or an acutely sensitive stethoscopist.

These remarks lead us to observe that Dr. von Düben, though treating solely of things microscopical, is not a mere microscopist; and that his readers may place themselves with security in his hands, for he talks to them as a Physician. The descriptions given are short, and to the purpose; and those who desire to obtain more full information on any point have the means of doing so, by reference to the works of other authors whose names are scattered through the work. There is, of course, no great amount of novel information to be expected in a work of this kind; but the subject is brought up to the knowledge of the present day, the author having necessarily made free use of the labours of those who have gone before him—of the works of Dr. Beale, Hoefle, and others.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION ON PUERPERAL FEVER AT THE PARIS AND NEW YORK ACADEMIES OF MEDICINE.

(Continued from p. 203.)

M. Paul Dubois, after dwelling upon the distinction to be drawn between simple inflammatory affections occurring in the puerperal state (which are for the most part easily curable), and puerperal fever, properly so called, observed that the latter differs remarkably from most fatal febrile and continuous affections, inasmuch as there is scarcely any organ that may not become implicated in the course of the disease, exhibiting changes after death. Contrary to what is observed in fevers termed essential, puerperal fever, in fact, exhibits no anatomical change that can be called proper to it. While extensive or circumscribed suppurations are one of the most constant appearances, each epidemic seems to be distinguished by its predominant lesion; and there are some rare cases in which the most scrupulous examination fails to detect any alterations at all. He denies the correctness of the position laid down by Beau and others that the extent and intensity of the inflammation constitute all the difference between ordinary puerperal peritonitis and puerperal fever; and the question is, what are the truly distinctive characteristics? Upon this point opinions are divided between purulent infection, putrid infection, and essentiality—this last supposing the intervention of a general cause of unknown nature, one of the primary effects of which would doubtless be a change in the fluids, especially the blood. It is in this last hypothesis alone that M. Dubois places any faith, this cause containing, in a great number of cases, within itself the elements of gravity or innocuity of the disease—just as the cause which produces the variologenic intoxication of the blood induces either a distinct or a confluent form of small-pox. M. Dubois examined at length the views of Simpson and Trousseau on the identity of surgical and puerperal fevers, dissenting from the opinions they have arrived at.

He next passed in review the doctrines on the contagion of this disease as held in England. The settling the matter he complacently tells us is reserved for Frenchmen. "What is the real value of these facts in relation to the signification that has been imparted to them? This question being at once grave, delicate, and obscure, appears consequently to me to demand that rigorous and enlightened appreciation by which French medicine is especially distinguished." Notwithstanding the testimony that has been brought in favour of contagion by communication, M. Dubois suspects that the opinion in its favour is often based upon inexact observation or reasoning. "During a long career, which, thanks to exceptional circumstances, has been a very active one, I have had the misfortune to lose many patients from puerperal fever; but until the epidemic of 1855-6, these cases have always been isolated. I have just passed through another epidemic at the commencement of

Digitized by Google

the present year, and although this has been very destructive at the Clinique, where I have been present (without, it is true, taking a manual part in them) at several autopsies, and have observed no other precaution than that of changing part of my clothes, not one of my other patients has suffered from the disease. It therefore appears to me that in the appreciation of the numerous real or supposed instances of contagion, we must make much allowance for the exaggeration and the singularities of coincidence." In proof of the exaggerations that have obtained, he refers to the statements made by Gooch and others; and quotes some striking instances that have occurred in his own practice as showing the deceptive effects of mere coincidence. We may well doubt, he adds, the significancy of the alleged cases, when accidental communication of short duration, and usually indirect, are regarded as possible or even frequent causes of a fatal infection, while we see newly-confined women remain unhurt, although their beds may be contiguous to that of a moribund, and although they may have for hours breathed an atmosphere said to be infected by such patient. This is no exception, but rather the rule, and may be observed in the very height of an epidemic, when there has become added to the epidemic influence itself the insalubrity derived from prolonged residence and overcrowding. During the last five years several epidemics have occurred at the *Clinique d'Accouchements*. In those of 1852 and 1858 he has kept an exact account of the order of succession of all the cases; and the tables he exhibited clearly proved that the epidemic influence hovered, as it were, over the entire establishment, and was not propagated by contiguity. "From these facts and reflections I do not wish to conclude that puerperal fever can in no case be considered as a contagious affection; and that all precautions may be abandoned. In so serious a matter the greatest reserve must be employed; but I may be allowed to affirm that this contagious property is neither so constant, nor so active, nor so persevering as the innumerable cases that have been published would tend to establish. If such facts were exact, not only would the accoucheur, in whose practice a case of puerperal fever had occurred, become a pest-carrier to be banished at any price, but a lying-in Hospital would prove, in spite of all that could be done, a centre of infection fatal to all the unfortunate patients who entered its walls. The Medical attendant, and still more the servants indispensable for carrying on the business of the Hospital, could not, in the accomplishment of their duties, pass from the sick to the unaffected without transporting the disease from the one to the other. In my opinion the danger falls far short of this magnitude."

In respect to *treatment*, M. Dubois observed that, if we confine our attention to puerperal fever as distinguished from mere puerperal inflammations, he knows of none that is successful. He has given a patient trial to all the means proposed, and all have failed; the quinine treatment presenting no exception. At first, much might seem to be anticipated from quinine, as it exerts a most remarkable power in diminishing the rapidity of the pulse, and a spontaneous diminution of the pulse is well known to be one of the best signs of amelioration. Unfortunately, this effect of quinine on the pulse, interesting as it is in pathological physiology, only proves that activity of the circulation is but one circumstance of the disease. It is, therefore, upon *preventive* means we must chiefly depend. These are of two kinds, the one rendering the puerperal woman's economy less accessible to morbific causes; and the other seeking to remove, or at all events, considerably diminish the unfavourable conditions which appear to concur so powerfully in the development of the disease. In respect to the first of these M. Dubois' own experience quite confirms the conclusions of those who affirm that quinine and iron exert no preventive agency. For the accomplishment of the second it has been proposed to substitute domiciliary delivery for lying-in Hospitals, or to introduce such material dispositions and hygienic conditions into these establishments as to insure their salubrity. The suppression of lying-in Hospitals, M. Dubois considers quite out of the question, seeing that about 6000 women avail themselves of those of Paris, women, too, destitute of every comfort and appliance at home (a class much resembling those delivered in our own workhouses). He believes such suppression has been proposed under an exaggerated idea of the contagious properties of puerperal fever. He does not even approve of the removal of these establishments from Paris, seeing the difficulty which some women even now have in reaching them before delivery. M. Dubois, therefore, believes that it is far better to endeavour to ameliorate than to destroy these Hospitals. His suggestions to this effect are as follow:—"Construct, besides the ordinary Hospitals, or annex to them without confounding them with them, buildings capable of receiving annually about 600 or 800 lying-in women. Divide the building into two separate and equal parts connected by galleries. Each building is to be broken up into wards, each to contain ten beds, separated by a much larger space than are the beds of ordinary Hospitals, and all the wards are to be well ventilated. The women applying for aid should be separated into series of ten each, who being all delivered at nearly the same time and placed in the same ward, will evacuate it at much the same period. This will allow of such ward being left empty for several days, and receiving the necessary cleansing and purification before it is reoccupied." It is now twenty-six years since M. Dubois urged these improvements, not, however, claiming originality in so doing, inasmuch as they had already been put into force, with excellent effect, at the Dublin Hospital. Do what we will, however, we can never expect that lying-in Hospitals shall be entirely freed from visitations of puerperal fever. They must still submit to the common lot, aggravated even by the inevitable consequences of assembling together a great number of patients. As soon as the first signal is perceived, the admissions should be suspended, and domiciliary delivery temporarily substituted as far as possible.

M. Cruveilhier's address was summed up with the following conclusions. 1. Puerperal fever is essentially a traumatic fever, *puerperal traumatic fever*, which exposes lying-in women to dangers analogous to those produced by the traumatic fever of wounds and of surgical operations. 2. The peculiar conditions both of the uterus and of the entire economy, in a woman just confined, explain the special and serious character of the accidents that supervene on parturition, and constitute a peculiar condition known as the puerperal state, or diathesis, and which might be termed *puerperal traumatism*. 3. The epidemic and contagious puerperal fever of lying-in Hospitals is chiefly due to overcrowding, and consequently to miasmatic contagion, and deserves the appellation of *puerperal typhus*. 4. The essential anatomical characters of puerperal fever are peritonitis, purulent sub-peritonitis, and purulent lymphangitis, which appears in many cases to have been confounded with phlebitis. Uterine purulent phlebitis is incomparably more rare in lying-in women than purulent lymphangitis. 5. It is infinitely probable that purulent inflammation of the lymphatics is a cause of intoxication of the blood in puerperal typhus, but such intoxication is not ordinarily manifested by visceral abscess, as is the case in purulent phlebitis. 6. The possibility of the purulent infection of the blood by lymphangitis is a new proposition brought forward in consequence of the observation of the anatomical lesions in puerperal fever. The question whether the lymphatic glands may not act as an invincible barrier to purulent infection by lymphangitis is not yet positively decided. 7. Nothing is to be hoped for from ameliorations in the present condition of lying-in Hospitals. These have all been cheerfully put into force by the authorities. There is but one course to take, and that is, the suppression of large Hospitals, and replacing them by domiciliary deliveries, conjoined with the establishment of small Hospitals beyond Paris, each capable of accommodating from twelve to twenty women with a separate lying-in room.

As M. Cruveilhier's statements in reference to lymphangitis are important, we give them somewhat more in detail. He observes, that if we seek for what is special in the pathological anatomy of puerperal fever, it certainly is the presence of pus in the lymphatics, a lesion he has met with in no other form of peritonitis, or indeed in any other disease: but so inherent is this presence of pus to the grave form of puerperal fever, that he has met with a case in which it constituted the sole lesion, the peritoneum remaining perfectly sound. So infrequent is puerperal phlebitis in comparison with this, that while in nearly every subject in the epidemic that prevailed at the Maternité in 1830-1832, more or less suppuration was found in the lymphatics, only eight cases of suppurating phlebitis were discovered; and while uterine phlebitis is not infrequently observed independently of peritonitis, lymphangitis is almost always accompanied by peritonitis and diffuse phlegmon of the subperitoneal tissue. Multiple abscesses of the liver and lungs, so common in phlebitis, are not observed

Digitized by Google

in lymphangitis, unless indeed this be complicated with phlebitis. Care is required so as not to mistake these inflamed lymphatics for inflamed veins—an error that has often been made, and one committed heretofore by the speaker himself. But in point of fact the appearances are very different, for the veins always offer signs of inflammation; their walls being thickened, fragile, and reddened; they contract adhesions to other parts, and their cavities often contain pseudo-membranes, or the remains of clots. The purulent lymphatics have in general exceedingly thin and transparent parietes, they contract no surrounding adhesions, they are moniliform, and they can be traced into lymphatic glands. Moreover, the pus they contain is very pure, resembling milk or chyle in appearance.

M. Danyau regards puerperal fever as a disease of miasmatic origin, which poisons the blood, and renders it apt to the very rapid production of very varied inflammatory affections, especially in the organs the vitality of which has become exalted during the puerperal processes. Such was his conviction while studying the disease in England in 1829-30, and it has been confirmed by subsequent observation at the Maternité. He points out the great extension which some epidemic visitations have taken, as shown by Churchill and Litzmann, involving many of the principal cities, separated by great distances; and, as a proof of how often general predominate over local conditions, he notices how epidemics have suddenly arisen, in spite of every precaution, run their course, and as suddenly disappeared again, although the local circumstances remained unchanged. Although it might naturally be expected that the residence of women in a Maternité often visited by puerperal fever must be almost always fatal to them, yet it is found that among those who spend several days or weeks within its walls many become acclimatised; and if an epidemic break out, it is rather the women who have entered just before or during labour who fall victims. This can be only explained by the quietude of body and mind, and the attention to hygiene enjoyed by such residents, as contrasted with the hard conditions and privations of their homes.

M. Danyau's experience does not enable him to confirm M. Beau's statements concerning the curative power of quinine; and he, like other observers, places his trust in preventive agents. In consequence of the favourable statements made by Piedagnel concerning the preservative powers of quinine and iron (Leake, however, had already recommended analogous means in 1772), administered regularly, M. Danyau tried this means in 300 women during two months. Between 17th November, 1856, and 17th January, 1857, 487 women were delivered at the Maternité. In 300, the iron and quinine were given as preventives, exactly as employed by Piedagnel, in 169, and in lessened doses in 131. Of the 169, 47 had to be removed to the hospital wards on account of illness, 29 for slight affections, 2 for peritonitis, 3 for metritis, 6 for metro-peritonitis, and 7 for puerperal fever, of which number 4 died. Therefore there were 18 serious cases of disease, with 4 deaths. Of the 122 who remained well, 67 bore the treatment with difficulty and complaint, 42 having diarrhœa, and 25 troublesome headache. On account of these inconveniences, 131 women were, between 26th December and 17th January, treated with diminished proportions of iron with the quinine, when diarrhœa became less frequent, but cephalgia was more so. Of the 131, 19 fell ill: 13 with slight affections, 5 with metro-peritonitis, and 1 with puerperal fever, this woman dying—making 5 deaths in the 300. Of 187 of the 487 women not treated by the quinine and iron, 34 were taken ill, 11 with slight affections, 14 with metritis, and 9 with puerperal fever, of which number 5 died. To sum up, therefore, among the women treated by quinine, 1 woman in 12·5 became the subject of serious disease, and 1 death in 60 deliveries took place. Among those who were not so treated, the illnesses were 1 in 8·1, and the deaths 1 in 37. The experiments were made amidst a far more favourable state of health at the Maternité than prevailed during M. Piedagnel's experiments at the Hôtel Dieu; and yet 5 deaths took place in 300 patients, although no epidemic was prevailing.

M. Danyau is of opinion that in place of abolishing lying-in hospitals we should endeavour to improve their condition. The advantages attending their removal would not be so considerable as some suppose; for the history of the disease shows us that it has often broken out in a town at a distance from the hospitals. Even supposing some lives might be saved by such abolition, others would be lost by the absence of care and appliances to be found alone in hospitals. While of very problematical advantage as regards lying-in women, such removal would be completely fatal to obstetrical education. So far from destroying such establishments, M. Danyau believes that their number should be increased, so as to prevent agglomerations of patients. Even small hospitals must never be kept always full if they are to be kept healthy. The wards should be only employed in turn, and then kept awhile empty; and occasionally the whole establishment should be temporarily closed, and especially when threatened by any epidemic visitation.

M. Cazeaux, as the result of numerous autopsies, has arrived at the same conclusion as M. Cruveilhier with regard to the relative frequency of lymphangitis and phlebitis; lymphangitis, either alone or in conjunction with metritis or peritonitis, being, in fact, the rule, and phlebitis rather a rare exception. He does not admit that the disease is an essential fever, noticing the absence of the preliminary febrile action seen in variola, typhoid fever, etc.; and observing that the primary inflammatory nature of the disease does not become altered because it shows itself in an epidemic form. In his opinion it is the great alteration undergone by the blood of the puerperal woman, which imparts such gravity to the inflammations she may become the subject of, and disposes to their generalisation and such rapid formation of pus. He even believes that a transformation of the blood corpuscles may take place into pus corpuscles in some cases, independently of any lesion of the solids; and it is to be observed that the pyogenic aptitude is observed not only in the abdominal phlegmasiæ so common after delivery, but also in affections of the chest, eruptive fevers, etc. then occurring. Judging from his own experience, M. Cazeaux thinks that typhoid fever is almost the only disease, among those of importance, which does not manifest greater gravity in women recently delivered. But as the changes in the blood are met with in all the women, they in nowise explain the enormous differences which exist in sporadic and epidemical cases. There is here the epidemic influence, the nature of which is occult, at work, which, although it may not alter the intimate nature of the disease, adds much to its gravity, and greatly increases the numbers of those suffering from it. As in other epidemics, individuals placed in the worst conditions suffer most.

As to treatment, all plans have failed alike. One observation M. Cazeaux has made is, that he has never seen a woman die who has become salivated under the use of divided doses of mercury; but it is a very difficult thing to induce salivation in this disease. As a preventive means, he would not consent to the abolition of maternities, for, in his experience, the origin of epidemics has not been traceable to overcrowding of these establishments, the visitation suddenly breaking out amidst a condition of ventilation, population, and hygienic provisions, identical with those which had prevailed without being attended by ill effects. We must, however, insist, nevertheless, on every attention being paid to the laws of hygiene, and to the avoiding bloodletting during pregnancy, still too commonly practised in France; while every attempt should be made to ameliorate the conditions amidst which the lower orders are compelled to live.

M. Bouillaud delivered a long theoretical discourse, which he thus summed up:—1. In the present condition of science it is far from being proved that there exists, under the name of puerperal fever, an essential fever, specifically distinct from all those already known, and appertaining solely to lying-in women. 2. In ordinary cases, the complication of typhus, properly so called, being put aside, septic and purulent infections of the blood suffice to explain the general symptoms which constitute the basis of the pyretological entity to which the name of puerperal fever has been given.

(To be continued.)

SARKINE.—M. Strecker announces that he has obtained from the syrupy liquor of extract of muscle, this new basic substance. He has extracted it, as a white crystalline powder, which resists a temperature of 150° cent., and decomposes at a higher temperature. It is soluble in 300 parts of water, and in 900 parts of alcohol. Its formula is C^{10}, H^4, N^4, O^2. In many particulars it resembles hypoxanthine, guanine, and xanthine.

Digitized by Google

GENERAL CORRESPONDENCE.

BROTH AND BEEF-TEA.

Letter from Dr. J. B. Hicks.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have ventured to occupy a few lines in your Journal with a description of an apparatus, constructed to my directions, for making broths and beef-tea, etc., which, though simple, possesses, what is I believe a desideratum for the invalid, namely, the property of producing broth—

1. Free from fat,
2. Free from smoky flavour,
3. Ready for use five minutes after removal from fire.

Every one knows how disagreeable to a delicate appetite, or a sickly stomach, is the smallest amount of fat floating on broths, and how annoying it is to the Medical attendant to be told on inquiry in a case of urgency, that the patient had refused the broth ordered, in consequence of grease or smoke, or that he had to wait some hours for the fat to cool before removal.

The apparatus consists of two tinned vessels, one fitting loosely into the other. The outer is furnished with a small stopcock set flush with the bottom. There are three small knobs about a quarter of an-inch, soldered beneath, to keep it off the saucepan, and allow water to flow under; also a wire handle, and cover like a small milk-can. The latter has a small hole in centre to allow steam to escape, and is slightly convex to throw off the wet. The inner vessel is perforated at the bottom, and has on its rim a small projection for the finger to draw it easily out. In using it, place the one in the other, fill the inner with the meat, pour in cold water, cover over and place in a saucepan which has been partly filled with cold water; cover that over; gently simmer for four or five hours. When done, withdraw the apparatus from the saucepan, uncover and draw out the inner vessel, containing the exhausted meat, press out the broth it retains into the outer vessel, which now contains the fatty broth. Wait five minutes to allow the fat to rise to the surface, then draw off the broth by the tap, shutting it off just before the fat is about to come, when it must be stopped. The broth will be found to be perfectly free from fat or smoke. Should fat have accidently escaped, return the whole to the vessel, wait five minutes, and draw off again. A glance at the apparatus will show its principle, and is not so troublesome as the jar inside the saucepan. I send a section of it. I have used one constantly at home, and all who possess them speak highly of their certainty and convenience. I am, &c.

John B. Hicks, M.D. Lond. &c.

Tottenham, Middlesex, Aug. 18, 1858.

SELF-SUPPORTING DISPENSARIES.

Letter from H. L. Smith, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—The advertisement which I hope will appear in this week's number of your Journal, announces that the Committee of this Society are desirous of assisting in establishing Provident or Self-Supporting Dispensaries, where there is a reasonable probability of adequate support. A preference of course will be given to those places where the population is the most dense, and the greatest number of Medical men are willing to co-operate. These institutions are based on the principle of mutual assurance and indemnity, and on the knowledge that the contributions of a large number of persons, though separately small and scarcely worthy of notice, are in the aggregate larger and of more importance than the isolated wealth, however large, of individuals. It is by means of this principle alone, that that large body of the community, which, however industrious and worthy, is always poor, and unable to pay for good Medical attendance, can be saved from debt and beggary, or patented quackery. The importance of this principle is also rapidly becoming known to these classes; and the establishment of "Provident and Self-Supporting Dispensaries" has become one of the requirements of the age, and must soon become general throughout the kingdom. It is therefore necessary that Medical men, especially the young, should at once turn their attention to this subject, and carefully and dispassionately consider how far their interests and duties will be affected by them. Believing that the true and real interest of the Medical practitioner is inseparable from that of his patients, I have no doubt that it will on examination be found that these institutions advance both the honour and the profit of the Profession. They who have no opportunity under present arrangements of earning social distinction, and who have no fortune to purchase practice, and who have only their character and their skill as their outfit, ought to make themselves acquainted with the best means of making their skill available to the greatest number of their suffering fellow-creatures. To them especially are these institutions likely to be of great service, and to them do the Committee look for hearty co-operation. I am, &c.

Southam, Aug. 23, 1858. H. L. Smith.

THE MEDICAL COUNCIL.

Letter from Dr. Stone.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following memorial has been addressed to the Rt. Hon. the Secretary of State for the Home Department, and we have to request its insertion in your Journal.

I am, &c. Joseph Stone.

Manchester, August 24, 1858.

TO THE RIGHT HONOURABLE THE SECRETARY OF STATE FOR THE HOME DEPARTMENT.

This Memorial of the Manchester Medico-Ethical Association respectfully showeth,—

That under the new Medical Act 21 and 22 Vict. cap. xc., six members are to be nominated by the Crown to the "General Council."

That each University, College, or Licensing Body named in the Act will send its own representatives to the Council.

That it is highly expedient that Surgeons in general practice, having more than one qualification, and constituting a large majority of the Medical Profession, should be represented in the aforesaid Council.

Your Memorialists, therefore, respectfully pray,—

That in the nomination of members by the Crown, the interests of the General Practitioners in Medicine and Surgery should be consulted by the appointment of members of their own grade, either in London or in the provinces.

Signed on behalf of the Manchester Medico-Ethical Association.

Joseph Stone, M.D. } Honorary
Jonathan Wilson. } Secretaries.

Manchester, August 24, 1858.

DISINFECTION OF LONDON SEWAGE.

Second Letter from Dr. A. J. Bernays.

[To the Editor of the Medical Times and Gazette.]

Sir,—In considering the nature of sewage, it cannot be too much borne in mind, that the difficulties connected with its management increase just in proportion to the stage of decomposition at which it has arrived. Sincere advocate as I am of a disinfecting process, I cannot blind myself to the fact, that, after putrefaction has once set in, M'Dougall's disinfectant is not the best agent for the purpose; for, in removing the offensive gases, and operating with various disinfectants, I found they ranked in the following order:—Chloride of lime, Condy's hypermanganate, Stodart's sulphate of alumina and lime, M'Dougall's powder, and lastly, lime.

My experiments were made upon sewage from Westminster: it contained free hydrosulphuric acid, and solid matters amounting to 110 grains per gallon. Every deodorised sample became foul on standing for several hours in a stoppered bottle: none more so than those which had been treated with chloride of lime and with lime. This, however, was not the case after the solid matters had been precipitated and removed by filtration; at least, not until the lapse of several days, and then only when retained in close vessels.

Digitized by Google

Were it not for the expense, and for the fact that chloride of lime entirely destroys ammonia,—apart from the smell, which is highly offensive to many persons,—this disinfectant would seem to be the best, after putrefaction of the sewage has once set in. It is only in exceptional cases, however, that chloride of lime can be employed on a large scale; and no doubt such will arise, whatever may be the method of precipitation adopted by the London Board.

Lime is an admirable precipitating agent, and, were it not for the fact that sewage thus clarified, and to a great extent disinfected again, becomes putrid on standing, no objection whatever could be taken to the process. And even this objection, fatal as it may at first seem, becomes greatly mitigated, when we consider the enormous bulk of water with which the sewage is subsequently mixed,—indeed, so mitigated, that I am inclined to believe that this process, or, better still, that of Stodart's conjoined to the use of M'Dougall's, would be perfectly effectual, and enable us to deal both with the liquid and solid sewage. If I speak positively, it is because I base my data upon the most exact experiments.

Stodart's process is a better one than the use of lime alone. It consists mainly in the employment of sulphate of alumina together with lime. Thus, not only does the hydrate of alumina carry down with it a larger proportion of soluble and suspended organic and inorganic matters, but, in consequence, the clarified liquid is less likely to undergo further putrefaction.

Supposing, then, some such scheme for preventing the speedy decomposition of the sewage be adopted, as the one I have ventured to point out, and supposing it be possible to carry the surface water by a separate system at once into the Thames, instead of, as now, allowing it to mix with, and injuriously dilute the sewage, the difficulties of disinfection and of utilising the sewage may be brought within management.

By the system propounded by Messrs. Bidder, Hawksley, and Bazalgette, all sewage matters will be intercepted, and thus the Thames, at least near London, will no longer be converted into a common sewer. It is a portion of their scheme to precipitate the sewage by means of lime. If that process by itself be sufficient to deodorise, again I ask most respectfully, why convey it at so great cost to such a distance?

Granted the importance of the precipitating process, and the necessity of separating the liquid from the solid sewage, the nature of the latter becomes an important question in a pecuniary point of view.

By any process of precipitation the liquid sewage will be more valuable than the solid, for it is impossible to precipitate the bulk of the nitrogenised constituents, or any of the potash and soda salts. It is true that the solid will contain all the phosphates, but the quantity will be very small per cent. On analysis I found the Leicester precipitated sewage to contain 1·4 per cent. of phosphate of lime, and I do not think that London sewage similarly treated would contain so much, on account of the probably larger per centage of useless sand, clay, etc. Taking also into consideration the valueless nature of the organic matter in such manure, it is obvious that it would not pay to convey it to any considerable distance from the works.

But the clarified sewage is altogether a different matter, and, therefore, every attention should be paid so as to render it available to the farmer at a small cost. For the purposes of irrigating meadows, etc., its value cannot be exaggerated, and that too even at a distance of many miles, provided the farmer could rely upon obtaining it in quantity. When a meadow is thoroughly drained, the success of irrigation depends more upon the quantity than the quality of the water. Given quantity, whenever I see fit to apply it, and I can rely upon the soil making up any deficiency. We are too much in the habit of regarding clarified sewage as we do other matters in the laboratory. We ask how much ammonia in the gallon? But were we to ask how much in ten thousand gallons we should arrive at a much more correct mode of valuing the clear sewage. In nature nothing can be said to be insoluble; for we have experience of substances contained in soils, which we hold to be insoluble, clearly dissolved by masses of water. Hence, if we introduce quantities of clarified sewage upon our meadows, although it contains but a small per centage of ammonia, potash, and soda salts, the benefit will be sufficiently great to pay for the expenditure. As every one is agreed that the sewage (as such) must be diverted from the Thames, and that the solid sewage is the chief cause of its contamination, this latter must be removed. If the process for its removal be the one adopted at Leicester, provided measures be taken to prevent the putrefaction of the sewage, I see no reason why the plan should not be attended with complete success. The solid sewage might, no doubt, be used a second, and even a third time, by burning it and employing it for re-precipitation. Thus would the phosphates be increased in quantity, the amount of lime required in precipitating be greatly diminished, and the foundation made, if not of a good manure, at least of a valuable cement.

As soon as there was a demand for the clarified sewage, it might be conveyed by pipes to its destination: failing that, it might mingle without injury with the waters of the Thames.

One fact more, which is, perhaps, not sufficiently remembered, although it is well known. As the sewage of our large towns has for ages supplied food for fishes, we ought to look to them to supply us with abundance of phosphates.

In conclusion, allow me to thank you for your courtesy, and believe me, Yours, &c.

ALBERT J. BERNAYS.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 19th inst.:—

MORRIS, WILLIAM HENRY, Studley, Warwickshire.
SMITHERS, BARTHOLOMEW DRUMMOND, Brighton.

In addition five other gentlemen passed their first examination.

APPOINTMENT.

At a meeting of the Governors of the County Cavan Infirmary, held on the 24th inst., Andrew Mease, Esq., M.B., F.R.C.S.I., was elected Surgeon to the Infirmary, in the room of the late Dr. Roe.

DEATHS.

ASHCOMB.—On the 16th inst. Mr. William Ashcomb, Cheapside.

BRANDRETH.—On the 18th inst. at Broad-green, Liverpool, J. P. Brandreth, M.D., aged 76.

COLLINS.—On the 6th June last, at Melbourne, Australia, of Consumption, Mr. Henry Ramsey Collins, Surgeon, late of Bourton-on-the-Water, Gloucestershire, youngest son of the late Lieut. Collins, R.N., Davenport.

RENTON.—On the 18th inst. at Kimbolton-road, Bedford, David William Renton, late Assistant-Surgeon in the Punjaub, aged 29.

SUGGATE.—On the 19th inst. at Lewisham-road, Greenwich, Henry Ezra Suggate, Surgeon R.N., aged 78.

UREA AND URIC ACID, according to Dr. Porcher, is absent in cases of yellow fever. In forty cases examined by him, he invariably failed to find these matters present.

A PRACTICE WORTHY OF IMITATION.—Two French milk dealers were recently severally fined 50f. by the Tribunal of Correctional Police for having put 14 per cent. of water in their milk.

ST. GEORGE'S HOSPITAL has been happy of late in the matter of bequests. It was Mr. Morley the other day; and now it is Mrs. Hutchinson, who bequeaths a residue of her property to this Hospital, to Queen Charlotte's Lying-in Hospital, and the Houseless Poor Society.

MEDICAL PRACTICE ON THE TYNE, OR HOW TO "SQUTCH A INFINT."—A practitioner in the medical line—(we are not aware that he has yet "passed")—recently gave one of his customers the following prescription:—"Got 10 Grains of Squtch in nail and 20 grains of tarther witch ½ lb. of Lump Sugher in ½ a point of Spring worther and let it stand 12 hours shake it up give a infint a tea spunefull and a child a pap spune full the oldher their hear ad a little more everey time they have done coffing."—*Gateshead Observer.*

Digitized by Google

WOUNDED FROM INDIA.—Among the invalids recently arrived from Calcutta, who have been received into Chatham, are several men who were very severely wounded at Delhi and Cawnpore, and a number of whom have lost either an arm or a leg. One of the wounded troops has been deprived of speech by a musket-ball, which entered his mouth and carried away his teeth; another man, belonging to the Royal Engineers, received no less than six bullet wounds.

SOCIAL SCIENCE ASSOCIATION.—The second annual meeting of the National Association for the Promotion of Social Science is fixed to be held at Liverpool on the 11th October next, and five following days. Lord John Russell will preside, and the vice-presidents will be the Mayor of Liverpool and the Recorder of Liverpool. The presidents of the departments will be:—1. Jurisprudence, the Lord Chancellor of Ireland; 2. Education, Mr. W. F. Cowper, M.P.; 3. Punishment and Reformation, the Earl of Carlisle; 4. Public Health, the Earl of Shaftesbury; 5. Social Economy, Sir James Stephen, K.C.B. Every paper must be sent to the general secretary, 3, Waterloo-place, Pall Mall, London, S.W., on or before the 25th of September next. On the first page of every paper must be written the subject, the name of the author, and his address.

THE QUANTITY OF BLOOD IN A MAN.—M. Bischoff's experiments to ascertain the quantity of blood contained in the body were made upon three individuals who had been decapitated. The first experiment, says M. Séquard, was justly considered defective; the individual was scorbutic, and the quantity estimated at too low a figure, viz. at a thirteenth of the whole weight of the body. The second person was in good health; the loss of blood was 3510 grammes, and the quantity remaining in the body 1348 grammes. Total 4850 grammes, the weight of the individual being 68,010 grammes. Hence the weight of the blood was one-fourteenth of that of the body. The same results were obtained in the third case. These results differ much from those obtained by Lehmann and E. Weber, who showed that the loss of blood is more considerable than that stated by Bischoff. According to Lehmann, the loss equals about one-eighth of the whole weight of the body, and this, M. Séquard considers, is nearer the truth than the loss of one-fourteenth given by Bischoff.

FRENCH HOSPITALS.—The official report of the administration of public assistance for 1857 has just been laid before the Conseil de Surveillance. The number of patients treated in the Hospitals and Hospices of Paris was 93,826; the number of poor registered, 80,467; that of unclaimed children, 3999. In the eight general hospitals, viz. the Hotel Dieu, La Pitié, La Charité, St. Antoine, Necker, Cochin, Beaujon, and Lariboisière, the mortality amounted to 1 in 8·53. In the special hospitals, viz. St. Louis, Midi, Lourcine, Ste. Eugénie, Enfans Malades, Clinique, and Maison d'Accouchement, the mortality was 1 in 10. The number of deaths in the hospitals was 1727. The receipts amounted in 1857 to 16,427,117f., and the expenditure to 16,132,114f., being a diminution of 429,470f. compared with last year. The amount received from the theatres was 1,389,240f. The donations and legacies in favour of the hospices or almshouses, and of the poor, comprised 173,382f. in capital, 6750f. in rentes, and 2739f. in kind. Among the most important are those of M. Edmond Halphin, who left a rente of 5000f., and of Dr. Civiale, who has founded a rente of 1500f. as a salary for an additional Surgeon.

DISEASES OF THE ARMY IN NEW ZEALAND.—The mortality of the troops in the colony is one-third less than in the United Kingdom, but suicides are very frequent, the ratio being five men annually out of 10,000; the inducing cause is probably home-sickness. Fevers, especially of the intermittent type, are almost unknown in New Zealand, except a few bilious febrile attacks after intemperance and exposure to the heat. Smallpox has not yet appeared in the islands. Measles were introduced in 1845, and swept off 4000 of the aborigines, the old and the young being the severest sufferers. Several cases of scarlet fever simultaneously occurred. The troops enjoy comparative immunity from pulmonary diseases, and, although influenza swept over the colony in 1853, no soldier succumbed to the epidemic. Diseases of the liver are infrequent, compared with England, and although diseases of the digestive organs are more frequent than here, the attacks are milder. The troops continue to be singularly free from a certain disgusting class of maladies generally prevalent among soldiery. No season can be reckoned less salubrious than another in New Zealand.—*Report by Dr. Thompson, Surgeon 58th Regiment.*

CONSULTATIONS WITH HOMŒOPATHS.—Professor Gross, the editor of the *North American Medico-Chirurgical Review*, makes the following observations in the July number of that journal upon the subject of consultation with Homœopaths:—"Much remark has lately been elicited in the Medical circles of London, as well as among the Profession generally in Great Britain, on account of the fact that several (?) Physicians and Surgeons of high standing in the British metropolis are in the habit of meeting Homœopaths in consultation. We are rejoiced to find that the Profession in London has taken this matter in hand, and is determined to single out these friends of Homœopathy. Let them take a bold stand upon the subject, and signally rebuke these men for the inconsistency and palpable impropriety of their conduct. The higher their position the more reason is there why they should be censured. An honourable Physician should consider his Profession as sacred as the person of his wife; he should no more think of coquetting with Homœopathy, than a virtuous husband should think of introducing a harlot into the domestic circle. It is an unclean thing, and should not be touched."

ALBUMEN, STARCH, AND GUM AS NUTRIMENTS.—In the Transactions of the American Medical Association, 1857, are to be found some interesting experiments by Dr. Hammond, concerning the nutritive and physiological effects of albumen, starch, gum, etc. He found albumen in his urine on the 6th day after taking albumen exclusively as food; he also observed that, under the same diet, bodily temperature did not diminish; that he grew thinner; that the quantity of fibrine and albumen increased in his blood; and that the proportion of azotised matters increased in his urine. After twelve days, diarrhœa and abdominal and cerebral pains forced him to discontinue the experiment. Dr. Séquard, who tried the same diet, suffered chiefly from vertigo and extreme weakness. During ten days Dr. Hammond lived exclusively on starch diet. He found: that the heat of the body increased; that sugar appeared in the urine; that the albuminous principles of the blood diminished, and the carbonaceous increased; that the urine contained less than its ordinary amount of azotised principles. Dr. Hammond suffered much during this experiment from headache and pyrosis; he became very weak, and he lost more in weight than in the experiment with albumen. Dr. Hammond was not able to sustain an exclusively gum diet more than four days, in consequence of the great loss of weight and of strength, the lowering of temperature, and the general disturbance of the functions of the body from which he suffered in consequence.

MEETING OF THE BRITISH ASSOCIATION.—The programme for the twenty-eighth annual meeting of the British Association, to be held in Leeds next month, has just been published. The meeting will commence on Wednesday, the 22nd of September, under the presidency of Professor Owen. The first general meeting will be held in the Town-hall on Wednesday, September 22nd, at half-past 8 p.m., when the Rev. Humphrey Lloyd, D.D., F.R.S., etc. will resign the chair, and Professor Owen, M.D., D.C.L., F.R.S., etc. will deliver an address as president elect. The different sections will assemble in the rooms appointed for them in the Town-hall, for the reading and discussion of reports and other communications on Thursday, September 23rd, Friday, 24th, Saturday, 25th, Monday, 27th, and Tuesday, 28th at 11, a.m. precisely. Persons desirous of reading communications in any section are requested to give early notice of their intention by letter, addressed to the assistant general secretary, or to the local secretaries for the Leeds meeting. There will be seven sections, viz.:—A. Mathematical and Physical Science—President: Rev. W. Whewell, D.D., F.R.S. B. Chemical Science—President: Sir John Herschel, Bart., D.C.L., F.R.S. C. Geology—President: William Hopkins, Esq., LL.D., F.R.S. D. Zoology and Botany, including Physiology—President: Charles Darwin, Esq., F.R.S. E. Geography and Ethnology—President: Sir R. I. Murchison, D.C.L., F.R.S. F. Economic Science and Statistics—President: E. Baines, Esq. G. Mechanical Science—President: W. Fairbairn, Esq., F.R.S. On the Thursday evening there will be a conversazione in the Town-hall, commencing at half-past eight o'clock; on Friday evening Professor Phillips will

Digitized by Google

deliver a discourse on the Ironstones of Cleveland; on Monday evening the president (Professor Owen) will deliver a discourse on the Fossil Quadrupeds of Australia; and on Tuesday evening there will be a conversazione at the Town-hall, commencing at half-past eight o'clock. The concluding general meeting will take place in the Town-hall on Wednesday, the 29th, at three p.m. The proceedings of the general committee, and the grants of money sanctioned by it, will then be stated.

THE PUMP WATER OF THE METROPOLIS.—An important investigation, instituted by the Medical officers of health of the metropolis, into the quality of the water supplied from the London pumps, has just closed, and the revelations that have resulted therefrom are of a somewhat startling character; the water, in most instances, having been proved to be strongly impregnated with the most abominable matters and deposits, and gases most dangerous to the health of the consumers. An agitation on the subject first arose out of some proceedings adopted in the parish of Marylebone, where the Medical officer of health, Dr. Thomson, after a searching analytical examination of the waters obtained from certain pumps in the district, advised that the pumps should be closed, the water being, in his opinion, such as to seriously endanger the public health. The water Dr. Thomson found strongly mixed with the surface drainage of the streets and the percolations from the sewers, as likewise being strongly impregnated even with gas, which had escaped from the gas-pipes beneath the street. As in all such movements, strong objections were got up, on the old-fashioned plea, "infringment of the subject;" but a majority in the vestry overruled all objections, and the pumps were ordered to be closed. The evidence of Dr. Thomson is fully corroborated by the other different officers of health of the metropolis—by Drs. Druit, Lankester, Simon, Letheby, and others. It appears then, that what was thought an harmless adulteration among the poisonous adulterations in vogue—viz. the mixture of water with milk—is after all, if it be London pump water, the mixture of poison with milk.

THE FORDOUN CASE.—We are glad to find that the Medico-Chirurgical Society of Glasgow have addressed a memorial to the Home Secretary. The Society completely agrees with the view we took of this case, and we have great pleasure in publishing the body of the memorial, as one well worthy of general imitation. This is a subject on which the Profession should speak out, and we trust that other societies will follow the Glasgow example, and show Mr. Walpole that an "obscure Parochial Board" cannot injure a Medical man, and obstruct Medical science with impunity:—"Your memorialists firmly believe that post-mortem investigations, throwing light on the connexion between death and the changes of structure which precede and cause it, have, more than any other means, advanced Medical knowledge, diminished human suffering, and increased the duration of life. That they are happy to know that the Supreme Courts of Legislature have adopted and given expression to these views, not merely by the general tendency of recent Legislation, but also by express injunctions, emanating from public offices under their control. That, notwithstanding the Parochial Board of the parish of Fordoun, in the county of Kincardine, a body appointed and acting under Act of Parliament did, on the twenty-sixth day of July last, dismiss their Medical officer, Mr. Joseph Henderson, because he had inspected the unclaimed body of a pauper who had died in the poor's house of said parish after a short, violent, and unexplained illness—he having previously intimated his purpose to the inspector of the parish, the legal representative of the Board, who made no objection to his intended procedure. That, to this strange charge, the said Board added one stranger still, viz.—that Mr. Henderson had declined to accept the testimony of third parties as sufficient ground for a certificate of the insanity of a female, of whose insanity repeated Professional examination had failed to convince him. That, dismissing their Medical officer on these grounds, the said Board did all that an obscure Parochial Board could do to obstruct Medical science—to frustrate the objects of Parliamentary enactments—and to injure a Professional man of high character and standing for performance of duties which these enactments enjoin. That such Acts, retarding civilisation, counteracting the laws, and oppressing the subjects of the Queen, appear to your memorialists highly deserving of censure. The memorialists, therefore, humbly beg that you will be pleased to inquire into the circumstances of this case—to adopt measures for the reinstatement of the injured officer—or otherwise to take such steps as may to you appear expedient and just."

DIGESTION.—M. Brown-Séquard in his Journal de Physiologie (p. 144), calls attention to some important experiments relative to digestion, which were made by Dr. Smith of Philadelphia in 1856, and which, he says, are little known in this country. The experiments were made with extreme care and precision, by the aid of the now famous Alexis Saint-Martin, Dr. Beaumont's well-known subject. They show in the first place, that the secretion of the stomach during digestion is always acid; that the acidity does not depend upon the presence of phosphoric acid; that if hydrochloric acid is really present in the gastric juice it is so only in a very minute quantity; that the principal acidifying agent is lactic acid. And they show, in the second place, contrary to the hitherto received opinion of Mialhe, that amylaceous matters are digested in the human stomach; that the gastric juice does not prevent the conversion of the starch into glucose; and that this conversion may take place in the stomach, independently of the action of saliva—a fact which accords with the observation of Bernard, viz. that this converting power may be brought about by any mucous membrane and an alkaline fluid, such as the serum of the blood.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 21, 1858.

BIRTHS.

Births of Boys, 812; Girls, 746; Total, 1558.
Average of 10 corresponding weeks, 1848-57, 1518.

DEATHS.

	Males.	Females	Total.
Deaths during the week	569	543	1112
Average of the ten years 1848-57	633·4	625·6	1259·0
Average corrected to increased population	...	...	...
Deaths of people above 90	...	...	3
Deaths in 15 General Hospitals	35	19	54

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	2	15	3	16	8
North....	490,396	1	2	22	3	23	7
Central ..	393,256	3	1	10	4	15	6
East	485,522	..	7	20	7	23	11
South	616,685	..	10	38	11	31	11
Total..	2,362,286	4	22	105	28	113	43

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·650 in.
Mean temperature	63·3
Highest point of thermometer	74·4
Lowest point of thermometer	55·5
Mean dew-point temperature	53·6
General direction of wind	S.W.
Whole amount of rain in the week	0·64 in.
Amount of horizontal movement of air in the week ...	.. miles

TO CORRESPONDENTS.

Mr. Ransome.—Many thanks.

Mr. Atkin, Oldcastle.—The cases shall appear in a future number.

Mr. Lattey's case of Extra-Uterine Fœtation will appear next week.

Dr. Elliotson's case of Communication of Secondary Syphilis shall appear next week.

Mr. H.—All the extracts sent from Dr. Livingstone's work have appeared in this journal.

A Third Year's Student should apply to the Secretary at Apothecaries' Hall for the information he requires.

Digitized by Google

Phos.—The effects of light on animals have lately been investigated by M. Béclard. He shows that the nutrition and development of animals which breathe only through the skin, undergo remarkable modifications when exposed to the different coloured rays of the spectrum. The eggs of the *Musca Carnaria* placed under different coloured glasses, all give birth to worms; but it is found, that at the end of four or five days, the worms most developed are those which have been subjected to the violet or blue rays. Those exposed to the green rays are the least developed. In passing from the maximum to the minimum they stand thus in degree:—1. violet, 2. blue, 3. red, 4. yellow, 5. white, 6. green. He found also that frogs exposed to green rays emitted more carbonic acid than those exposed to red rays; but to this result M. Séquard objects, because frogs in certain media move more than they do in others, and movement always increases the carbonic acid given off. To make this experiment satisfactorily, the spinal marrow must be divided high up, so as to make the frogs motionless.

Unqualified Assistants.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will your oblige me by answering the following question in your next number of the *Medical Times and Gazette*.

Will an unqualified visiting Assistant to a qualified Medical man be liable to a penalty under the New Medical Act?

August 24, 1858. I am, &c. A. Z.

[It will depend upon what the unqualified man pretends to be. If he hold himself out to the public as a Physician, Surgeon, or Licentiate, etc., or takes or uses any of those titles, he is clearly liable to a penalty.—Ed.]

College and Hall.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Would you allow me to offer a brief suggestion on the Medical Act?

Much grievous discomfort would be averted if, in a spirit of liberality, the College of Surgeons would but confer the title of Licentiate in Surgery on all those who have possessed the Hall qualification for fifteen years, and allow such persons to register themselves as Surgeons on payment of a fee of £10.

The Apothecaries' Company acting in a precisely similar manner to those who possess only the Diploma of the Royal College.

I am, &c. L. A. C.

August 23, 1858.

Dr. Bell.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A correspondent in your Journal of the 14th inst. states that a Thomas Vernon Bell, who graduated recently at Edinburgh, is identical with Mr. Fergusson's Homœopathic friend. This latter individual once resided in Norwich, and he then was *William* Bell, and after a week or two's absence suddenly reappeared among us M.D., Erlangen—having been taken to task for assuming the title of Dr. for some time without the necessary parchments. If your correspondent is certain of what he alleges, the only inference will be that *William* has become *Thomas Vernon*, and wants a British degree, fearing that the Erlangen one will not suffice for registration.

Will a man possessing an "M.D." of a British university be able to register as "Physician" if he practises pharmacy and registers as L.S.A.?

August 22, 1858. I am, &c. Norvicensis.

[The question whether University Graduates who are not members of a College of Physicians can be registered as Physicians, is for the General Council to decide.—Ed.]

Registered and Unregistered.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I should be obliged by your informing me whether the new Medical Act will in any way deter a registrar of deaths from receiving a certificate signed by an unqualified man, and if there be any penalty incurred if he do so.

Secondly, will the law reach those unqualified men who practise in every way as Surgeons, etc., but who do so under the wing of a qualified man, who may reside at a considerable distance? We have the instance of a case lately mentioned in the public papers, of a man practising professedly as the assistant of a Medical man then residing in America.

I am, &c. Lycurgus.

[1. According to clause 37, no certificate required by any Act now in force is valid, unless the person signing be registered; but no penalty is imposed on a registrar.

2. The Act will certainly tend to check the practising of unqualified assistants.—Ed.]

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—By the provisions of the "Medical Act," charges for Medical and Surgical aid can only be recovered by those Members of the Profession who are registered as Practitioners in Medicine and Surgery. As then the College of Surgeons can only grant a Diploma qualifying to register as a Surgeon; as the College of Physicians will not allow its Licentiates to sue for fees; and as it appears probable that in future the Apothecaries' licence will only entitle its holder to obtain payment for medicine supplied, it becomes requisite that a Practitioner to have a legal claim for fees in a Medical case, should have a University Degree. Surely, to secure this privilege, it is rather too hard to oblige a man to go through the long and expensive course of education demanded by Oxford, Cambridge, Dublin, and London; or to reside in Edinburgh, Glasgow, or Aberdeen; or to be dubbed M.D. by the University of St. Andrew's! Cannot some plan be devised by which a Member of the College of Surgeons can obtain a licence to practise Medicine, without a University Degree? I would suggest that the College should institute an Examination in Medicine, as it has done in Midwifery, and to confer Diplomas in each department of Medico-Chirurgical knowledge—making the possession of a Member's Diploma a sine qua non of admission to Examination, both for the licence to practise Medicine, as well as for that in Midwifery.

Such a step would be of the greatest possible convenience to many, if not all, Members; while it would increase the importance to, and strengthen proportionately the position of the College in, the Profession.

I am, &c.

Blackburn, August 25. M.R.C.S., Eng.

American Degrees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly allow me space to make a few remarks in reply to an inquiry in your Journal of the 7th inst., headed "New York Doctors," to this effect:—"Can you or any of your readers favour me with information as to the process by which persons who have not gone through any Medical Education in England, or even left their native country, can obtain a printed diploma, which makes them M.D. of New York?" The querist then expresses his fears lest the possessors of such forgeries, or frauds (as there are no bonâ fide documents obtainable throughout America under such circumstances), should ask for the privilege of Registration, and compete on equal terms with him for the appreciation of the public.

Being a graduate of an American University, and having obtained an honourable degree, by residence and examination, I may, perhaps, be excused for not permitting the letter of your correspondent, "No Yankee Doodle," to sink into the gulf of insignificance, as unworthy of reply; and also because I believe that such letters are productive of much disunion and unpleasant feeling, which might easily be avoided by avoiding the narrow-minded discourtesy which too often charactorises communications of a similar character. Surely your correspondent is aware that for any Medical qualification to possess a legal value, it must be granted under an act or charter of the government of the country where it is obtained, to those who are entitled to possess it by having fulfilled the required curriculum. Such only are legal qualifications, and are no more to be obtained in America than is the diploma of the College at home under the circumstances alluded to.

Much has been of late spoken and written respecting the means of upholding the position of the Profession as a body, but neither speaking nor writing, alone, can effect a change without a difference in the conduct of its members to one another. When we show the public we respect our Profession by regarding its nobler attributes,—when we are alive to the widely extended and finely wrought sympathies which ought to bind our members together as a common brotherhood without regard to clime or country,—then may we claim that respect which we can never hope to win, if we deem it necessary to show our dislike to quackery, by insulting our brethren of a country second to none in its exertions for the advancement of science, and which numbers amongst its professional men the names of Physick, Morton, and Mott.

I am, &c. W. Chapman Moss, M.D., M.R.C.S., &c.

Crowkerne, August 20, 1858.

COMMUNICATIONS have been received from—

Mr. P. Hewett; Dr. Conolly; Dr. Robert Lee; Dr. Elliotson; Mr. Hussey, Oxford; Dr. Soltau, Plymouth; Mr. Grantham, Crayford; Mr. Field; Dr. Routh; Dr. Moorhead; Dr. Bernays; Mr. A. Ransome; Secretary, General Board of Health; Mr. Gay; Dr. Moss; Dr. Doyle; Mr. Rivers; Dr. Hicks; Mr. Hildige; Messrs. Churton; Mr. Irvine; Dr. Howden; Mr. Smith, Southam; Mr. Reave; Registrar General; Dr. Stone; Mr. Wilson; Mr. Gauntlett; Mr. C. Goodall; Dr. Moses; Mr. R. J. Bentley; Mr. J. Hough; Mr. Robertson; Mr. Scott; Mr. R. Nicholson; Mr. Lattey.

APPOINTMENTS FOR THE WEEK.

August 28. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

30. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

31. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

September 1. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

2. *Thursday*.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

3. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday):—Lithotrity; staphyloraphy.

Digitized by Google

Grosvenor-place School of Medicine,

1, GROSVENOR-PLACE, adjoining ST. GEORGE'S HOSPITAL.

The WINTER SESSION will commence on FRIDAY, October 1st.

To meet the requirements of the New Regulations of the Royal College of Surgeons, the hours of Lecture are arranged before 10 A.M. and after 6 P.M.

The Lectures of this School are recognised by all the Examining Boards.

General Fee to all the Lectures required by the Universities of London and St. Andrew's, the Royal College of Surgeons, and Apothecaries' Company, 35 Guineas.

Fee to all the Lectures required by any one of the above Boards, 30 Guineas.

For Prospectuses and further Information, apply to Dr. Richardson, 12, Hinde-street, Manchester-square, W.

Guy's Hospital.—The Medical Session

commences in OCTOBER.

The INTRODUCTORY ADDRESS will be given by THOMAS TURNER, Esq., Treasurer, on FRIDAY, the 1st of October, at Two o'Clock.

Gentlemen desirous of becoming Students, must give satisfactory testimony as to their Education and Conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance—or £100 in one payment entitles a Student to a perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House Surgeon is appointed every Six Months from those Students who have obtained the College Diploma.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further Information required.

August, 1858.

The Middlesex Hospital School of

MEDICINE.—The WINTER SESSION will open on FRIDAY, October 1st, with an INTRODUCTORY ADDRESS by PROFESSOR BENTLEY, at 8 o'clock p.m.

The Hospital receives 305 patients, of which 185 are Surgical and 120 Medical. The annual number of out-patients is over 16,000, of which upwards of 800 are Midwifery cases.

All General Students will be required to act as Clinical Clerks and Dressers.

General Fee for attendance on all the Hospital Practice and Lectures, required by the College of Surgeons and Apothecaries' Company, including Practical Chemistry, £81. This sum may be paid by instalments of £35 at the beginning of the First Session, £35 at the beginning of the Second Session, and £11 at the beginning of the Third Session. For every additional Session, £5.

For further particulars, Prospectus, &c., apply to the Dean; or to Mr. De Morgan, Treasurer to the School; or to Dr. Corfe, the Resident Medical Officer. S. J. GOODFELLOW, M.D., F.R.C.P., Dean.

St. Mary's Hospital Medical School.

The WINTER SESSION will commence on FRIDAY, October 1st, at Half-past 2 o'Clock, with an Introductory Address by Dr. SIBSON, F.R.S.

It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils free of every expense. The advantages of FIVE OF THESE APPOINTMENTS far exceed in money-value as many SCHOLARSHIPS OF FIFTY POUNDS EACH. There are Four Resident Medical Officers who board (free of all expense) in the Hospital, three of whom are appointed for twelve months; and one (the Obstetric Officer) for six months; three non-resident Medical Officers; a Medical and a Surgical Registrar; all of whom are appointed by the Weekly Board of Governors on the recommendation of the Medical Committee. Clinical Clerks and Dressers are selected from the best-qualified students. All the above Offices are awarded after competition, among the qualified Perpetual Pupils of the Hospital.

Physicians—Drs. Alderson, Chambers, Sibson, H. Jones, Sieveking, and Markham.

Surgeons—Messrs. Coulson, Lane, Ure, Spencer Smith, Walton, and J. Lane.

Physician-Accoucheur—Dr. Tyler Smith.

Surgeon-Accoucheur—Mr. I. B. Brown.

Ophthalmic Surgeon—Mr. White Cooper.

Aural Surgeon—Mr. Toynbee.

Surgeon-Dentist—Mr. Sercombe.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the Hospital willing to receive Pupils to reside with them.

St. Mary's Hospital, Aug. 1858. SPENCER SMITH, Dean of the School.

Anderson's University, Glasgow.—

The MEDICAL SESSION begins on TUESDAY, NOVEMBER 2nd.

Anatomy and Practical Anatomy, by Drs. M. S. and George Buchanan.

Chemistry and Practical Chemistry, by Dr. Penny.

Materia Medica, by Dr. Morton.

Institutes of Medicine, by Dr. E. Watson.

Surgery, by Dr. Hunter.

Midwifery, by Dr. Paterson.

Practice of Medicine, by Dr. Anderson.

Military Surgery, by Dr. M'Leod.

In SUMMER—Botany, by Dr. Bell; Medical Jurisprudence, by Dr. Cowan.

Fee for each Class, £2 2s. Fee for all the Classes required for diploma, £30. Bodies for dissection are obtained in great abundance, and at a very moderate expense. A Syllabus of the Lectures and particulars may be obtained from Dr. AND. ANDERSON, Secretary.

Carriages, New and Second-hand, of

superior style, sterling quality, and finest finish at reasonable rates, for cash, credit, job, or exchange. Circular of prices on application. Credit given when required. Buyers should take carriages on trial, with power to purchase by yearly payments, and thus prove them.

OFFORD'S PATENT MEDICAL MAN'S BROUGHAM MANUFACTORY, 79, WELLS-STREET, OXFORD-STREET.

St. Andrew's Castle, Bury St. Edmund's.

—This private Establishment, for the treatment of MENTAL DISEASES, and for the cure and recovery of INSANE PATIENTS, is open for the reception of a limited number of LADIES, both of the upper and middle classes. The locality is picturesque and healthy; its elevated position on a chalky foundation secures its salubrity; whilst its perfect seclusion, and the extensive pleasure-grounds by which it is surrounded, admirably adapt it for the purpose intended. Great attention will be paid to the proper method for diversifying the amusements and occupation of the patients, and the domestic arrangements are such as in every way to ensure the comforts of the inmates. The means of carriage exercise will be at their disposal.

VISITING PHYSICIAN, JOHN W. GOODWIN, Esq., M.D. Cantab.

PROPRIETOR AND SURGEON,

Mr. W. COOPER, M.R.C.S.E. and L.A.S., late Surgeon to the Norwich Infirmary Lunatic Asylum.

RESIDENT SURGEON, Mr. E. TOLLER, M.R.C.S.E. and L.A.S.

MATRON, Mrs. GEDGE.

Terms may be had, on application to Mr. W. Cooper; or C. D. Leech, Esq., Solicitor, Bury St. Edmund's.

Bank of Deposit, Established A.D. 1844.

3, PALL MALL EAST, LONDON.

Parties desirous of investing Money are requested to examine the Plan of the Bank of Deposit, by which a high rate of interest may be obtained with ample security.

The Interest payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham court-road, London, W.

		s.	d.	
6 and 8 oz., any shape, plain, or graduated	..	8	0	per gross.
3 and 4 oz. ditto ditto	.. ..	7	6	do.
½ oz. Moulded Phials		4	6	do.
1 oz. ditto		5	6	do.
1½ oz. ditto		6	0	do.
2 oz. ditto		7	0	do.

A remittance not required till the goods are received. Packages free Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 20s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET, Corner of Railway-place, London.

Digitized by Google

For Infants.—The British Feeding

BOTTLE (registered) may be placed in any position without the Food running out. The supply can be regulated by a stop-cock; being electroplated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

By W. T. COOPER, Pharmaceutical Chemist, 26, Oxford-street, London. Price 7s. 6d., or free to any Railway Station, 8s. 6d.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	}	clear	8s. per gross.
3 & 4 oz., do.		do. blue tinted	7s. 6d. do.
½ oz. white moulded phials		do.	4s. 6d. do.
1 oz. do.	}	do. of a very superior quality.	5s. 6d. do.
1½ oz. do.		do.	6s. do.
2 oz. do.		do.	7s. do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

Dr. J. Collis Browne's Chlorodyne.—

CAUTION.—Owing to the frequent complaints made by Physicians and General Practitioners of the distress and disappointment caused by the substitution of fraudulent imitations of Dr. J. Collis Browne's Chlorodyne, when prescribed by them for patients, as also vended to them as the genuine (proofs of which are in possession), it is found necessary to adopt the Government Stamp, having the name of Dr. J. Collis Browne's Chlorodyne engraved thereon. None other genuine. Medical men, Hospitals, and Dispensaries, desirous of obtaining it without stamp, *must* forward their *orders direct, duly authenticated*, to the manufactory, where they can be supplied in bulk, a liberal discount being allowed.

Sole Agent and Manufacturer, J. T. DAVENPORT, Operative Chemist and Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London.

The Sydenham Trousers, 17s. 6d.;

COATS, 33s.; and WAISTCOATS, 8s. 6d.—It is well known how great an influence is exercised upon the health by the mode of dress. Many disorders, and still more of the common indispositions or irregularities, can be distinctly traced to imperfect adaptation of the clothes to the functions of the body and the limbs. This is true of adults as well as of children, though, perhaps, not to the same extent. The Sydenham construction of the whole attire is directed to secure a perfect fit in all positions without restraint, strain, or incumbrance, so that the limbs retain as free play as if in PURIS NATURALIBUS. The Boy's Complete Suit (24s.) is also eminently adapted for these purposes. The material and workmanship are the best which can be commanded. The assortment open for selection is immense, and includes all that is most fitted for the season. The assortment of Sydenham Alpaca Overcoats (12s. 6d.) for Summer wear deserves attention, as these goods have been made with unusual care.

SAMUEL BROTHERS, Merchant Tailors, 29, Ludgate-hill.

Condy's Patent Fluid contains nascent

Oxygen, which is NATURE'S DISINFECTANT, for instantly and permanently removing all unpleasant smells. It has no smell—is not poisonous—will not stain when diluted—may be used for purifying water for drinking. Its colour prevents the possibility of mistake in use. It is recommended by the General Board of Health, &c. &c.

Sold by the Trade in bottles, at 6d., 1s., and 2s. each, or at 5s. per gallon.—1 gallon mixed with 200 gallons of water, makes a strong disinfecting fluid, costing one farthing per gallon.

MANGANATE or PERMANGANATE of POTASH as ESCHAROTICS.

Central Retail Dépôt, 97, Fleet-street, London, E.C., whence samples of 1 dozen ½-pints, or ½-dozen pints, or ¼-dozen quarts of the Fluid, and 4 oz. or upwards of the Manganates or Permanganates, will be forwarded, carriage paid, to any part of the kingdom, at the retail prices, on receipt of stamps for the amount.

This is notified, in case of any difficulty in obtaining either of these substances through the usual sources.

Wholesale of the Patentee, Battersea, Surrey, S.W.

Horniman's Pure Tea, the leaf

not coloured.—Rich full-flavoured TEA of great strength is thus obtained, as importing it not covered with powdered colour prevents the Chinese passing off the low-priced brown autumn leaves as the best. The "Lancet" (Longmans, p. 318) states of Horniman's teas:—"The Green not being covered with Prussian blue, etc., is a dull olive; the Black is not intensely dark." Wholesome and good Tea is thus secured. Prices 3s. 8d., 4s., and 4s. 4d. per lb. London agents:—Purssell, 78, Cornhill; Elphinstone, 227, Regent-street, 366, Oxford-street, and 21, Throgmorton-street, Bank; Wolf, 75, St. Paul's-churchyard; Dodson, 98, Blackman-street, Borough. Sold in Packets by Horniman's Agents in all parts of the kingdom.

The Medicated Cod Liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

Wines from the Cape of Good Hope.

20s. per Dozen.—PORT, SHERRY, MADEIRA, MARSALA, &c. &c., of the first growths only. Any two samples forwarded for 12 stamps.

The "Lancet," 5th June, 1858, states:—"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. GILBEY, of 357, Oxford-street. We are thus enabled to correct some very erroneous impressions which have got abroad in respect to these wines—namely, that they are themselves adulterated, and that they are used for adulteration. This is by no means the case, except in some rare and exceptional instances. On the contrary, we have proved these wines to be both genuine and wholesome, while their moderate price is a great recommendation."

Opinion of the "Medical Times," and Dr. Letheby and Dr. Hassall's Analysis sent on application.

The UNIVERSAL BRANDY, Pale or Brown, 15s. per gall. or 30s. per doz.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London, W., and 31, Upper Sackville-street, Dublin.

DR. DE JONGH'S

Light-Brown Cod Liver Oil.—This

pure, transparent Light-Brown Cod Liver Oil is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied only in bottles, capsuled and labelled with Dr. De Jongh's stamp and signature, so that the Faculty may rely upon a Genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON, W.C.

Half-pints (10 ounces), 2s. 6d.; Pints (20 ounces), 4s. 9d.; Quarts (40 ounces), 9s. Imperial Measure.

*** *A Liberal Discount to the Profession.*

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

in the PURCHASE of

NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
14 dr., and 2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
½ oz. graduated in 3 doses, ,,	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, *made payable in London*.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE VI.

CONCUSSION OF THE BRAIN.

A man receives a blow on the head, by which he is only stunned for a longer or a shorter period. What is said to have happened? Concussion of the brain.

A man dies instantaneously, or lingers some time after an injury of the head; there are no marks of external violence. Again, what is said to have happened? Concussion of the brain.

The head is opened, and what is found? In one case, no deviation from the healthy structure; in another, simply great congestion of the cerebral vessels; in another, numerous points of extravasated blood scattered throughout the brain substance; in another, a bruised appearance in some parts of this organ. In all, the case in common parlance is said to have been one of concussion of the brain.

Such are the after-death appearances ascribed by different Surgeons to concussion of the brain.

The teaching of the different schools, then, is that in simple concussion, we may either find nothing in the brain to prove that this organ has sustained any injury, the brain-substance and its coverings appearing to be perfect in all their parts; or, we may find certain lesions plainly showing how much the cerebral substance has suffered.

But, it behoves us carefully to examine, and see how far we are justified, now-a-days, in admitting that these various appearances do really belong to simple concussion of the brain.

And first, let us direct our attention to those cases of instantaneous death ascribed to concussion of the brain, in which no deviation from the healthy structure of the cranial contents is detected.

For a long series of years the doctrine of fatal concussion, without apparent lesion in the structure of the brain, reigned dominant in the schools. Once admitted, we find this doctrine handed down, year after year, by the greatest masters in Surgery, who, differing somewhat in their appreciation of the actual condition of the cerebral substance, nevertheless all hold to the one fundamental point of there being no appreciable lesion.

By some, the brain has been thought to be firmer than usual; by others, it has been represented as softer, and giving way more readily; to some, the cerebral mass has appeared somewhat shrunken, and no longer fitted to the cavity of the skull, the fibres being packed more closely together, and the brain occupying a less space; to others, again, the whole contents of the skull have appeared to be in the most perfect state. Still, as I have said, one predominant feature is observed throughout, not a vestige of actual injury done to the cerebral structures.

A century and a half ago was published the first case in which we find it clearly and distinctly stated that concussion of the brain may prove instantaneously fatal, without our being able to detect, on dissecting the brain, a single trace of injury in any part of the cerebral substance or of its coverings. And this, the celebrated case of Littre, is the case to which reference is always made, even to the present day, to demonstrate that simple concussion of the brain may be followed by instantaneous death; and yet, strange to say, on a close analysis of the details of this case, we find no proof whatsoever that the man was actually killed by concussion of the brain.

The case stands thus: A malefactor, young and strong, who had been sentenced to be broken on the wheel, determined upon destroying himself. Head foremost, and with his hands behind his back, rushing a distance of fifteen feet across the prison-cell, he dashed his head against the wall, and dropped down dead.

Called to examine the body, M. Littre was surprised to find neither bruise, nor bump, nor wound, nor fracture. The scalp was removed from the top of the head, where the blow had been received, according to the account given by some other criminals belonging to the same cell who had witnessed the act of self-destruction. Not a trace of injury could be discovered about the scalp, neither were there any traces of injury about the bones of the skull, except a slight separation of the squamous portion of the right temporal from the parietal. Upon the removal of the skull-cap, M. Littre was still more surprised when he found everything in its natural condition, and, in fact, perfectly healthy. The brain, however, did not nearly fill the cavity of the cranium, as it usually does; and its substance, as well as that of the cerebellum and of the medulla oblongata, was, both to the touch and to the eye, closer and more compact than usual. Of this M. Littre subsequently satisfied himself, by re-packing into the skull all the slices into which the brain had been cut up, which he found he could do very readily.

Such are the only details of the case, to which M. Littre appended the few following observations:—"This, then, was the only thing which could in any way explain the sudden death. From the violence of the shock, the brain had shrunk considerably; and, possessing but little elasticity, it could not recover itself, in consequence of which the distribution of the nervous influence throughout the body failed in an instant." And to this he also attributed the absence of all appearance of a bruise. "A contusion is formed by blood, which circulating about, suddenly escapes through some of the lacerated vessels, and coagulates; but in this case the blood had ceased to circulate at the very moment when the vessels were torn, the heart having lost all power for want of its nervous influence."

And this is the case of Littre upon which so much reliance has been placed as affording the strongest proof that simple concussion of the brain may lead to sudden death.

But, what is there in this case to prove that this malefactor did really die of concussion of the brain?

Do the details of the post-mortem appearances, such as they are, warrant any such inference?

Even granting that the brain was in reality firmer and smaller than usual, what is there to prove that such a condition of the brain was dependent upon the concussion? May not the brain in this case have been, independently of the accident, smaller and firmer than usual? Certain it is that I have met with appearances such as these, without any injury, and that too, not only in the old, but, now and then, even in adults. And then, again, Littre makes no mention of the cerebro-spinal fluid, an omission which presupposes, as shrewdly remarked by M. Nélaton, that a vacant space must, in this case, have existed between the skull and the brain; a supposition which is inadmissible, as a vacuum cannot thus exist in the cavity of the cranium.

In truth, the more this case is looked into, the more does it become obvious that the appearances observed about the head are far from sufficient to prove that concussion of the brain was really the cause of death.

The only part of the body which was examined was the head, and here even, so little care appears to have been taken to ascertain the exact condition of the brain-substance, that several Surgeons of great repute have, for some years past, looked upon Littre's case as a very doubtful one. But, if there be, and most certainly I think there are, even on this score, good and sufficient grounds for setting this case aside, all the greater reason shall we have for looking upon the case as a perfectly valueless one, when we bear in mind that Littre forgot to examine both the spine and the heart.

Now, supposing we were called upon to examine the body of a man, who, after violently butting his head against a wall, had thus dropped down dead, should we be satisfied with looking into the head only? And finding nothing, absolutely nothing, there to account for death, should we not at once look to the vertebræ and the spinal marrow in the cervical region? Nay more, would not this be the first part that we should look to in any case of instantaneous death occurring under such circumstances? And, again, should we not also look to the condition of the heart?

Digitized by Google

Does not the very history in Littre's case at once suggest the idea that this man did not die of concussion of the brain, but of a broken neck?

There is no doubt that the spinal marrow in the cervical region ought to have been most carefully examined in Littre's case; and it follows, as a matter of course, that we cannot attach any value to a post mortem examination in which the most important point was thus overlooked.

What value should we attach to an examination thus carried on in our own dead-houses? Should we receive any evidence based upon such imperfect data? Most assuredly we should not. Few of us would, I think, hesitate to say that an examination of this kind, thus carried on by a Surgeon of the present day, proved nothing. And such being the case, why should we accept from Littre that which we should refuse to accept, under similar circumstances, from any living Surgeon?

Such is the opinion which, for some years past, I have held as to Littre's case, and glad am I to find that such, too, is the opinion arrived at by M. Fano, whose extensive researches on this subject are deserving of the greatest praise.

But are there no other cases, the details of which can leave no doubt as to the truth of the important doctrine that concussion without lesion of the brain-substance may lead to instantaneous death?

What says the oft-quoted Sabatier? Simply this. That he had seen a case similar to Littre's. "I saw," says Sabatier, "the same thing in a person who died suddenly from a blow on the head. The brain did not fill the cavity of the skull, and a vacant space could be clearly seen between the brain and the bones of the skull." Not one word more.

Then there is the case mentioned by Boyn, which is even more bald, if that be possible, than the case of Sabatier.

And the two cases reported by Mounier. Do they prove that concussion of the brain was the cause of death?

A soldier is picked up dead, immediately after having thrown himself off from a height of between sixty and seventy feet. The head is examined. The brain is found to be perfectly healthy in structure, and exactly fitted to the cavity of the skull. No other part of the body is examined. Again,—A soldier leaps out of one of the top windows of the Military Hospital at Toulon, alights on his feet, and dies almost immediately. All that was found about the brain was a minute injection of its vessels. The lungs were gorged with blood. The liver presented four extensive lacerations. The right leg was broken.

Such are the only details of the post-mortem examination in these two cases.- But what proof is there that concussion of the brain was the cause of death in either of them? And again, let us ask, why was not the spine, why was not the heart, examined in these cases?

The statement of O'Halloran, of Limerick, is not a whit more satisfactory, for no mention is made of the examination of any other part of the body besides the brain. "In a word, I could get no information, except that in those who died soon after the accident I have sometimes thought the brain did not completely fill the cavity of the cranium."

The perusal of such cases as these would really make it appear as if concussion of the brain had, at one time, been thought to be the only injury by which instantaneous death could be produced.

But let us now turn to the teaching of our great masters in Surgery.

We find this doctrine of fatal concussion without apparent lesion fully admitted by Sir Benjamin Brodie. "A man receives a blow on the head, he becomes insensible, and continues so for a few minutes, or for several hours. He dies in consequence of this, or some other injury; and, on examination after death, the brain and its coverings appear to be perfect in all their parts, so that the most accurate anatomist can discover nothing different from the natural appearance of these organs. Opportunities of verifying this observation occur more or less to all those who have had much experience in their Profession." And again. "We learn from such examinations that the symptoms which are ascribed to concussion, do not depend upon any such derangement of the organisation as admits of being disclosed to us by dissection. The brain appears to retain its natural structure unimpaired." "But," adds Sir Benjamin Brodie, "we are not, however, justified in the conclusion that there is, therefore, in reality no organic injury. It is difficult to conceive in what other manner concussion of the brain can operate, so as to produce the effects which it is known to produce; and, if we consider that the ultimate structure of the brain is on so minute a scale that our senses are incapable of detecting it, it is evident that there may be changes and alterations of structure, which our senses are incapable of detecting also."

And Dupuytren also taught that in violent concussion of the brain causing instantaneous death, no trace of separation, of tearing, or of contusion, was to be detected in the nervous structure, either with the naked eye, or with a magnifying glass. The brain-substance appears to have lost some of its consistence, gives way under the slightest pressure, and being deprived of blood, shrinks, contracts on itself, and tends to occupy less space.

It is much to be regretted that the dissections upon which Sir Benjamin Brodie's and Dupuytren's opinions were based, have not been published. As it is, we have no means of ascertaining how far the examination of the bodies was carried. For aught we know, the head may have been in these, as in most other cases, the only part which was examined; and, if such were the fact, I must confess, that in this I should see valid reasons for not adopting the opinions of Sir Benjamin Brodie, or of Dupuytren, notwithstanding all the weight which such names must necessarily carry with them.

Quotations from other masters in Surgery would only lead us to the same point. There is not on record, as far as I have been able to ascertain, a single instance in which the evidence of instantaneous death from simple concussion of the brain will stand the test of anything approaching to a rigid scrutiny.

In the various cases of this kind which have been recorded hitherto—and it is from cases only that we can fairly judge—you will find that something or another is always wanting, the omission of which destroys at once any value which might have been attached to the case. If the examination of the cranial contents was a minute one—and even this is far from having been the case in most instances—either no allusion is made to the state of the heart, or else there is not a single word as to the condition of the upper part of the spinal marrow. Parts of such vital importance as these appear to have been utterly forgotten in these cases of instantaneous death from a traumatic cause, and yet we are asked to believe that the patients died of simple concussion of the brain, and of simple concussion only.

Some years back, a middle-aged man, of spare habits, while attempting to lift a basket of clothes on to his head, dropped down dead in Hyde-park. His body was brought to St. George's Hospital, where it was examined on the following day. No morbid appearances were detected in any of the viscera, excepting the heart, the walls of which were very thin, and the muscular structure pale, soft, and easily torn, even upon slight pressure; in fact, this organ was affected with what is now more generally known as fatty degeneration of the heart.

The effort during which this man died was made in the attempt to put a basket of clothes on to his head; but suppose that the effort had been made in endeavouring to save himself from a fall from a height, or in an attempt to ward a blow off from his head in a souffle; suppose also that the Surgeon had been satisfied with examining the head only, and that the various parts of it were all healthy; would not this case have been set down as one of instantaneous death from simple concussion of the brain? There is no doubt that, but a few years back, the examination of the head only would have been thought sufficient; further inquiry being deemed superfluous, the diseased condition of the heart would never have been known, and the real cause of this sudden death would have remained undetected.

A boy fell from a great height, and was brought into St. George's Hospital, with urgent symptoms of concussion, and various other very severe injuries, of which he died in a few hours. The head was examined, and, save a little extravasated blood beneath the arachnoid on the surface of both hemispheres, with slight bruising of the brain in two places, at its under surface, the brain and its membranes were perfectly healthy. And so, too, was the chest examined, and here was found a rupture of the muscular part of the septum of the ventricles of the heart, right up to its serous covering, which alone prevented the blood from being poured into the pericardium. True it is that the pericardium in this case was not filled with blood; but a little more, and it would have

Digitized by Google

been so, and thus we should have had a most serious, and perhaps an immediately fatal, complication superadded to the injury of the brain. And what makes this case still more interesting, as far as concerns our present subject, is that there was not the slightest indication of any injury having occurred to the chest. No ribs were broken, and thus the rupture of the heart might easily have passed unnoticed, had it not been for the rule, now existing for several years at St. George's Hospital, of examining the various parts of the body in the post-mortem examinations. The appearances presented by the brain would, but a few years back, have been deemed sufficient to account for death, and nothing would have been known as to the injury of the heart.

Again, a man aged 29, was admitted into St. George's Hospital in 1845, having fallen off a ladder from a height which could not be ascertained, as nobody was by when he fell. When brought into the Hospital he appeared to be dying. He was perfectly collapsed, with blue face, and cold extremities, and a pulse scarcely to be felt in any of the arteries. He lingered for two hours, much in the same state, and then died. The pericardium was full of blood which had escaped from the heart, through a large rent in the left auricle, extending somewhat into one of the pulmonary veins. No sign of injury was detected about the chest.

Had this man died on the spot; had his head only been examined; nothing would have been found about the brain, and nothing would have been known as to the state of the heart. Would it not have been said that this man died of simple concussion of the brain, without any appreciable traces of injury? The case reads very like some of those which have been so reported.

In both of these cases, let us observe that the injuries were produced by falls from heights; in both, there were no indications of any injury of the chest; in both the walls of this cavity were perfect; in both, there was rupture of the heart. Does not this prove how absolutely necessary it is that the state of the heart should be looked to, even in injuries where we have no reason to suppose that this organ is implicated? Does not this also prove how easily we might be misled, as to the cause of death in traumatic cases, were we satisfied, as Surgeons were in former times, with examining the head only?

(To be continued.)

ORIGINAL COMMUNICATIONS.

AN INSTANCE OF SYPHILIS WITH SECONDARY CHARACTERISTICS IN A FEMALE,

COMMUNICATED FROM A CASE OF THE SECONDARY DISEASE IN ANOTHER FEMALE.

By JOHN ELLIOTSON, M.D., Cantab., F.R.S.

In the middle of last January I was sent for to a lady whom and whose husband I had attended occasionally for three or four years on account of various kinds of indisposition. On entering the room I was struck by an eruption upon her face of a very syphilitic character. There was, I thought, hardly a possibility of error in the diagnosis. I made no remark, and was informed that my advice was requested in regard to this eruption which had existed two months. I learnt nothing as to its cause, being unwilling at the first visit to make inquiries of either the husband or wife which could distress or even annoy; and, for the time, prescribed the hydriodate of potass alone, not considering it right to put her under the influence of mercury before I had seen more of the case and found it not yield to the hydriodate. In a fortnight I repeated my visit: but there was no alteration in her appearance, although the doses of the hydriodate had been regularly increased. I therefore determined to put her under the influence of mercury and hint my convictions to the husband, whose confidence in me, medical and moral, and whose sincerity of character, were such that I knew he would conceal nothing from me which I desired to learn. My first question was whether he thought it possible that she could have caught her cutaneous complaint from anybody. He at once replied that he thought it possible because her maid had been sent away in December from Brighton, where they were staying, to the girl's friends in London, on account of an eruption in the face exceedingly resembling it: and he mentioned my inquiry to his wife, who added that her maid had also an eruption with cracks in the palms of both hands. I prescribed the *Pilula Hydrargyri*, to be taken in the dose of five grains night and morning till some uneasiness was felt in the gums; and suitable medicine to check any disposition to diarrhœa that might present itself.

On calling at the end of another fortnight I found the eruption very much diminished and her gums very tender, and that she had omitted the mercury in consequence. They now showed me the prescription which had been given to the maid as an out-patient at one of our Hospitals. The medicines were mercury and iodine, and on the ticket the disease was styled *Psoriasis Syphilitica*.

When the gums had lost the greater part of their tenderness, the eruption increased again and I was compelled to renew the administration of mercury. But it in a short time produced great depression, and great intestinal pain, chiefly in the situation of the cæcum, with diarrhœa, so that opium in rather large quantities proved indispensable. All this recurred in a day or two whenever I repeated the remedy. Although apparently of good constitution, the lady was extremely nervous; subject to severe neuralgia of various parts, feelings of exhaustion, depression of spirits, and other symptoms which harass the nervous. I judged it impossible to give her more mercury: and, indeed, considered that what she had taken would in ordinary cases have been sufficient to cure the affection as her mouth had been more or less tender during two months, and that the hydriodate of potass would probably now complete the cure since the disease might be regarded at present as the third stage, or that merely cachectic state, or sequela of syphilis, which does not require mercury and yields generally to hydriodate of potass or sarsaparilla; whereas the hydriodate has not appeared to me capable of curing true syphilis in either its primary or secondary stage, though in both, I have no doubt, the disease may cease spontaneously, as every other, even cancer and incipient hydrophobia (a), occasionally does. She is now well.

The cutaneous affection had been originally copper-coloured spots and patches, with successions of minute pustules, which at first presented themselves upon the scalp at its fore part, *where the hair is thinnest*, and whence it extended over the face, though no farther: *nor had the lady at any time any other syphilitic symptom.*

I did not see the maid as she had been sent away before my attendance began: but I understand that she called upon the family when they returned to town and that her mouth and breath seemed affected, and that at a later period she was seen in apparently perfect health. The lady from kindness of heart and delicacy has never dropped a hint to her respecting the nature of their disease, as the girl had lived some time with her and always conducted herself in the most unexceptionable manner.

The husband has enjoyed excellent health the whole time. He assures me that he never in his life had the slightest syphilitic affection. His wife has never been pregnant: and they have been married above twelve years.

I had never witnessed the communication of syphilis from its secondary form, and I may never again. For to make experiments by inoculating the pus or other secretion of the secondary disease, as some practical writers have done, appears to me, like the majority of agonising vivisections detailed in medical books, altogether unjustifiable. At any rate it is revolting to my feelings: I have never done it, and trust that I never shall do it. Mr. Langston Parker, mentioning that he has not succeeded in producing a syphilitic effect by inoculating a fluid taken from a secondary symptom in the same individual, adds, like a virtuous man, "I have never attempted, and never shall, to propagate syphilis from the diseased to the healthy (b)." If we actively watched and

(a) See a case recorded by myself in my little work entitled "*Numerous Cases illustrative of the efficacy of the Hydrocyanic or Prussic acid in affections of the Stomach, etc.*," 1820, p. 51. The late Mr. Youatt, professor of Veterinary Medicine in University College, London, reviewing in the *Veterinarian* a clinical lecture upon hydrophobia by me in which I mentioned this case, coincided with me from his own observations upon dogs bitten by others which were rabid.

(b) "*The Medical Treatment of Syphilitic Diseases, both primary and secondary, etc.*" By Langston Parker. Third edition. 1854: p. 165.

Digitized by Google

recorded all the phenomena of diseases before us, injurious pathological experiments would as rarely be required as are agonising physiological vivisections, against which the great and noble Gall wrote so earnestly, pointing out that the difference in size of the various parts of the brain and other portions of the nervous system and their absence and presence in various species of animals and various individuals might be regarded as so many experiments ready made to our hands, and far more satisfactory than any we can make, because there is no violence, nor any injurious disturbance of other parts than those in question. More than one English physiologist have since urged the same merciful argument, but without allusion to him by whom they were preceded.

I have no doubt that the disease was communicated to the mistress from the maid, the palms of whose hands were sore and fissured with syphilitic psoriasis. The maid arranged the lady's hair night and morning, doing much with her bare hands, applying oils, pomatums, etc., and *smoothing it down flat with her palms*, according to the present fashion of wearing the hair. Any diseased secretion must thus have been *well rubbed into the scalp, especially at the central and front portion where the hair was parted and the skin bared.* Had the disease not been arrested by mercury, there cannot be a question that it would have spread beyond the face, and probably affected the palms of the mistress like those of the maid. A wound or raw surface is not necessary for the effect of a contagion or poison applied externally: friction may secure its admission. Primary syphilitic sores continually appear where there had been no abrasion; and I have known the poison of a person who had died of a malignant or virulent disease introduced fatally by a sound finger being incautiously rubbed upon the moist diseased spot during an autopsy. Even friction is not always necessary: repeated application of a poison may prove sufficient.

Authors of repute assure us that they have never been able to produce syphilis by inoculating pus or other secretion from a secondary syphilitic symptom. Yet Mr. Langston Parker says that MM. Waller and Vidal de Cassis declare they themselves have succeeded: and that he, as well as Biett, Cazenove, Lagneau, Stark, and Todd, has frequently seen secondary syphilis communicated, not indeed by inoculation, but by contact; more especially between husband and wife, whose contact is of course usually the utmost possible; the husband having had primary symptoms which were entirely removed before marriage. This agrees with the fact already mentioned of the effects of a diseased fluid either rubbed into or repeatedly applied to a sound surface.

In the experience of some foreign authors and Mr. Langston Parker the symptoms of the cutaneous disease communicated from the secondary form are often exactly the same as those of the individual who communicated it, and there are *no primary symptoms*. Psoriasis gives psoriasis, lichen gives lichen, etc., and condylomata give rise to condylomata: just as the pus of primary syphilis produces a primary sore.

My case, so striking and interesting to myself at least, though likely to occasion a momentary doubt in those who have never seen an example of the communication of secondary syphilis and have habitually supposed it impossible,—notwithstanding the common and universally admitted fact of the contamination of the germ within the mother by the father who shows no sign of the disease and must therefore communicate it as in the constitutional or secondary way and does in truth produce not primary but secondary symptoms,—perfectly coincides with the recent observations of certain careful practitioners. For secondary syphilis was communicated, and the effect was, as indeed these words imply, not primary, but secondary, syphilis: the symptoms produced were, as far as the disease went, those of the communicating person: the effect resulted, not from inoculation, but from mere continued and repeated contact and friction.

It is not probable that a combination of such circumstances will present itself to me again.

Conduit-street, August 21, 1858.

P.S.—A week now after this was sent to the Editor, I have received from Dr. Copland the completion of the handsome and kind present of his truly wonderful "*Dictionary of Practical Medicine.*" This last part contains the article on the venereal disease, and bears witness to the communication of secondary syphilis. "I have had sufficient reason to conclude," he says, "that whenever a secondary venereal ulceration, seated in the integuments or in the mouth and throat, produces a secretion or discharge which comes in contact with a mucous surface or with an abrasion of the cutaneous surface, or is even allowed to remain in contact with an unabraded surface, infection is liable to take place, and that this liability exists both in children and in adults. The communicability of secondary syphilis, especially when the sores have proceeded to secrete or produce a fluid exudation, was a well-recognised fact in former times, and has been witnessed by myself during the course of my experience in several instances. It was a recognised fact by Dr. Colles; and although Hunter believed that secondary symptoms could no longer infect, Mr. Babington remarks, when commenting on this belief, that 'the facts (that they do infect) are so well established, that it is more easy to question the principle than to doubt the facts.'" "This mode of communicating the malady was often observed in all the varieties of it described above as syphilitic diseases, and in the usual manifestations of the malady, from the end of the fifteenth until the close of the seventeenth century, or even later. The extensive prevalence of syphilis during these centuries, etc.," "may be more correctly accounted for by the facts of the secondary or early constitutional effects of the malady having become thus virulently contagious, etc." "The lower classes in Europe during the centuries of the earlier prevalence of syphilis were remarkable for their neglect of cleanliness, for their use of woollen night and day clothes next to the skin, for the habit of two, three or more, sleeping in the same bed, often in a state of nudity, and for drinking and eating out of the same vessels, and for these and other social conditions favouring the communication of the disease in its secondary stage, independently of sexual intercourse."

August 28.

COMPOUND FRACTURE OF THE FOREARM. GANGRENE—DEATH.

By E. L. HUSSEY,
Surgeon to the Radcliffe Infirmary, Oxford.

A man, aged 25, was admitted into the Radcliffe Infirmary, Oxford, on the evening of Friday, June 25, 1858, with a compound fracture of the left forearm, received about two hours before admission, from falling out of a dog-cart, as he was coming home from some races, where he had been with a party of friends. He was not perfectly sober at the time of admission. A dose of opium (tinct. opii ♏ xxv.) was given at night.

I saw the man the next morning (Saturday). He then seemed as if scarcely recovered from the effects of his yesterday's drinking bout. The ulna was broken rather above the middle; the carpal end of the upper fragment was prominent, but did not protrude through the skin. The radius was broken in its lower third. The wound in the integument was on the dorsal aspect, near the prominent point of the fractured ulna; it was not large, and very little blood had come from it. There was some swelling, but not excessive, about the thick part of the arm at the point of fracture, but none about the wrist, nor above the elbow. I applied two well-padded splints, reaching from the elbow to the distal extremity of the metacarpal bones, as in ordinary cases of fracture of the forearm, adjusting them so as to allow for any increase of the swelling, and supported the limb on a pillow by the man's side. A draught with vini opii ♏ xxx. was given at night.

Nothing worthy of note was observed on Sunday. The opium was given again at night.

On Monday, at twelve o'clock, the back of the hand was gangrenous, discolored, and moist; the fingers were flexed, and he was not able to move them. Sensation was lost in the hand and wrist. In answer to inquiry he said the hand was "nummy;" but he did not make any other complaint. Pulsation could not be felt in the vessels at the wrist, or at the bend of the arm. The question of amputation in the upper part of the limb, at a distance from the seat of injury, presented itself for consideration. But the man was in a low and unsatisfactory state,—certainly not fit for to bear such an operation.

He had been in service in a gentleman's family as butler; and having been dismissed for some offence, he was waiting to take his trial at the sessions the next day. Since his dismissal he had been drinking freely. I asked him whether he

Digitized by Google

was not worrying himself about these affairs; he said he was. Upon my telling him that he must not think of such things now, and that he must remain in the house, and be kept quiet while his arm was bad, he seemed to be relieved immediately, and he thanked me for the assurance I gave him.

In the afternoon he became very restless, and wandered much in his mind; afterwards he had two distinct rigors. In the evening I saw him, when he had just recovered from the second; he was sweating profusely. Gangrene was clearly perceptible as high as the elbow; and it seemed as if still spreading above that joint. Some mulled port-wine was given to him; and at night he had two doses of opium.

He passed a good night; and in the morning (Tuesday) his countenance was calm and cheerful, the pulse (felt in the right arm,) with good power, and not too quick. He expressed a wish that the Doctors would take off his arm without delay; though the subject had not been mentioned to him. The gangrene was perceptible on the outer side of the arm about as high as the insertion of the deltoid muscle; and it extended in an irregular line on the inner side, across the axilla, and upon the lateral aspect of the chest. It was in the axilla and upon the ribs only that he felt pain. There was some soft swelling about the shoulder; but it seemed as if the gangrene had stopped.

In the evening his countenance was less animated, and becoming dusky in colour; the pulse was very quick and weak; he lay in a cold sweat, complaining of the heat. The gangrene had not visibly extended.

He passed a restless night, vomiting frequently; but was sensible till within a few minutes of his death, which happened about nine o'clock in the morning (Wednesday),—about forty-six hours from the time when symptoms of gangrene were first observed. Rapid decomposition took place; and the body could not be examined.

Remarks.—The cause of the gangrene, and of its rapid progress, must remain in uncertainty. Some explanation may perhaps be found in the depressed state of the nervous system in a man under great distress of mind, and lowered by excesses.

The man, though often asked, did not complain of any injury but in his arm. He fell on his left hand and forearm; and no weight fell upon him. The day after admission he had the right feeling in his hand, and was able to move the fingers freely; there was not any hæmorrhage externally, nor more swelling than might be expected in a young and plethoric subject; nor, subsequently, was there any appearance of a "bruise." It did not seem to be an injury of a very serious nature, nor such as to forbid a confident hope of recovery in the usual period.

He was supported with nourishing diet,—broth and strong beef-tea. Ale was given, afterwards port-wine freely; latterly he had brandy, which he refused when offered to him at first. Though he seemed relieved for the time by the stimulants, the treatment had not any effect in checking the progress of the gangrene.

When I saw the body, about three hours after death, the integument felt hot to the hand, rather than warm; and before permission could be obtained for an examination, decomposition had gone so far that an examination could not be made.

Dislocation of the Patella.

A lad, aged 17, was admitted into the Radcliffe Infirmary, Oxford, 29th of June, 1858, with dislocation of the right patella outwards, from an injury received about an hour before admission. He was getting on to a horse, when the horse slipped, and both of them fell, the man undermost, on his left side; he received a severe blow on the knee as the horse fell upon him; he says he was "kicked on the knee" by the horse. When the horse jumped up the lad found himself unable to rise, that his right knee was immoveably bent, and in great pain. He was brought at once to the Infirmary.

The patella was driven off the outer condyle, and turned on its long axis, with its outer edge directly forwards, making a sharp projection under the skin; the inner edge, or rather its anterior surface, resting against the outer tuberosity of the femur. The bone was held firmly in its new position. The limb was slightly bent at the knee; the tendon of the rectus femoris muscle was tense at its attachment to the patella; the ligamentum patellæ was flaccid.

The patient was laid on his left side, with the trunk bent forwards; and, while his attention was engaged in conversation, the thigh was partly flexed on the abdomen, and the leg flexed upon the thigh. He complained that this movement gave great pain, but it was done without finding much resistance from the muscles. The patella, however, did not move. The House-Surgeon, then standing at the left side of the bed, slowly flexed the whole limb upon the abdomen, so that the muscles on the front of the thigh became fully relaxed. I, standing at the right side of the bed, behind the patient (as he lay on his left side), pressed with my fingers on the anterior surface and projecting edge of the patella, and, using very little force, pulled it over outwardly, and it slipped suddenly into place. No swelling of the joint, worth mentioning, was observed either before the reduction or afterwards.

The lad has a well-marked tendency, though not in a severe degree, to "knock-knees;" the inversion of the knee being more strongly marked in the right, the one injured. The deformity has not been brought to his notice before the present time.

Oxford, August, 1858.

CONTRIBUTIONS TO THE PATHOLOGY OF INTRA-THORACIC CANCER.

By JOHN COCKLE, M.D., F.L.S.

Licentiate of the Royal College of Physicians, Lecturer upon Medicine at the Grosvenor-Place School, etc., etc.

In some papers upon the subject of Intra-thoracic Cancer communicated by me, from time to time, to the *British Medical Journal*, it was observed how difficult, nay, impossible was it, occasionally, to establish a diagnosis either from the physical or rational signs.

The present contribution shows, on the contrary, how, owing to a combination of physical signs such as could hardly exist in any ordinary form of chest disease, a ready diagnosis was permitted.

Alfred Baker, aged 20, by trade a pianoforte-maker, residing at No. 38, Great Titchfield-street, was admitted a patient of the Margaret-street Dispensary for Diseases of the Chest, August 1, 1858. The following particulars were elicited concerning his family history. "His father was believed to have died of consumption at the age of 28, after an illness of eleven months. No post-mortem examination was made. His mother still survives, aged 48, and is in the enjoyment of tolerable health, though always delicate. He is the only surviving child, a brother having died from an accidental burn. He himself has never been considered strong, having complained much from the age of 8 to 14 years, of uneasiness at the lower part of the chest. About twelve months ago he had an attack of what, upon insufficient evidence, was considered scarlatina, and since that period has been gradually declining. A marked change in his complexion during the last six months particularly attracted the attention of his friends, and seemed to vary from yellow to a leaden-coloured tint. A few weeks ago, he consulted a distinguished Surgeon, complaining more particularly of great debility, sense of oppression rather than pain about the lower part of the breastbone, dry cough, and frequent attacks of palpitation of the heart. At the present time his appearance bespeaks serious illness. He looks bloodless, with a markedly yellow tinge of complexion, the latter so decided that, were it not for the peculiar blueness of the conjunctivæ, a suspicion of jaundice would have arisen. Emaciation, though marked, had not proceeded to any very great extent. He still complains of oppression at the lower part of the chest, faintness on the least exertion, great debility, thirst, and total want of appetite. There is considerable anasarca of the lower extremities. He can lie, without inconvenience, in any position. The chest is tolerably symmetrical. The right post-clavicular region is rather more depressed than its fellow, and the left jugular vein is slightly prominent. The venous system is, otherwise, not unnaturally distended. The middle and lower sternal regions look somewhat more bulging than natural. The visible apex beat of the heart is marked, and about half an inch to the left of its normal site. Respiration is somewhat quickened even during repose and freedom

Digitized by Google

from emotion; but becomes greatly accelerated on slight exertion, and faintness being thereby induced. The apex of the heart slightly concusses the hand placed over it, and the sensation of silvery systolic fremitus is, at times, conveyed. Not the slightest cardiac impulse elsewhere can be detected, even during palpitation. The radial pulses are weak, quick, 97 to 106, equal and regular. No great amount of vocal fremitus exists at any part. The chest measurement, one inch below the nipples, gives for the right side seventeen, for the left, sixteen and a half inches. Marked dulness upon percussion exists from immediately below the sternal notch, increasing to the epigastrium, and extending obliquely outwards for about two inches on either side of the sternum. With this area of dulness an extraordinary amount of tactile resistance is conjoined. Both the dulness and resistance are most accurately defined and unaltered by varied position. Every other portion of the chest, anteriorly and posteriorly, yields the normal resonance. The respiratory murmur is heard equally, though somewhat intensified, over every portion of the chest, excepting the area named. No phenomena whatever exist to justify a suspicion of the slightest abnormal condition of the lungs. With reference to the heart-sounds, the following important modifications are observed:—"At the left apex the first sound is clearly heard; but it is difficult to say whether the second sound be audible or not. Over the midsternum, neighbouring parts, and lower sternal regions, the first sound is faintly audible and very distant, the second sound is absolutely annihilated. Over these regions, during inspiration, a creaking sound is heard from time to time."

Soon after these notes were taken his debility increased so much, that he was compelled to remain in bed. Feverishness, great restlessness, slight delirium on dosing, and continued excitement of the heart's action supervened, and he sank in a few days, painlessly, in full possession of his faculties nearly to the close, and without any change in the physical signs. The body was examined twelve hours after death by Dr. F. C. Webb. The features were placid, and marked pallor of the general surface had replaced the yellow tinge so manifest during life. The apparent fulness of the sternal region was still perceptible; the anasarca of the extremities had disappeared; the substance of the pectoral and abdominal muscles was of a very dark colour.

After dividing the cartilages of the ribs, and separating the sternum from its attachments to the morbid structure beneath such union, involving for the greater part the soft tissues covering the sternum, a tumour of considerable magnitude presented itself, completely occupying the length and breadth of the anterior mediastinum, and extending laterally for about two inches beyond the sternum down the lower two-thirds. The fibrous tissue of the anterior face of the pericardium was principally affected, the morbid growth, consisting of one large and smaller nodulated masses, being deposited between it and the pleuræ laterally. The posterior face of the pericardium was apparently free from disease. The internal serous face preserved its healthy, shining character. The tumour was evidently extending upwards into the neck. The trachea, bronchial glands, anterior portion of œsophagus, nerves, arch of aorta, with its vessels, formed part of the general mass, but not apparently sustaining any great amount of pressure. The right lung was displaced by pressure as far as the costal ends of the ribs. In all other respects, both organs were perfectly healthy. The heart was rather large and flabby, but its valves were perfectly healthy. The pericardial portion of the pulmonary artery was of rather larger calibre than normal, and its elasticity somewhat impaired. The liver was depressed, its right lobe extending two inches below the ribs, and the median lobe three inches below the ensiform cartilage. The gland was unchanged in structure. No other organ was found diseased. The tumour itself was a perfect specimen of hard or scirrhous cancer, creaking like cartilage on section, and exhibiting microscopically the ordinary characteristics. Its length was 7 inches, breadth 4 inches, thickness just over valves 3 inches, weight of entire mass 1½ pounds. The preparation is now in the Museum at the Grosvenor-place School of Medicine, where it has been further examined with great care by Drs. Halford and Richardson. To the former gentleman I am indebted for the above history of the morbid parts.

Remarks.—With a view to the differential diagnosis of this case, it is to be considered with what diseases it might, as matter of ordinary practice, have been confounded. They may be supposed to stand in the following order:—Mediastinal abscess; aneurism of the ascending aorta; chronic pericarditis; diseased lymphatic glands; consolidation of lung tissue; empyema. Each of these diseases will now be discussed *seriatim*, and the attempt made to show, how far, in a diagnostic sense, the evidence for the existence of each was to be regarded as insufficient. Mediastinal abscess, the result of inflammation, either originating or excited in the connective tissue of the anterior mediastinum, might, indeed, in addition to the rational signs of intra-thoracic disease cause considerable dulness upon percussion throughout the entire length and breadth of the sternum, and render the heart's sounds faint and distant. But, when the yielding nature of the mediastinal walls, etc., and pericardium is considered, it is, *à priori*, improbable that a collection of pus would give rise to a percussion-dulness so defined, without producing greater displacement of the heart, tension of the epigastrium, and possibly fluctuating tumour above the episternal notch, the latter result being one of considerable diagnostic importance. Moreover, with respect to mediastinal abscess, not only is such pathologic condition extremely rare—greatly more so than even mediastinal tumour—but no recorded case, so far as my knowledge extends, exists, in which the physical signs established the diagnosis (a). Not even in Andral's twenty-fourth observation, where a large collection of pus was found after death immediately behind and contiguous to the sternum, although "remarkable dulness was detected by percussion, more especially at the lower part of the sternum, where resonance is usually so marked," was abscess suspected, pericarditis alone being supposed to be thereby indicated, yet both the pericardium and heart were found in a normal condition. The cases of mediastinal abscess cited by La Martinière, in his well-known memoir, with the exception of the fourth, fifth, and seventh cases, originated rather in external violence or in syphilis. Like the case of Andral, they were attended by pain more or less severe, followed by rigors, oppression, and additionally external œdema, swelling of the front of the neck, which latter sign led to a diagnosis of the cases. Without the aid of physical exploration, it is clear that mediastinal abscess and malignant tumour may be confounded, as happened to that excellent practical physician, Schmidtman. In a case of great obscurity, which had eluded the sagacity of several practitioners, Schmidtman noted the following facts. The patient, a labourer, aged 54, had seven years before received a blow upon the chest. He complained of pain over the mid sternum, in which situation a swelling was apparent. The general symptoms were great dyspnœa, dry cough, slow fever, etc. From these phenomena, Schmidtman diagnosed an abscess of the anterior mediastinum. The sternum already softened was divided by a longitudinal incision. No pus flowed, but a soft elastic spongy mass gradually protruded through the orifice, which Weihe, in a letter to Schmidtman, after the death of the patient, described as resembling a uterine polypus (b).

Aneurism of the ascending aorta may, as I have known, cause evident dulness on percussion over the mid and lower sternal regions, and dislocate the heart somewhat to the left, without giving rise to any unnatural impulse, external tumour, or marked sign of centric pressure. Loss of weight, sallowness of complexion, oppression, palpitation, dyspnœa, cough, anasarca of the extremities, may also exist. In the case I have narrated it is true that prominence over the sternal region was observed; but here, also, the sense of tactile resistance was most strongly marked, and here the first sound of the heart was faint, distant, and the second sound entirely absent. Now, this is contrary to what ordinarily obtains, even in nonpulsating aneurism. However large the sac, and however filled it may be with deposit, the sense of resistance upon percussion is never so strongly marked, while the second sound of the heart is often intensified, and murmur of greater or less intensity a frequent concomitant. Again, had aneurism caused such changes in the heart's sounds at the base, we must assume that the aneurismal sac had passed in front of the heart, and, con-

(a) Mohr-Beiträge zu einer Künftigen Monographie des Empyema, 1839, details two cases, 3rd and 18th of Anterior Mediastinitis; in both, pain existed; and in both, the lesion was only detected on post-mortem examination.

(b) Summa Observationum Medicarum, etc. vol. I. p. 165.

Digitized by Google

sequently, dislocated this organ backwards, a condition which would have rendered it impossible that the apex beat should have been felt strongly and nearly *in situ*, while sign of centric pressure could hardly have been absent. In an aneurismal sac, moreover, pain is most commonly complained of. Age, too, must not be lost sight of as an element of diagnosis. Malignant tumour is, I believe, more common at such time of life than aneurism. If, as was seen in the case recorded by Andral, affections of the mediastinum at times give rise to symptoms resembling those of pericarditis, *à fortiori*, might a morbid growth of the sac itself lead to error in diagnosis. A remarkable case of tumour in the anterior mediastinum, producing symptoms of hydro-pericarditis, is quoted by Gintrac, from Baron, "Medical Repository," vol. xxxi. p. 423. Hydro-pericarditis would, undoubtedly, cause visible bulging; extended percussion, dulness; render the heart-sounds faint and distant, and engender friction-sound in certain spots; but it would be quite impossible, with such effusion, to feel the apex beating strongly *in situ*, and also hear the first sound clear. Andral, "Nouvelle Bibliothèque Médicale," vol. iii. p. 46, under the title of Chronic Dyspnœa with Heart-complication, records a case in which, upon dissection, the anterior mediastinum was found filled by a large mass of tuberculated lymphatic glands, which involved both the Phrenic and Vagi nerves, etc. The heart and pericardium were both in a healthy state. In this case, however, there was neither prominence of the sternum nor dulness on percussion, while signs of tuberculosis were not without value with reference to diagnosis. Empyema, diseases of lung-tissue, etc., were excluded by the exploration of the remaining portions of the chest. It is perhaps difficult to say, whether in this case the extreme dyspnœa and tendency to faintness on movement were attributable to the irritating influence of the tumour upon the nerves, or to its actual pressure upon the heart, etc.; possibly to the concurrence of both causes. The creaking sound heard at times over the sternal region was, doubtless, due to the traction exercised between the sternum and tumour during varying conditions of the respiratory act. The anasarca was, probably, but the expression of the cancerous cachexia.

CLINICAL REPORTS OF TWENTY-ONE CASES OF

UTERINE HÆMORRHAGE FROM PLACENTAL PRESENTATION.

By ROBERT LEE, M.D., F.R.S.

Fellow of the Royal College of Physicians, Obstetric Physician to St. George's Hospital.

(Concluded from page 214.)

Case 76.—Sunday, 10½ a.m., November, 1855. Mrs. ——, Brompton-crescent, in the seventh month of pregnancy, was seized with uterine hæmorrhage at 4 a.m. on Wednesday week. It was not profuse. There has been more or less discharge ever since, and there has been severe headache, for which leeches have been applied. She is extremely nervous, almost hysterical. I examined, and found the os uteri a little open; could not feel the placenta, but from the thick state of the uterus in front inferred that the placenta was in the immediate neighbourhood of the cervix or over it. I recommended Mr. Pollard to keep his patient very quiet and cool, in the horizontal position, watching carefully, and if hæmorrhage returned profusely to pass the hand and turn the child, if the placenta was found at the cervix, and rupturing the membranes if it was not. Mr. Pollard agreed to remain strictly on the watch, and not to delay interfering too long. A fatal case of placental presentation, which had occurred in the neighbourhood not very long before, had created terror in the minds of the patient and her husband. On the 12th, Mr. Pollard wrote to inform me, that "true enough the placenta entirely covered the os, hæmorrhage came on early this morning, and as I found the portals not very rigid, I was able to pass my hand up and turn, I am happy to say, without any very extensive hæmorrhage. The child had been dead some time."

Case 77.—The details of this case have been furnished by Mr. Hunter, House Surgeon to St. George's Hospital:—

St. George's Hospital, July 31, 1858.

Dear Dr. Lee,—The particulars of the placenta prævia case that I called you in to are as follows:—

Mrs. H., aged 32, Raphael-street, a mother of nine children; expected to be confined on the first or second week of November, 1855, of a tenth.

On Saturday, September 22, I was sent for, as the woman had passed some blood per vaginam while asleep, and found a clot there on waking. An examination per vaginam showed the os uteri to be very high up, and undilated, and something softer than the head could just be felt with the finger in the uterus.

Sept. 29.—Every day up to this time she had passed a small quantity of blood, not more than when menstruating.

9 p.m.—To-day, however, in a very short space of time she passed half a chamberpot full of blood and clots, after having been standing about for some time. On examination found the vagina full of clots, and distinctly felt the placenta (within the os uteri), with its characteristic half soft, half fibrous feel.

10½ p.m.—The os uteri was dilated so as to admit the end of three fingers, the os uteri being directed considerably backwards. At this time the pulse was about 100, and rather sharp. The woman felt no faintness; there had been no labour pains worthy the name.

12 p.m.—Dr. Lee arrived, having been just sent for. Examined, found the placenta was more over the anterior than the posterior part of the neck of uterus, and that the head was to be felt through the anterior portion of the placenta.

The pains since 10 p.m. were few in number, and like after pains. A little brandy having been administered, Dr. Lee immediately passed his hand into the lower part of vagina, and two fingers through the os uteri up in front of the placenta, between it and the anterior wall (breaking through only a small portion of the placenta); felt the head, ruptured the membranes behind it, found an arm, moved it aside, seized a foot, and brought it down through the os uteri. (All this took place in less than three minutes.)

The further extraction of the child took about a quarter of an hour. The child lived, although not much (apparently) above seven months. The mother after the delivery was extremely weak, the pulse at times being scarcely perceptible. As bleeding to some extent went on, she required careful watching, etc., for two or three hours.

The next day had passed a bad night, sleeping little. After pains very bad; had not made water, and had great tenderness over uterine region; discharge of blood per vaginam not much; pulse 100.

Oct. 1.—Great tenderness even to the touch of the abdomen; after pains very severe; headache; sleepless; thirst; dry tongue; very weak; pulse 120.

2nd.—These symptoms were better in the morning; but got worse again in the evening.

3rd.—From this time the symptoms of peritoneal complication diminished, and strength improved.

12th.—She passed a large quantity of clots of blood, and this again weakened her much,—each movement bringing on a fresh discharge of blood. Acetate of lead and opium, with cold, remedied this.

15th.—Began the am. tartrate of iron, and from this time she improved, and in a few weeks was up and well.

I am, dear Dr. Lee, yours truly,
Charles Hunter.

The infant only lived eight weeks.

Case 78.—On Wednesday, the 27th February, 1856, Dr. Jones, of Sydenham, requested me to see a patient who had a great hæmorrhage, with complete placental presentation. The flooding had commenced on the Friday before, when four pints were lost. As the patient was the mother of several children, the external parts were not in a rigid state, and the hand was readily introduced into the vagina, and two fingers through the os uteri, and the feet grasped and the child extracted. It was dead. The placenta immediately followed the child, and the flooding ceased. There was an attack of crural phlebitis some time after, from which she was a considerable time in recovering. A case of crural phlebitis has more recently come under my observation, after the removal of a polypus of the uterus, in the manner usually practised in France and foreign countries.

Case 79.—On the 26th March, 1856, Mr. Robert Dunn

Digitized by Google

requested me to see a lady who had been attacked with dangerous uterine hæmorrhage near the full period of pregnancy. The flooding had been going on fourteen days. The parts were readily dilated, the patient having previously borne nine children. I passed two fingers between the uterus and placenta behind, immediately got hold of a foot, and turned without any great difficulty, and the hæmorrhage ceased. The patient recovered most favourably.

Case 80.—On the 2nd December, 1856, I saw a patient, with Mr. Rose, at Islington, near the full period of her sixth pregnancy. Hæmorrhage to a considerable extent had been going on several weeks; but the constitution, until this morning, had been little affected, and there had been no pain. About a week before this (the 26th November) I had seen the patient; but the os uteri was thick, rigid, and undilated; the discharge was not great, and delivery was not practicable. But on Monday, the 2nd of December, there was great faintness and hæmorrhage; the os was dilated; the mass of the placenta felt through it. I passed the hand into the vagina, which was full of coagulated blood; two fingers were then introduced between the placenta and uterus, and gradually the whole hand, as there was little resistance. The head presented—the hand carried beyond this, the lower extremities seized, and the operation of turning quickly executed. A good deal of force was required to draw the nates through the os uteri. Recovered.

Case 81.—1856.—I received a note requesting my attendance on a flooding case of labour, at 17, Upper Cleveland-street, to meet a friend of Dr. Richardson. "It was stated to me, by the Medical attendants, that the hæmorrhage had been going on two weeks, and that it was a case of complete placental presentation." The centre of the placenta had been torn with the fingers, for the purpose of rupturing the membranes, and letting the liquor amnii escape. I felt the edges of the torn placenta on each side of the cervix uteri. The labour pains were strong; the head was descending, and there was every prospect of the labour being safely completed without further assistance. I left the patient to the care of the Medical practitioners in attendance, and afterwards heard that she was safely delivered.

Case 82.—I was called in the middle of the night to the St. Marylebone Infirmary, a short time before resigning the office of Physician-Accoucheur, to a case of uterine hæmorrhage from placental presentation, with profuse flooding. I proceeded at once to deliver, by employing only two fingers, and with the most perfect success; but I was informed about a year after that the patient had subsequently died from some puerperal disease.

Case 83.—About two o'clock in the morning of June 28th, 1858, Mrs.——, in the eight and a half month of pregnancy, and after suffering some uneasiness about the abdomen, had a profuse discharge of blood from the uterus. About four pints were lost. There was no faintness produced by this, and there were no labour pains. At 1½ p.m. I saw Mr.—— with Dr. Tunaley, of Harrington-square, who had been called soon after the occurrence; made an examination, but could not reach the os uteri, it was so high up. There was no faintness; the pulse was not very rapid or feeble, and there were no labour pains, and the flooding had ceased. We had reason to suspect that the placenta was adhering to the neck of the uterus; but, on making an examination, the os uteri was so high up that the fact could not be ascertained without passing the whole hand into the vagina, which I thought it advisable not to do, lest the hæmorrhage should be renewed. I regretted afterwards that this had not been done, for the neglect left the nature of the case doubtful; and when I quitted the house it was not known whether it was a case of placental presentation, or what is usually termed accidental uterine hæmorrhage. The following letter contains an account of what took place afterwards. In the first labour this patient had been delivered by the perforator-crotchet, in the second the arm presented. I performed the operation of turning, and the child is now alive:—

Millbrook-place, June 29, 1858.

Dear Dr. Lee,—I wish briefly to report the progress and termination of Mrs. ——'s case. During the remainder of yesterday she remained tranquil, without pain or bleeding. I left her at twelve, midnight; at one I was sent for, and found the bleeding most profuse. I carefully introduced my hand. The os was flaccid, and easily dilated to any extent; shoulder presenting; ruptured the membranes, and with very little manipulation got the head in its right position; placenta not to be felt. I administered at two o'clock a dose of ergot infusion, and good pains followed within ten minutes. So soon as the head had reached the vagina the pains became feeble, and threatened a total cessation, upon which I applied the forceps, and by gentle traction obtained delivery at half-past three. Child dead; mother, considering the enormous quantity of blood lost, doing well; a large bladder of ice over the abdomen, immediately after the birth of the child, appeared to quickly arrest the hæmorrhage, and produce firm contraction of the uterus.

Yours very sincerely,

Dr. Robert Lee. Charles Tunaley.

Case 84.—At 11 a.m., July 13, 1858, Dr. Jones requested me to go to Norwood and assist him with a case of great flooding near the full period. I found the patient—the mother of fifteen children—extremely faint; a small, rapid pulse, scarcely to be felt; a great quantity of blood had been lost during the morning; a great number of napkins saturated with blood, and masses of coagula. The discharge had first commenced spontaneously a month before. At first it was in small quantity; it had returned repeatedly, and very profusely. A portion of the placenta was protruding through the os uteri, which was dilated sufficiently to admit the tips of three fingers; the margin of the os uteri thin, but rigid. I took off my coat, passed up the right hand into the vagina, two fingers through the os uteri, and felt the placenta adhering extensively. I pressed the fingers forward between the placenta and uterus on the fore part; came in contact with the head and one of the arms; could not touch a lower extremity without introducing the whole hand into the uterus, which was done slowly, but with a good deal of difficulty; I then soon seized a foot, and brought into the vagina. A good deal of time and force was required to bring down the breech. The os uteri would not allow it to pass. At last it did, and soon after the nates, arms, and head. The placenta was immediately removed, but the hæmorrhage did not cease. An immense gush of arterial blood followed when the placenta was under the bed; the binder and pad were applied, and vinegar and water; ice could not be procured. The flooding went on, and there being no sponge at hand, a dry, soft napkin was introduced into the vagina, and pressed up firmly against the os uteri. Great faintness, but it went off; and I left her, promising to do well, but the result was unfortunate, as stated in the following letter from Dr. Jones:—

The Park, Sydenham, July 16, 1858.

My dear Sir,—You will be sorry to hear that Mrs. Pole is dead. Tuesday I removed the plug, and there was no hæmorrhage; neither was there any up to 1 p.m. to-day to speak of, a mere trace. She took a little nourishment, and was cheerful, and spoke hopefully; but she evidently had caught cold, and was troubled with a frequent slight cough, which increased the pain she experienced from the first in the abdomen, but which was now severe. Yesterday she complained of her head aching, which I thought proceeded from a little syr. papar. which I had given her with some oxym. scillæ, and I therefore left it off, and told her to take a dose of castor-oil this morning. She did so, and the bowels acted three or four times slightly by nine o'clock; no hæmorrhage. My assistant saw her about noon, and found her doing well, she herself remarking how well she felt. About an hour later she called the nurse who was not in the room, and said she was bleeding. Cold cloths were immediately applied, and they sent off for me. I happened to be just coming in, and galloped down directly. I found she had lost about a pint and a-half of fluid blood. I immediately grasped the womb, and a clot about four or five ounces was expelled, and no fluid blood. I plugged the vagina, and put on a bandage as tight as possible, and there was no more bleeding, but she was very pale, though partly sensible, and I got her to drink at intervals nearly a pint of brandy and lemonade, which she preferred. She gradually sank, and died without a struggle in about an hour. I have no time to add more at present than that I am,

Yours faithfully,

Edward Jones.

She took away the pincushion last evening, as she said it hurt her stomach, and the bandage was torn when I arrived.

Digitized by Google

CASES ILLUSTRATING THE IMPORTANCE OF OBTAINING A KNOWLEDGE OF THE PRIMARY CAUSATION OF DISEASE.

By JOHN GRANTHAM, F.R.C.S.

THERE can be no controversy needed to prove the great necessity to our giving more diligence in the investigation of the remote causes of disease, as it is too self-evident to all whose lives have been spent in the practice of Medicine and Surgery, how much they have to deplore, by not having been able to arrest the impending danger of many of their cases; and when such cannot be effected, it will be no mean information to know the primary cause of any deranged law or diseased action; it not only secures to the patient a proper mode of alleviation, but it enhances the character of the Medical attendant in the minds of the patient and the friends, thereby in a great degree putting to silence all officious interference with his attendance and management of the case; for well may it be said, "The best Physician is he who watches his patient most carefully; the best patient is he who submits for the rest of his life, it may be to his Physician's injunctions, asking not how little may I do? but how much can I do in my perilous case?" In the *Medical Gazette*, and in my "Facts and Observations on Medicine and Surgery," which is a reprint of papers published in the *Gazette* during twenty years of my life, I have at various times advocated the above principle, specially on the necessity of attending to the early symptoms of insanity on the primary causes of epilepsy, crusta lactea, and hydrocephalus internus; in a word, it has been a subject most important in my thoughts at all times, and one which I have greatly deplored to see so little attention bestowed upon so vital a question. If the loss in the system be albumen, water, sugar, phosphates, or the lithates, to such an extent as to exceed the supply, either from defect in absorption, malassimilation, or in the law of metamorphosis, and these effects be going on unobserved, there must be liability of error in the diagnosis, however shrewd be the powers of observation of the Medical man; and the only view that can legitimately be taken of such conditions, is to regard them not as constituting entities of morbid action; but, as one of a series of pathological changes going on in the system, and more valuable than others as an index of disease in consequence of the facility with which it is detected. My intention is to relate so much of my experience as may act as an inducement for a more specific and practical mode of duty in the investigation of the cause of disease. Having said thus much by way of exordium, I will now endeavour to illustrate the subject by the following cases:—

First, a case of serous effusion. My patient, a female 60 years of age, unmarried, laboured under symptoms of general dropsy, serous effusion in the chest, great pain and sickness, with inability to lie down; skin pale, pulse normal, with frequent dyspnœa, spasmodic pains over the region of the scrobiculus cordis. She states that, about six years ago she had a severe attack of fever, which she understood was designated "almost rheumatic fever," which left her with decreased muscular power, and at times had partial faintness, with shortness of breathing, and occasionally spasmodic pain, and had a peculiar pallor of the skin; this latter symptom I infer to be, as a rule, a sure indication of renal loss. She consulted a man of no small eminence among us, who treated the case for cardiac disease ensuing on the supposed rheumatic fever in 1851; the treatment suggested was attended by no alleviation of symptom, but induced great pain and general disturbance of feeling, namely, exhaustion, great pain over the epigastrium, and great mental depression. On carefully examining the chest I found no impulse of any part of the heart's action, no irregularity of sound; a dulness on percussion over the inferior and lateral part of the left side of the chest; no evidence of any increase in the size of the liver; slight cough with short breathing, body distended, bowels painful, and was unable to take any kind of food without suffering great uneasiness over the region of the stomach; her nights, to use her words, were "truly miserable." Under these circumstances I came to the conclusion, the primary cause of these symptoms had not been ascertained. On examination of the secretion of kidneys I found the urinor sanguinis as follows, spec. grav. 1023, dark amber colour, opaque, acid, with the urates in excess, a few octahedral crystals, and albumen in very great quantities. With this important fact I at once diagnosed the case to be what is termed Bright's disease in its advanced stage. There might be, and no doubt there was, softening of the walls of the heart, but most assuredly no evidence of hypertrophy. In this opinion, her Medical attendant halted in his second and third interview, being not confident of such being the case, as he at first supposed. She had been taking the iodide of potash, with iron quinine, and some drastic aperients, which aggravated the symptoms in no ordinary degree. In these cases I direct my whole attention in the treatment to the best means of improving and maintaining the law of assimilation in the stomach by enjoining such a regimen as the stomach would only convert, avoiding every irritant, or rather evacuant, and giving the mineral acids with the bitters. This mode of treatment so improved the case, as to disarm the mind of fear, and lead the patient to a false hope of getting well. To the friends I had dispelled the possibility of such a result: and finally she sank in a state of complete atrophy, attended with severe tetanic convulsions during the last fourteen days of her life.

A CASE OF DIABETIC DIATHESIS.

October, 1855.—I visited the daughter of Mrs. S., aged 9 years, whose appearance denoted general pallor; muscles thin and flaccid; mentally depressed; restless, with incessant thirst; tongue red; bowels constipated; urine increased in quantity, and irregular. On making a general inquiry, I was informed she was one of two children remaining after losing four other children from epilepsy; the father also died in an epileptic attack succeeding delirium tremens. In consequence of such a statement being made, I fairly supposed it more than probable that the primary cause of epilepsy might have not been known; I made an analysis of the secretion of the kidneys, and found the following facts:—Specific gravity, urinor sanguinis, 1028; urinor cibi, 1010; colour, pale-straw, transparent; no traces of the urates, phosphates, or albumen. The microscope developed a few octahedral crystals; urea normal, but unmistakable evidence of sugar, both by Moor and Trommer's tests; I therefore inferred that a diabetic or diuretic condition of the system might have escaped notice until the more serious effects manifested themselves. As the treatment adopted proved to be satisfactory, I will briefly describe it. Diet mixed, that is, animal and vegetable, avoiding all kinds of saccharine fermentation; no fruit, and abstaining from the satiation of thirst. I gave the nitro-muriatic acid in water before breakfast and dinner in full doses. After twenty-one days of this treatment, I ordered the acetate of iron to be taken after meals, enjoining daily exercise, and no mental occupation. The disease returned in the following spring and autumn, but in a less degree. She is now, at the date of this paper (March, 1858), in perfect health, without a diabetic symptom.

A SECOND CASE OF DIABETIS.

I can only briefly record the following case of diabetis, as it is now seventeen years since its occurrence. It affords another warning not only from myself, but it speaks the sentiments of one whose memory I ever revere (the late Dr. Prout). In August, 1841, I was desired to see the Rev. P. ——. I found him prostrate, pulse quick and feeble, tongue dark brown, senses half comatose. I became alarmed at such a sudden setting-in of so many dangerous symptoms, that for a moment I seemed quite at a loss to account for the cause. I inquired if there had been any diarrhœa? Had there been any exposure to cold, fatigue, or wet?—the answer being in the negative. The situation was peculiarly healthy; but, on making further inquiries as to the condition and quantity of the urine, I was astonished, first at the quantity, then at the odour, and learned the quantity to amount to between six and seven quarts in twenty-four hours, which had been very much in excess during the last fifteen years, believing it to vary between three and five quarts in the twenty-four hours. I inquired if, in the several hepatic attacks of which I had been informed he had had once or twice in the year, whether such an evidence had not called forth any special remark,—the reply was, none had noticed the symptoms. I then proceeded to examine the secretion of urine, which, on evaporisation, left no doubt on my mind of the presence of sugar—a diabetic condition, and that of long standing. I immediately made up my mind both as to the treatment and the opinion I had

Digitized by Google

to offer. In four days, with aid of large doses of quinine, port-wine, and beef-tea, he became apparently convalescent, walked about his farm, and began to make such arrangements as would enable him to have the full benefit of a country life. September 3, 1841, I was hastily summoned to visit him at West Heath, and there found him completely comatose, in which state he was seen by Dr. Prout, whose letter to myself, which I now publish, will confirm this narrative:—

Sackville-street, September 6, 1841.

My dear Sir,—I am grieved, but not surprised to hear of poor Mr. Preston's death. In fact, I thought him moribund yesterday, and consequently beyond the reach of human aid. This case offers another instance of the fatal tendency of diabetic affections, so little generally understood. On examination of the urine I find it to present properties only found in the worst forms of disease, and from which I consider recovery as impossible. Such cases terminate variously; but coma is one form of termination, as it is of other kidney affections. I have never seen in any kidney disease a patient recover from coma; I consider it therefore as a fatal symptom. I think you deserve great credit for detecting a disease overlooked by so many great men who preceded you.

Truly yours, Wm. Prout.

A Case of Nephritic Colic.

In this case the pain had been regarded as muscular, or rather the opinions previously had, were given with a degree of uncertainty as to whether the seat of pain might be referable to the abdominal muscles, colon, kidney, or biliary duct. The patient had been under the care of those who could, and might as easily have ascertained the primary and exciting causes as myself, only that duty was left unperformed. He, Sir E. B., was seen by two Medical men in London of just worth among us, and by one in Suffolk; the latter sent him again to London to consult Dr. Latham; but in consequence of the extreme severity of an attack of pain while remaining in this neighbourhood, previously to visiting Dr. Latham, I was sent for, Dec. 10, 1847, and after carefully considering the symptoms, I formed the opinion it was one of "Nephritic Colic," arising from great redundancy of lithate of ammonia or calculus. On making an analysis of the urine I found the following condition: urinor sanguinis, spec. grav. 1030; colour, pale straw, opaque, urates in very great excess, urea in excess, quantity decreased. The pain, which was referable to the right kidney, had been nearly constant, with occasional paroxysms, during the last nine weeks; so much so, as to give the impression there might be local irritation from calculi in the pelvis of the kidney; but the absence of epithelial scales and blood corpuscles, with premonitory hepatic deranged function, induced the belief that the cause of the pain might only arise from that condition of the kidney, the effect of malassimilation in the second process of digestion in the duodenum.

The treatment consisted in giving large doses of the carbonate of soda with carbonate of ammonia, and freely unloading the colon, and keeping the patient on a bland non-nitrogenised diet; after relieving him from all pain, I then had recourse to the nitro-muriatic acid treatment to improve and assist the first process of assimilation in the stomach; and here I observe this principle of diffusing chlorine in the coat of the stomach is not always kept in mind as forming a chloride of sodium, and thereby assisting the conversion of food, fitting it for the admixture of the bile and pancreatic juice in the duodenum. This treatment, in conjunction with the use of the warm baths, restored my patient to health, which continued unabated until when in Scotland this last shooting season, he had a return of acute pain on the right side, extending over the abdomen, from damp and fatigue, with severe constipation, for which he was put under the influence of mercury, drastic aperients, enemas, warm baths, etc. When able, he came on to Edinburgh, and saw Professor Syme, who advised him to resume his former mode of treatment, but further urged him to come direct to London, where I again saw my patient. On examination I found great hardness over the right side remaining, which I ascribed to engorgement of the ascending colon; he was anxious, depressed in spirits, weak and trembling in his gait. Having thus diagnosed, I ordered him one tablespoonful of castor-oil in a tablespoonful of R. of rhubarb, which had the desired effect of acting on the colon and removed the hard condition, which symptom was of such a character as to raise a doubt in my mind whether it might not have been an abdominal tumour. I again made an analysis of the urine, and discovered in addition to the loss of the urates, there was an elimination of the phosphates, consequently he was losing nervous as well as mucous structure, requiring a more rigid treatment in abstaining from fruits and fermented drinks, and a further necessity in having recourse to mild aperients with the mineral acids. After pursuing this treatment with great advantage in December of last year (1857), the prostate became irritated, had some difficulty in passing water, the result of a small calculus composed of lithate of ammonia, which came away the size of a small bean, and in all probability was renal, and had lodged for a time in the prostatic portion of the urethra.

Remarks.—How seldom do we call to mind the facts that I have attempted to depict; first, the error in assimilation tolerated for a lengthened period until the kidneys can no longer discharge their abnormal contents, a calculus is lodged in the pelvis of the kidney; spasm, or a natural effort to dislodge the substance with prolonged pain; and then another effort is made to pass the substance over the prostate gland; and this proceeding from hepatic functional derangement, induced primarily by error in the conversion of food in the cardiac extremity of the stomach.

P.S.—In May of this year, I was again consulted in the above case in consequence of the patient sustaining general loss of power, with great increase of thirst, which had induced his Medical man to make an examination of the urine, who then discovered the presence of sugar in the secretion, which statement I corroborated by my own analysis. This is one of several facts that have come under my observation that the order of long continuous derangement of the kidneys is in the following order:—1st, the elimination of the lithates; 2nd, the phosphates; 3rd, the saccharine, unless fatty degeneration is brought on, and then there is necessarily the albuminous condition of the urine.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE HOSPITAL PHARMACOPŒIA.

Since our last notice of the Pharmacopœia of the Hospital for Diseases of the Skin, Mr. Startin has published a new edition, in which is adopted the plan which we have frequently recommended of indicating the chief uses of the different formulæ. We regret, however, to observe that this plan has been carried out with such extreme brevity, that our self-assumed task is by no means superseded. To take as examples the first two prescriptions in the book, all the information which the reader gets concerning the "Balneum acidum," is that it is "used in chromatic, papular, and squamous affections," and respecting the "Balneum alkalinum," "used in squamous, phlegmonous, papular, and corneous affections." Before averring that no one can possibly be the wiser for such crumbs of knowledge, let us turn to the tabular statement, and see what the "chromatic" affections of the skin are. In that class the following are placed:—"Leucopathia, chlorosis, cyanosis, icterus, melanosis, nitrate of silver stain, bronzed skin of Addison, purpura, eczema rubrum, lepra alphoides, lepra nigricans, pityriasis versicolor, pityriasis nigricans, maculæ, maculæ hepaticæ, herpes iris, epulis, lentigo, vitiligo, moles, syphilides, canities." What influence the Balneum acidum could possibly have on three-fourths of these diseases is beyond our ken, nor would, indeed, Mr. Startin himself ever think of ordering it. It is plain then that some other information should be vouchsafed, than that the bath in question is used in "chromatic" affections. As we have here to do only with therapeutics, we will not stop to criticise the classification itself, or to question the right of several of the affections mentioned above to the designation of skin diseases. At some future time Mr. Startin will, we hope, give the Profession the results of his large experience in these matters in a form very different from that which is now before us. Few men are more competent than himself to deal with any question of cutaneous pathology or therapeutics. In the meantime we shall continue our endeavour to present our readers with illustrations of the practice at this Hospital as pursued in detail, and as adapted to special cases.

Digitized by Google

Note I.—Disuse of Soap.—Mr. Startin is very emphatic in his directions to patients suffering from cutaneous eruptions, to avoid the application of soap to the irritated part. In the general directions appended to the pharmacopœia is the following:—"Avoid using soap of *any kind* to the affected parts; substitute to cleanse the skin, instead of soap, a paste or gruel made of bran, oatmeal, linseed-meal, arrowroot, or starch and warm water, or with warm milk and water; and yolk of egg and warm water to cleanse the scalp." The last-named application is exceedingly useful in cases of porrigo and eczema of the scalp in children. Both of these affections are often aggravated and kept up by the persevering use of soap.

Note II.—Treatment of Boils.—The following mixture as an aperient tonic is the one usually prescribed for patients suffering with boils:—℞. Sulphate of magnesia ʒiij., sulphate of iron ʒij., dilute sulphuric acid ʒss., diluted with infusion of quassia to a pint in quantity. Of this the dose is from two to four drachms three times daily taken in water. Locally each boil is touched with a glass brush dipped in the nitrate of mercury solution, and is subsequently dressed with an ointment containing a small proportion of the ammonio-chloride, or some similar salt of mercury.

Note III.—Treatment of eczema of the scalp and face in children.—A fair-haired blue-eyed child, aged two years, was admitted with that so common and so troublesome form of eczema in which the whole face and scalp are involved, but the rest of the surface free. It had suffered since the age of six months, but excepting the irritation of the eruption its general health was not interfered with. Mr. Startin ordered as follows:—Misturæ potassii iodid: ʒj. aq. ʒv. capt. ʒj. ter die. The surface to be washed with the yolk of egg and water, and smeared with the nitric oxide of mercury ointment. Rapid improvement ensued in this individual case; and it may be taken as a fair illustration of the treatment usually adopted. In obstinate cases the compound iodide mixture, which contains arsenic, is often employed.

The formulæ for the above-mentioned preparations are:—of the mixture—a drachm of iodine, an ounce of liquor potassæ, and a pint of distilled water, each drachm containing half a grain of iodine (see page 26). Of the liniment—olive oil, two ounces; lard, two ounces; powdered nitric oxide of mercury, a drachm; oil of bitter almonds, half a scruple; and glycerine, ʒj. (see page 10.)

Note IV.—Prescription for Impetigo figurata.—A cachectic boy, aged three, was brought to the hospital with scattered patches of impetigo figurata over the whole body, more particularly at the flexures of the joints. He was ordered to bathe all the inflamed parts with the dilute nitric acid lotion, to apply the compound mercurial ointment to all excoriations and ulcers, and to take three times daily a teaspoonful of the following mixture:—℞. mist. hydr. co. ʒj., tinct. opii, ʒj., aquæ ad, ʒvj. ft. mistura. (The mist. hydr. co. contains a tenth of a grain of the bichloride of mercury, and a fortieth of a grain of arsenious acid in every drachm.)

The formula for the dilute nitric acid lotion is half an ounce of dilute nitric acid, and two drachms of tincture of myrrh, to the pint of water. Mr. Startin considers it quite as efficacious as the hydrocyanic acid lotion in relieving itching, while it is of course far less expensive. The "compound mercurial ointment" is made by mixing six grains of the ammonio-chloride, and six of nitric oxide with an ounce of lard.

Note V.—Treatment of the different forms of Acne.—In acne Rosacea, and acne simplex, the acid solution of iron in half ounce doses is usually ordered, while for the tubercular form Mr. Startin places more confidence in the iodide of iron. The latter is generally given in from one to two grain doses. Malt liquors are strictly prohibited in all cases. In almost all the local use of the red lotion is directed, and any larger pustules or tubercles, which may be observed from time to time, are touched on their apices with the acid nitrate of mercury solution. In addition to these remedies the direction is mostly given to be particular in squeezing out the contents of the distended follicles as soon as they become perceptible.

The "acid solution of iron" is made by dissolving three ounces of Epsom salts, and two drachms of sulphate of iron, in half an ounce of dilute sulphuric acid, and a pint of infusion of quassia. The "Red Lotion" consists of two scruples of the bichloride of mercury, one of the bisulphuret, and ten minims of creosote, in a pint of water; each ounce containing two grains of the bichloride.

HOSPITAL NOTES.

ACCIDENTAL DEPRESSION OF THE LENS, AND SUBSEQUENT AMAUROSIS.

Mr. Dixon the other day removed an eye at the Ophthalmic Hospital, the condition and history of which were exceedingly interesting. The patient, a man of forty, had come under care on account of muscæ and failing vision in the right eye, and stated, that for twelve years back he had been quite blind of the left. On looking carefully into the left Mr. Dixon found that the lens had been depressed, and was visible below the pupil. On inquiry, it turned out that the man had received a blow on the eye twelve years ago, prior to which his sight had been good, and within a few weeks of which it had been wholly lost. As the fellow eye was evidently suffering, extirpation of the amaurotic globe was advised. It was performed in the usual manner, and the soft parts quickly healed. On dissection, the lens, in its capsule, was found lying on the retina, just behind the ciliary processes, and attached by some thin films of membrane both anteriorly and behind. The vitreous was as fluid as water. The retina was not detached, but had almost wholly lost its normal structure. Mr. Dixon remarked on the case, that it was of much interest, as showing the injurious influence of a depressed lens upon the delicate structures on which it is made to rest. In many cases of artificial depression, as formerly adopted, the object of the operator, he observed, was, fortunately, not wholly achieved, and the lens being displaced from its capsule, underwent more or less of subsequent absorption. In this instance, however, its capsule had retained its integrity, and had prevented any absorption of the lenticular substance.

PECULIAR CONDITION OF HIP-JOINT DISEASE.

An instructive case of excision of the head of the femur, in diseased hip-joint, occurred a few months ago under Mr. Bowman's care in King's College Hospital. The chief point of interest was, that on exposing the parts no disease could at first be found, and some embarrassment was caused. The head of the bone rotated freely in its socket, and without any perceptible grating, while the finger could be passed round it without discovering any carious surface. The symptoms had, however, been so well marked, that but little doubt as to the diagnosis could be entertained, and Mr. Bowman accordingly continued the examination, until at length, an opening into the capsular ligament was found. On enlarging this, and turning out the head of the bone, the latter was found wholly denuded of cartilage, but so protected by soft granulations, that no grating had been perceived. The diseased part was sawn away, and the girl, subsequently, made an excellent recovery.

We notice this case, because it has occurred to us on two previous occasions, to see much embarrassment caused by finding a precisely similar state of things after cutting through the soft parts. They are cases in which the opening in the capsular ligament is very minute, and in which that structure has, in an unusual degree, retained its integrity. In one, the surgeon so far doubted his original diagnosis, as to desist from the operation, fearing, that if he went on with it he should have the annoyance of opening a healthy joint. No opportunity occurred for dissection of the parts, but there is every reason to believe that the head of the bone, as in Mr. Bowman's case, was extensively diseased.

OVARIOTOMY OPERATIONS.

On Monday last, at the Metropolitan Free Hospital, Mr. Hutchinson performed two ovariotomy operations, one complete, the other not so. The subject of the first was a thin feeble woman, aged 40, in whom a multilocular cyst had existed nine months and been twice tapped. Her strength had so far given way that she had for some time been confined to bed, and as its multilocular character, as well as the existence of solid growths in its walls, altogether precluded the hope of advantage from milder measures, ovariotomy was decided upon. Some adhesions of considerable strength were found, but they were detached, and the cyst removed. The pedicle was secured in the lowest part of the incision. The patient bore the operation exceedingly well, and up to the present time has not had an ill symptom.

The subject of the second case had been in the Hospital

Digitized by Google

four months, and had been tapped during that period five times. The cyst was known to be multilocular with solid portions, and was believed to be extensively adherent. As an only chance for the poor woman, however, it was determined to make an exploration and ascertain whether extirpation were practicable. An incision of about three inches long having been made it was found that the adhesions of the cyst in front were not very dense, and could be broken through. The cyst was accordingly tapped and opened. It proved, however, on further prosecution of the attempt to detach it, to be so closely united to all the viscera that its removal was out of the question. It was, in fact, inverted by the liver, coils of intestine, etc., much in the manner of a second peritoneal investment. This patient has, since the operation, suffered most severely from vomiting. A catheter is retained in the wound in order to drain away any re-accumulation of fluid, and in the hope of securing the obliteration of the cyst. In both cases silver wire sutures were employed for the closure of the wounds. We shall take an opportunity at some future time of stating the result in each.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

NOTES OF A VISIT TO THE EDINBURGH ROYAL INFIRMARY.

(Concluded from page 221.)

Lithotomy.—The Edinburgh method of performing lithotomy does not differ from that adopted by most of our London Surgeons. On Monday, August 2, I saw Mr. Syme remove a stone of considerable size from the bladder of a man somewhat past middle-age. The curved staff was used, and a single broad-bladed scalpel was made to complete the incision into the bladder. Before introducing the forceps, however, a blunt-pointed bistouri was employed to enlarge the wound. The perinæum was deep, and the third lobe of the prostate enlarged. No unusual difficulty, however, occurred in the extraction of the stone. In this operation, as in all that I saw this distinguished Surgeon perform, I was much pleased to observe the cool deliberation which characterised every step, and the entire absence of all attempt at display.

At Glasgow, the angular staff, as devised by Dr. Andrew Buchanan, is, I was informed, almost invariably used, and all with whom I conversed on the subject spoke very highly of its advantages. In Edinburgh, however, it does not appear to have as yet come into favour. My own impression is strong, that, if Dr. Buchanan had merely recommended this staff as suitable for the ordinary operation, instead of connecting it with a new procedure of very questionable merits, he would have succeeded much earlier in getting its undoubted advantages recognised.

Bronzed Skin.—No well-marked case of supra-renal melasma has, I believe, as yet come under notice in the Edinburgh Infirmary. Dr. Laycock has, however, at present under care in one of his wards a man whose skin presents a very considerable degree of discoloration. He is rather past middle age, and a native of Edinburgh, and has for some months suffered from debility and other constitutional symptoms, of which the cause is not very apparent. His face, arms, body, etc., are very brown, but the colour is more uniformly diffused and homogeneous than is usual in characteristic cases of bronzing. There are, moreover, no patches on the mucous membrane of the lips, and the history as to any particular change in colour having been recently observed is very indistinct. The case is sufficiently suspicious to be of great interest, though not by any means warranting a confident prognosis.

Excision of the Cervix Uteri.—Dr. Simpson, as is well known, is a staunch upholder of the advantages of operative interference in certain cases of malignant disease of the lips of the uterus, in which the adjacent structures have not as yet been invaded. A woman was in the Hospital at the time of my visit, on whom it was intended to perform this operation, but owing to an attack of diarrhœa it was deferred. An écraseur, armed with wire instead of a chain, was the instrument intended for employment. Dr. Simpson had adopted the wire in preference to the chain, in consequence of its flexibility in all directions, permitting of more easy application, without dragging the uterus so low down. In one case in which some time ago a patient died, after excision of the cervix by the scissors, there was found extravasation of blood into one broad ligament, which was attributed to the forcible traction which had been employed to bring the organ within reach. Although the patient's death was not attributable to this accident, yet there was sufficient to point out the expediency of avoiding the use of much force for this purpose in future cases.

Diagnosis by Physiognomy.—In my remarks under this heading last week I omitted to state that a course of special instruction on Diagnosis by Physiognomy, is given by Dr. Laycock in his Clinical Wards. The amount of attention which the Professor has for many years devoted to this subject is well known.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, SEPTEMBER 4.

SANITARY CONDITION OF THE PEOPLE OF ENGLAND.

The Registrar-General informs us that, according to his calculations, people in this country, if they lived out their due term of life, would reach the average age of 80 years; but, through various causes, not more than a tithe of our population attain the age of 75 years; so that, in fact, nine-tenths of the entire mortality in this island occurs very prematurely.

Inasmuch as every one postpones as carefully as may be his fated interview with Death, it becomes a matter of deep interest to all of us to know why it is that so few compass the full period of the existence which is allotted to us, why so few come to a natural termination of life, die of a natural death—death by old age. An answer to these inquiries has been lately furnished by the report of Mr. Simon and by Dr. Greenhow's inquiries.

There are, it appears, unavoidable and avoidable causes of death. The unavoidable are those which result from hereditary disposition to diseases, congenital malformations, the diseases of childhood, accidental and criminal injuries, contagions, privation, and some other like agencies: these are, to a certain extent, unavoidable causes, to which all of us are necessarily subjected, and which can only be mitigated gradually. But if all these unavoidable causes could be removed, so that men in this country might attain the aforesaid age of fourscore years, the annual rate of mortality would be about 12 in 1000. And, indeed, experience shows that these unavoidable causes are capable of great mitigation in their effects, and that they operate much more banefully in some districts of England than they do in others. England is divided into 628 registration districts, and the average death-rate per 1000 is about 22; but there are 64 districts in which the death-rate is as low as from 15 to 17 per 1000; and there are some, again, in which it runs up to 31, 33, and 36 per 1000.

No one, Mr. Simon says, will pretend that people live too

Digitized by Google

long in the 64 districts referred to; and therefore it inevitably follows that life is artificially shortened in the other 564 districts. But if, as is the case, the population of those 64 districts is subjected to the same morbid unavoidable influences above referred to as the population of the 564 districts, then we are forced to the conclusion, "that the local excesses of fatality" which occur in the 564 districts "are due to local circumstances of aggravation; that these aggravating local circumstances are such as it is fully possible to counteract; and that of the total mortality ascribed to these influences in England a very large share is preventible."

But a large part of the mortality results from diseases which (unlike those before mentioned) are, in the most absolute sense, preventible. "There are certain diseases, of which it is hardly a metaphor to say, that they consist in the extension of putrefactive process from matters outside to matters inside the body; diseases, of which the very essence is filth; diseases, which have no local habitation except where putrefiable air or putrefiable water furnishes means for their rise or propagation; diseases, against which there may be found a complete security in the cultivation of public and private cleanliness. Yet some tens of thousands of deaths annually arise in England from these diseases. And, again, there are diseases of other kinds, which annually kill some thousands more of our population, though the appointed preventives are so definite and accessible, that scarcely a death from such causes ought to occur in any civilised country."

One-fourth of the mortality of England is thus to be referred to the diseases which are capable of removal; some entirely, and some in part. Let us shortly consider the nature of some of them.

Diarrhœal diseases are increasing in this country; during nine years from 1848-56 they have destroyed 237,498 persons, which gives an average of 26,388 per annum. Dr. Greenhow shows that these diseases have prevailed in different parts of the country with an astounding inequality; the average annual death-rate by this class of disease has been found to range in different districts from 4, 8, 10, 14, and 17 in some, to 463, 493, 519, 568, and 663, in others per 100,000. "So that, if the general diarrhœal death-rate of England were even only ten times the minimum diarrhœal death-rate, there would be an annual saving in England of nearly 20,000 lives." Now Medical science, says Mr. Simon, warrants this presumption, that wherever the diarrhœal death-rates are high, the population either breathes or drinks a large amount of putrefying animal refuse. A remarkable proof of the preventible nature of such diseases is given by Dr. Greenhow. In the parish of Tynemouth during 1848-49, the deaths from cholera and diarrhœa amounted to 463: but in 1853 Tynemouth was exempt from an epidemic which was raging around it in Newcastle and Gateshead; and the exemption seems to have been wholly due to sanitary improvements effected in the interval between the two visitations.

Typhus is essentially a disease of filth. "On pourrait," says M. Baudens, "le faire naître et mourir à volonté." It is admittedly under the control of sanitary regulations; and yet it has killed an average of 17,371 per annum in England, and chiefly of our labouring population, altogether 156,340 during the nine years 1848-1856. In some districts the death-rate has been 21; in others it has reached 209 per 100,000, a mortality which is a certain sign of the grossest sanitary neglect. A curious demonstration of what may be done in this matter, is given by Mr. Simon. Under the bars and bolts of the prison-house typhus is almost an unknown disease; outside that privileged area fever continues its ravages. The criminal is no longer subjected to the dark cells, damp floors, and fœtid atmosphere, which constitute the too frequent household circumstances of the poor.

Pulmonary affections destroy annually about 552 out of every 100,000 of our population, constituting very nearly one-fourth of the whole mortality of England. The district death-rates vary from 216 up to 999 per 100,000. In Cumberland it is 435; in Lancashire 706. Phthisis numbers annually its 50,000 victims; its death-rate ranges from 134 up to 445; it is lower among the agricultural than the manufacturing population. Inadequate ventilation is probably one great influence injuriously affecting the in-door workman; to this cause have been chiefly traced the ravages committed by pulmonary diseases among our soldiers. Removable causes, Mr. Simon says, have notoriously so much to do with the increase of tubercular diseases, that a strict inquiry should be made to determine, whether the development of phthisis among men and women engaged in manufacture really be an appanage of such employment; and he most wisely gives us these warning words: "Whatever tends to increase tubercular disease among the adult members of a population must be regarded as assuredly tending to produce a progressive degeneration of race."

Particular occupations have a fearful influence in the production of non-tubercular pulmonary affections. This class of disease has a varying death-rate of from 66 to 869 per 100,000. The inhalation of metallic and earthy particles, and even of cotton or woollen fluff is especially hurtful. Lead, tin, and copper-mines suffer most severely in this respect. "The most-exclusively lead mining district of England thus loses a larger amount of its adult population than the unhealthiest city in the kingdom." Exposure to great vicissitudes of temperature induces also a great mortality from pulmonary affections, as among pottery-manufacturers.

Of children, under five years of age, 27,000 die annually of pulmonary affections in England, the death-rate varying from 213 in the healthiest, to 2897 per 100,000 in the unhealthiest district of England.

Small-pox, it appears, killed 41,290 persons; 4587 a-year from 1848-56: and of those who still die of the disease in England, the immense majority are non-vaccinated or ill-vaccinated. The presence of many deaths from small-pox in any district is a certain sign that vaccination there is ill-performed. To foreign nations, says Mr. Simon, who learnt from us the means of preventing small-pox, it must seem incredible that we still annually suffer between four or five thousand deaths by the disease. In certain districts of England, during three months ending March 31, the deaths from small-pox amounted to one-fourth of the entire district mortality—sixty years after Jenner's discovery! It is certain that vaccination is still grossly neglected in this country.

Mr. Simon gives two short tables which show at a glance the vast range of death-rates in different districts.

1. Annual death-rates, by diseases which are either wholly or almost wholly preventible under good sanitary arrangements, have ranged in different districts as follows:—

Cholera.	Diarrhœa and Dysentery.	Continued Fever.	Small-pox.
From nothing to 403.	From 4 to 345.	From 21 to 209.	From nothing to 146.

2. Annual death-rates, by diseases which to some considerable extent are inevitable, but of which the severity or the frequency may be controlled by good sanitary arrangements, have ranged in different districts as follows:—

Tubercular Phthisis in Women.	Non-tubercular Lung-diseases in Men.	Common infections. Disorders of Childhood.	Convulsive Disorders of Childhood.	Pulmonary Affections of Childhood.
From 229 to 586.	From 66 to 869.	From 694 to 2149.	From 280 to 3832.	From 213 to 2897.

Digitized by Google

The important practical conclusion deducible from these considerations is this: that the fatally prevalent diseases here spoken of are eminently diseases which can be prevented. Good local government in one district keeps them at their least conceivable activity; in other districts they are left to run riot, as if society were in a state of the most savage ignorance.

Mr. Simon has faith in the good disposition of local authorities, "when once they have been *fully* and *publicly* informed of the existence and fatality of such causes." But unless this is done, unless public opinion is made to bear upon them, there is no security that the work will be duly done.

THE ROYAL COLLEGE OF PHYSICIANS.

Now or never! The Royal College of Physicians, under the Medical Act, has lost the little power that it possessed, and in a few years it must, if that ancient body again refuse to march with the times, forego all claim to the leadership of the Medical Profession. If the College should not now at once and completely abandon that exclusive and narrow policy which has so long undermined its prestige, the prestige will be obliterated, and it will be swamped by the advancing wave of progress, never to rise again. Yet it possesses the prestige which an ancient name, and the undoubted social and scientific eminence of so many of its members, cannot fail to bestow upon a corporation; and if the College would take the lead, in a liberal spirit, we doubt not that it might yet fulfil a high mission, and assist in the pacific solution of the many problems that the new organisation of the Profession must bring with it. But we are told the College is trammelled by its charter,—by risking the little it possesses, all will be lost. We reply, the loss of position and power is certain if nothing be ventured, and the stake to be played for is the highest that can be offered to a scientific corporation. It is no longer the question as to whether the College shall take upon itself the functions of the Board of Health, or of a General Medical Council. The nine Sibylline books were offered to the College, and refused; the six were in its grasp, and they were rejected with disdain; the three are yet attainable, and, if it accept them at a high price, it may yet, by aid of an ancient name, and by placing itself in the vanguard of the Professional battle, secure, on the highest grounds of intellectual and moral worth, the position that will otherwise be lost.

It is the special prerogative of the College of Physicians to separate trade from a liberal profession. The tendency of the Profession at large is to abandon trade where it is possible to do so. Let the College then open its doors wide, and invite all to enter who desire to share in the prestige of its ancient name; let it secure the affection and sympathy of the great body of the Profession, and by an accession to its numbers, and by the distribution over the kingdom of its members, the power and name of the College may yet be revived in a way in which no charter can provide for. To exercise moral force, numbers are necessary. It is useless to conceal the fact that, at present, except perhaps in London, and scarcely even there, it is not an advantage to be called a member of the College. But let it be understood that merit alone leads to the highest offices in the College; that its officers, like those of other institutions, are amenable to public opinion; and that, while a high standard of examination is maintained, the fees of admission are reduced to the requirements of the age, and the numerical and intellectual forces of the College must at once receive an accession, which will prove that its name has yet a strong hold upon the Profession. It is absurd that a Physician should be only a man who is called into a consultation *in extremis*; the ancient apothecary and the barber Surgeon no longer exist. Both take a higher place. The public now require Physicians; and it is for the College to supply the want liberally and largely. The more it meets the wants of the public, in and out of the Profession, the more we may hope to see it flourish. Failing to recognise its duties and its perils, it must follow the fate of all rotten boroughs. Therefore, again we say to the College of Physicians, Now or never! Get a new Charter; but, in the meantime, act upon the old.

THE WEEK.

Another death from Chloroform. Had poor Snow been still among us he would have been down to Epsom and Ewell, and we should have had full particulars of the case for the information of the Profession. As it is we must wait for further information as to the amount of chloroform administered, the means of resuscitation adopted,—and in a word, for anything like a trustworthy account of the case—for we have been assured that the report of the inquest which has appeared in the newspapers is not a correct representation either of the facts of the case, or even of what took place at the inquest. As they stand, the facts are that a *dentist*,—not a Medical man,—took upon himself to administer a most potent medicine before proceeding to extract a tooth, and that the patient died almost immediately after the tooth was extracted. The *dentist* seems to have convinced the jury that "no blame should attach either to the mode of the administration of the chloroform, or the promptness and fitness of the means taken to combat its distressing results;" and he further took occasion—so say the reports—to offer some hints to the Medical Profession, informing us, "that a *minimum* quantity of chloroform administered with the greatest caution may cause death, and such being the case, it is desirable that its use in operations of a minor character may be avoided." As we hear of no post-mortem examination, and are far from wishing to be hard on the dentist, we feel bound to express our doubts whether the chloroform had anything whatever to do with the death of the patient. In the first case in which Dr. Simpson proposed to try the effects of chloroform in a surgical operation, a boy was tied up for lithotomy; and just as Mr. Miller was about to shave the perineum the child died. Had he died a few moments later, the death would have been infallibly attributed to the chloroform, and the use of the remedy probably retarded for ten years. Then, Mr. Spencer Wells recorded some fifteen years ago the case of a man in Malta Hospital who had gonorrhœa. Bad toothache came on, and he begged that it might be extracted; but while the surgeon was gone for the forceps the man died, as it was proved afterwards, of spinal hæmorrhage. We must wait for further information: but one lesson may be impressed on the public mind—namely, that if any one but an educated Medical man administer Chloroform, at any rate such a one should be present when it is administered. The report of the dentist running about Epsom for Medical aid after the girl was dead is too shocking!

An inquiry has just been instituted at Dundee upon the subject of the proposed closing of the burial-ground of that city. It appears that the ground in question is immediately surrounded by a very populous neighbourhood, and a number of witnesses were called to prove the offensive nature of the emanations exhaled from the soil, and the danger to health thereby occasioned. On the other hand, evidence of an opposite character was given to show that the burial-ground was well-conducted, that the number of interments was of late very much restricted, and that so far from being unhealthy, the neighbours were in the habit of frequenting the spot for the sake of its salubrity. The Medical evidence was of the same conflicting character, for while some of the Medical witnesses denounced intra-mural interments in general, and those of

Digitized by Google

Dundee in particular, others declared that the effluvia from decomposing human bodies were not injurious to health, and that the Dundee burial-ground was the very reverse of being injurious to the health of the citizens. Under these difficult circumstances, the Sheriff, to whom the decision of the question is intrusted by the Act of Parliament, declined to deliver an immediate judgment, but determined to take the opinion of some eminent chemist and physiologist to guide him in his conclusions, and he has therefore referred the matter to Dr. Lyon Playfair, the Professor of Chemistry at Edinburgh, who will be called upon to analyse the soil of the burial-ground, and also to give his opinion as to the effect likely to be produced on the health of the inhabitants by the continuance of interments in the same locality.

We have again and again given expression to the general feeling that the Medical officers of the East India Company's service, especially those of Delhi and Lucknow, have been very inadequately rewarded. Their brother officers have borne testimony as to the admirable manner in which they performed their trying duties; and yet while honorary distinctions have been freely bestowed on one class, they have been denied to the other. A correspondent has drawn our attention to the following statement of disqualifications which must operate very injuriously upon the Medical department and the service generally:—

"A Medical officer in the Bengal army until he has served thirty years in India can attain no higher relative army rank than that of captain, and is consequently disqualified for even the third-class decoration of the Bath. The system of brevet promotion for distinguished services in the field has never yet been extended to the Medical men, and it is therefore only under the extraordinary circumstances of a comparatively junior Surgeon being appointed to the temporary office of field superintending Surgeon that a Medical officer under the age of 52 can attain even the slightest honorary distinction. It is scarcely a matter of surprise that such a state of things should operate prejudicially upon the Medical department at large, nor that it should be keenly felt by every individual member of the service."

The Company's Medical officers who served at Lucknow are especially aggrieved at not participating in the grant of a year's service, which has been conferred as a special honour on the officers and men of Her Majesty's 32nd and 84th Regiments. The native troops of the garrison have been allowed to count three years' service, but the European Commissioned officers of the Company neither share in the honours granted to the British or native troops. We trust that such injustice only requires exposure to ensure a remedy.

The late stir at Acomb House, and the natural indignation of the public excited by the proceedings at that establishment, have brought a number of quondam inhabitants of Lunatic asylums into the newspaper field. Their miseries, and sufferings, and tortures during the time they were under restraint, have been extensively detailed and widely distributed amongst the numerous readers of daily prints. Their experiences, of course, are detailed in glowing and poetical language. But it is the duty of wise people, who still have their wits intact, to take all these things at their real value. Surely every human institution is a fallible institution; and everything human, weak in some of its parts. But because abuses have crept into some portions of our Lunatic system, it is very unreasonable to be screaming out (as so many of the press are doing) that all Lunatic asylums are chambers of horrors, and all Lunacy Doctors unfeeling savages. It is well for the public to be told that a man may be raving mad to-day and of sane condition to-morrow. How utterly childish then it is to make all this outcry against the restraint of lunatics, because certain quondam lunatics have passed muster before a jury, and been deemed by law capable of managing their affairs! Did those who shouted so loud the other day, when one Mr. Ruck was proclaimed legally sound, take any note of the pregnant fact, that out of eighteen jurymen six were of opinion that he was incapable of taking care of his property? But this fact to a thinking mind tells a grave tale; and should, at all events, teach the press to modify its shoutings upon the occasion, and to be in some degree moderate of its abuse of the doctors; for the opinion of six out of eighteen honest men was, that the proceedings in Mr. Ruck's case had a good show of reason.

In this country we are glad to think that experiments on animals are never performed now-a-days except upon some reasonable excuse for the pain thus wilfully committed. We are inclined to believe that the question will some day be asked,—Whether any excuse can render them justifiable? But one cannot read without shuddering details like the following. It would appear from these, that the practice of such brutality is the every-day lesson taught in the veterinary schools of France. "A small cow, very thin, and which had undergone numerous operations, that is to say, *which had suffered during the whole of the day the most extreme torture* (ayant éprouvée durant une journée entière des souffrances les plus vives), was placed upon a table and killed by the insufflation of air into the jugular vein," etc. etc. This fact is related by M. Sanson, of the Veterinary School of Toulouse, merely incidentally, when describing an experiment of his own upon the blood. The wretched animal was actually cut to pieces by the students, who were learning the art of veterinary surgery. We are reminded of the Abyssinian feast described by Bruce, at which the animal was sliced up alive in the *salle à manger*, and so served up quivering to the delighted savages! M. Sanson adds (merely wanting to prove that the nervous system of the animals upon which he operated was properly stirred up): "Those who have seen these wretched animals on their bed of suffering (lit de douleur), know the degree of torture to which they are subjected,—torture, in fact, under which they, for the most part, succumb!"

Our statement that the gratuity to the Civil Surgeons employed in the East during the late war was not liable to income-tax has led to numerous inquiries whether the same rule would apply to Militia Surgeons. Several of these gentlemen have applied to the War-office, and have been informed that the gratuity to the Militia Surgeons was to be charged with the duty. This is so great a hardship, and so manifestly unjust, that we feel sure it only requires a little of that energetic and persevering pressure on the Commissioners which Mr. Rowdon exerted so successfully on the part of the Civil Surgeons, to obtain any just demand. When Mr. Rowdon appealed to the Commissioners for Income Duty at the War Department to refund the income-tax deducted from his gratuity, it was decided by the Commissioners that in all cases where Medical officers remained in the employment and pay of the Government *after* their gratuities became due, the income-tax was strictly chargeable; but that in those cases where the services of Medical officers were dispensed with *before* their gratuities were due, a kind of poetical justice was conceded to them, and their gratuities were declared not to be chargeable with income duty. But if it can be shown that any Militia Surgeon received no pay whatever from Government after his gratuity became due, he is undoubtedly entitled to have the Income Duty refunded to him, and in that case he should apply by letter to Mr. Maynard, No. 54, Income Duty Office, War Department, Pall Mall. If he succeed, of course his case will rule all

Digitized by Google

others similar to his own. We suspect, however, that many Militia Surgeons remained in the employment of Government AFTER they received their gratuities, and on that fiction of the law their claims will be disallowed. Certainly, the Militia Surgeons have been very hardly dealt with by Government, not only on this, but on other points. This last grievance, if their claims be really refused, should be embodied with their appeal to Lord Derby, who promised, if the grievances were substantial, to redress them.

REVIEWS.

On Diabetes and its Successful Treatment. By JOHN M. CAMPLIN, M.D., F.L.S. London. 1858. 8vo, pp. 60.

THIS little work consists of Dr. Camplin's well-known paper in the Medico-Chirurgical Transactions, "On the Juventia and Lædentia in Diabetes," with an appendix containing the results of his more recent experience, and a sketch of the doctrines of some of the modern physiologists, especially those of Dr. Pavey, who have attempted to explain the exact mode in which sugar is formed in the animal laboratory. Dr. Camplin is an example of recovery from the disease, a living proof of the inaccuracy of the synonym *die and beat us*, so commonly used by talkers about diabetes; and as his health seems to be owing to the rational dietetic, hygienic, and medicinal treatment he adopted, his suggestions are well worthy of the attention of practical men. His chief point is the use of bran bread, not the common brown bread of the bakers, containing unground bran with the flour, but bread made solely of finely ground bran—(which, according to a recent analysis of Dr. Marcet, only contains 2·52 per cent. of starch—) with a large quantity of gluten, fatty matter, and salts; meat, fat, fish, eggs, milk, and the cruciferæ are allowed freely—fruit is especially to be avoided. But for these and other matters we must refer to the book itself, which is very creditable to Dr. Camplin, and well worthy the attention of practical men.

On Dislocations and Fractures. By JOSEPH MACLISE, F.R.C.S. Fasciculus V. London: 1858.

THIS part contains four excellent plates of dislocations of the radius and ulna at the elbow and wrist joints. The interest of the work is well sustained as it progresses.

The Diagnosis of Surgical Cancer. By J. Z. LAURENCE, F.R.C.S. M.B. etc. 2nd Edition. 8vo, pp. 126. London: 1858.

WHEN the first edition of this little book appeared, we expressed a very favourable opinion as to its merits. The present edition is still more worthy of praise than its predecessor. Three chapters have been added—one on the Classification of Cancerous Tumours; one on Colloid Cancer; and one on Epithelioma. The last deserves especial notice. The author brings forward a great deal of evidence in support of Lebert's and Hannover's belief in the benign nature of Epithelioma, by reference both to its anatomical character and to clinical observation. The illustrations are very truthful.

The Ophthalmoscope; its mode of application explained, and its value shown, in the exploration of internal diseases affecting the Eye. By JABEZ HOGG, Assistant-Surgeon to the Westminster Ophthalmic Hospital, etc. 8vo, pp. 107. London: 1858.

WHEN the Ophthalmoscope was introduced to the notice of the Profession in England, it was ridiculed and denounced by some of the specialists as a dangerous toy. Some of these gentlemen, however, though a little late in the field, are now learning its value, and the Profession generally are awaking to the fact that they can diagnose chest diseases without the stethoscope by the unaided ear a good deal better than they can make out internal diseases of the eye without the assistance of the ophthalmoscope. A great many practitioners, however, have still to learn how to use the instrument, and many more how to interpret what they see when they have learned its use. To any such learner Mr. Hogg's book must prove a useful guide.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION ON PUERPERAL FEVER AT THE PARIS AND NEW YORK ACADEMIES OF MEDICINE.

(Concluded from p. 229.)

M. Trousseau in a second discourse, after passing the opinions of preceding speakers under an animated review, stated that although an essentialist to a certain extent, he cannot admit that in puerperal fever a general lesion precedes the local lesion, except in excessively rare instances. The influence of overcrowding he thinks is not of the great importance it has been supposed to be: and examining the statistics of the lying-in Hospitals from 1829 to 1856 he derives the following results:—In the years '37', 38, '47, and '48, during which considerable overcrowding prevailed, there were 14,217 admissions, with 312 deaths, or 1 in 45. In the years '52, '53, '54, and '56, during which there was least overcrowding, there were 11,482 admissions, with 638 deaths, or 1 in 17. The rule, too, laid down by M. Cruveilhier, that the mortality is greater in the winter on account of the overcrowding is, in truth, but an exception; for on examining the particulars of six epidemics between '29 and '56, the mortality is found to have been 531 in summer as compared with 509 in winter. No one, of course, will be so absurd as to argue that overcrowding is a favourable condition; but the assimilation of the disease to typhus that has been made in this respect is fallacious, puerperal fever depending upon some other cause than overcrowding.

M. Velpeau observed that much that is now being stated with regard to purulent infection, really originated with himself thirty years since. He thinks that the proofs adduced by the essentialists are insufficient to prove their assertion that the fever precedes all appreciable lesion. If the disease originated in overcrowding and in the insalubrity of the locality, the mortality should be proportionate to the number of deliveries, which is not the case. At the Hotel Dieu it has been 1 in 38, at the Lariboisière 1 in 24, and at the Beaujon 1 in 19 or 20. The last two Hospitals are models in hygienic provisions, while the first is the least favourable to health. At the Clinique, so defective in hygienic conditions, 1 woman died in 37 deliveries, at the Maternité 1 in 19, at the Charité 1 in 30, and at the St. Louis 1 in 416. From these figures it is evident that the mortality bears no proportion to overcrowding and insalubrity. As to the assertion that has been made that women do not die of puerperal fever in the country, how is it to be verified? Taking the proportion of deaths after delivery throughout the whole of Paris at 4 per 1000, as stated by M. Trebuchet, what an immense number of villages would be required to furnish a similar contingent! Women dying in this proportion, when scattered through rural districts, would excite no attention. The history of small and salubrious Maternités often exhibits great mortality: and M. Velpeau, like Dr. R. Lee, has found puerperal fever attacking ladies of the capital before it has invaded the Hospitals. He doubts also whether contagion will explain the propagation of the disease; and as to coincidences, he has in the course of his practice met with some extraordinary examples. Who ever suspected internal strangulation could be regarded as a contagious affection? Yet after seeing a patient suffering from this, Velpeau was called to a lady also similarly affected, and then to a second patient of the same kind. P. Boyer died of internal strangulation, and the practitioner who attended him soon after lost another patient from the same cause. In any other affection, supposed to be transportable, such coincidences would certainly be set down as examples of contagion.

With respect to the local causes of the disease, M. Velpeau maintains it may sometimes arise from the absorption of pus and sometimes from phlebitis, and not always from the latter, as maintained by Dance. This is a complication, but does not even generally constitute the disease. He admits also inflammations springing up from the putrefactive uterine centre, or from secondary purulent centres, the peritoneum becoming the texture which spreads the inflammation to other organs. In the epidemic form he admits also that there is a specific

Digitized by Google

or special influence at work, which, indeed, is the case with all diseases so manifesting themselves.

As to treatment, he thinks that which he formerly recommended has been somewhat unduly neglected. It is evident that depletion, however efficacious at first, and, perhaps, later, when pure angioleucitis, phlebitis, or even metritis, is present, is of no use when there is purulent infection. But sufficient attention has not been paid to the succession and combination of therapeutical agents, as the rapid administration of calomel, mercurial inunction of the abdomen, purgatives, and baths. M. Velpeau has been in the habit of insisting upon a uniform temperature being maintained around the patient, and of her being tended by a special nurse, so that the frictions might be continued for half an hour at a time. Formerly, when young and zealous, and able to visit the Hospital five or six times a day, in order to be certain that his recommendations were obeyed, his patients recovered. To this plan of treatment he has subsequently added vast flying blisters; and he is certain that he has seen numbers of women suffering from true puerperal fever, cured by the prompt employment of these means. He is aware with what difficulty they can be carried out in crowded public establishments, owing to the numerous precautions and attentions required for each person under treatment; but at all events they can be put into force in private practice; and he is more than ever persuaded that good results will follow their employment, especially when employed prior to the occurrence of purulent infection. Leeches to the painful regions at first, next calomel and mercurial inunction, and then covering the whole abdomen with a blister, still continuing the calomel and rubbing in the mercury into the groins, and every portion of unblistered surface—these are the means which M. Velpeau's prolonged experience induces him to recommend.

M. Guerin summed up his address with the following propositions:—1. The placental wound may present two different physiological conditions after delivery,—that of a closed wound, cicatrising without coming in contact with the air, *i.e.* by immediate organisation; and that of an open, suppurating wound, being more or less permanently exposed to the contact of the atmosphere. 2. The physiological conditions which determine the one or the other of these two states are the persistence of the enlargement of the uterus, its contraction being arrested under the influence of a sort of paralysis, or inertia, and the persistence of the open state of the cervix and vagina, dependent upon the same cause. 3. The pathological occurrences directly connected with the condition of the open suppurating wound are—special alterations in the sanguineous coagula and the lochiæ; the more or less complete suppression of the lochiæ, replaced by suppuration; and absorption of the altered fluids by the veins and lymphatics, and their passage by the Fallopian tubes. 4. Puerperal fever, the principal point of departure of which is this uterine wound, *sui generis*, comprises in its etiological formula the anterior puerperal state of the subject, and the puerperal infection or intoxication due to the infecting medium amidst which she is placed. 5. Puerperal fever, considered as a collective effect, and as a result of all these etiological elements, ought to retain its name, and be regarded as a distinct affection, its nature and characteristics being as distinct as the etiological elements which give rise to it. 6. In its epidemic form it is only the ordinary puerperal fever, to which has been added a larger dose of puerperal miasm, carried to its highest toxical power; and suddenly fatal (*foudroyante*) puerperal fever is but the highest expression of this poisoning. 7. The contagion of puerperal fever is manifested both in the form of general miasmatic infection, and in that of direct uterine inoculation, and both forms usually prevail simultaneously among women confined at Maternities. 8. There are two principal indications of treatment, viz. favouring the immediate cicatrisation of the uterine wound, or converting the open uterine wound into a closed one. The means suited to fulfil this double indication is the administration of the ergot of rye immediately after delivery, and when the uterine inertia seems disposed to persist. 9. The attentive study of puerperal fever and of its various pathological elements agree with the results of statistics in showing that Maternities are dangerous and destructive institutions, and in calling for, as a great progressive step, the radical suppression of these establishments, under whatever form or denomination they exist.

In the above abstract we have contented ourselves with reproducing whatever has appeared of a practical character in the various discourses delivered, and we fear that our readers must come to the conclusion that this debate, continued with great animation during twenty meetings of the Academy, might, as far as practical results are concerned, just as well have never taken place at all. The nature of the disease has, indeed, been hotly disputed; but all the speakers agreed, that when it manifests itself in the malignant epidemic form it is well nigh incurable. They all turned to preventive measures; but, even with regard to these, the contrariety of opinion that prevailed too clearly demonstrates that they are not possessed of the efficacy which characterises them in various other forms of disease.

We take this opportunity of noticing a discussion upon the same subject that took place recently at the *New York Academy of Medicine*.

Dr. Francis, as chairman of a committee of the "Section on Obstetrics," commenced the discussion. He observed that the disease should not be considered as limited to the peritoneum as its seat, as in many cases the substance of the uterus is involved, as may be the intestines and contiguous viscera. He entertains no doubt as to its contagious character.

Professor Joseph Smith read an elaborate paper upon the causes and mode of propagation of the disease, and the following are the conclusions he arrives at:—"Puerperal fever sometimes arises from the noxious air generated from the foul discharges of puerperal women in crowded and ill-ventilated lying-in Hospitals; sometimes from the absorption of putrescent matters lodged in the uterus and vagina after parturition; sometimes from the exhalations of patients labouring under typhus fever, erysipelas and gangrenous diseases; and sometimes from the emanations from the human body dissected after death. It further appears that the miasms of typhus, erysipelas, and puerperal fever, are severally capable of producing any one or all of these diseases, and that they may attach themselves to the persons or clothing of midwives and Physicians, and thus be transported from their sources to the chambers of lying-in women. It is also observable that the more ordinary form of disease, induced by the febrile effluvia in question is typhus, and its modification typhoid, while puerperal fever and Hospital erysipelas are but varieties of that disease, taking their forms from the peculiar predisposing conditions of the system, and certain epidemic influences."

Professor Clark observed, with regard to the question of the connexion of the disease with typhus, that although an epidemic of puerperal fever was now prevailing at the Bellevue Hospital, there was not a single case of typhus in the whole house, only five or six cases having occurred during six months. The severe epidemic of 1840 was neither preceded, accompanied, nor followed by any marked increase of typhus or typhoid, and the same may be said of the epidemics of 1851 and 1852. On the other hand, the severe typhus epidemic of 1846, 1848, came and went without any unusual occurrence of puerperal fever. At this Hospital, the two diseases have therefore exhibited no fixed relations: and the same conclusions may be drawn from the city mortality returns. The relation of puerperal fever to erysipelas has, however, been often observed at the Bellevue.

As to the pathology of the disease, he cannot agree with those who think this is a fever only, never having known a woman die of it without some anatomical lesion being detectible. There are four principal lesions, besides others of a secondary character; viz. 1. peritonitis; 2. inflammation of the veins of the body of the uterus; 3. inflammation of the lymphatics of the uterus, the veins not being involved; and, 4. endometritis. In every case, one of these lesions may be found. The first is most common, while phlebitis is rare. Lymphangitis is more common, and is frequently seen to a limited extent in the broad ligament, under the Fallopian tubes, the chief lesion present being, however, peritonitis. These inflamed lymphatics are sometimes mistaken for veins. The last class of lesions (endometritis) is that which has furnished the examples of supposed puerperal fever without lesion, related by Gooch, Simpson, and Tyler Smith, these being really specimens of pyæmia, resulting from inflammation of the inner surface of the uterus. Such inflammation being propagated to the valvular mouths of the uterine sinuses is, in fact, a limited phlebitis. Any of these lesions may be combined, and endometritis is found in almost all cases, while it is rare for endometritis to occur without any other lesion.

Digitized by Google

Dr. Reese was of opinion that the law should prevent persons from treating puerperal women after attending cases of erysipelas, hospital gangrene, or autopsies. He had, however, never seen a case which would justify the disease being considered as contagious; nor did he consider local lesions always as sufficient to account for the fatal results. In five of the first twenty-five cases he recently attended at the Bellevue, the disease came on in one to four hours after delivery.

In compliance with the request of the members, Professor Clark continued his exposition of the pathology of the disease. He observed that the form of the disease that had been of late prevalent at the Bellevue, was chiefly characterised by endometritis, and evidences of general purulent infection. The disease was unusually protracted, the patients living, in several instances, from ten to thirty days, the post-mortem examinations exhibiting secondary purulent deposits and pus on the inner surface of the uterus, and in its veins or lymphatics. This form of the disease is insidious in its approach, being often devoid of the symptoms that mark the onset of the ordinary attacks of puerperal fever, and more resembling typhoid fever. The Professor minutely detailed the particulars of eleven cases, and in respect to one of them made these remarks:—"I wish to call particular attention to the condition of the solitary glands of the intestine in this case. They were swollen, filled apparently with a milky fluid, and stood out on the surface of the mucous membrane in certain parts, like pustules, as they often do in small-pox and cholera. I have been induced lately to attach importance to this lesion and its connexions with pyæmia, having met with it frequently during the epidemic here described, and in some cases of purulent infection unconnected with the puerperal state. The Peyerian patches also participate in the diseased action in some of the cases."

Professor Barker observed, that important as it is for the complete elucidation of the subject that everything should be known concerning the anatomical lesions, yet their variety in different epidemics, the absence of anything like constancy and uniformity in their manifestation, and the frequent want of anything like correspondence between the intensity of the symptoms during life, and the amount of morbid change discovered after death, prove that such lesions must be regarded merely as the results of the disease, and not as the disease itself. Its true nature can only be ascertained by a comprehensive examination of all the phenomena of the disease, as observed in the various epidemics occurring in different localities; while it has too often been judged of merely from peculiar types which have come under the notice of certain observers. Dr. Barker believes that puerperal fever is a zymotic disease, essentially distinct from inflammation of any tissue or structure; and in support of this view, he pursues the same line of argument as that employed by Stokes, in his lectures on typhus fever.

Speaking of the treatment of the disease, he observed that there can be no specific treatment of it, and the sooner the idea of such is abolished, the more probable will it be that its management will be placed upon a natural and philosophical basis. It must vary according to the virulence of the epidemic or special poison, according to the condition of the vital powers of the system when the poison is received, and according to the nature and intensity of the secondary lesions. In general terms, the indications may be stated as follows:—1. *To eliminate as much as possible of the morbid poison from the system.* This is accomplished by means of depletion and other evacuants. Owing, however, to the peculiar character of the disease, this indication can rarely be fulfilled beyond a limited degree. Venesection proved the most effectual remedy in the hands of Gordon, Hey, Armstrong, and, on one occasion, of Gooch; but in other epidemics, according to the testimony of equally sagacious observers, it could not be borne, proving but an agent of destruction. In the speaker's opinion it should never be resorted to, merely because the case is one of puerperal fever, if symptoms indicating its need be not present. Neither it nor other remedies of the evacuant class, as purgatives, ometics, diuretics, etc., should be wholly excluded or entirely relied upon. 2. *To control the vital disturbances resulting from reaction.* These are principally vascular excitement and nervous irritation. For reducing the first, venesection is an agent that can rarely be borne. Its employment involves a loss of power; but an agent brought recently into notice, the *veratrum viride*, acts specifically as an arterial sedative without depressing the vital powers. The speaker has employed it during twelve years as a means of bringing the pulse under control, but in no disease has he found its value greater than in puerperal fever. Its operation requires, however, careful watching. The drug employed in the Southern States is found to be much more powerful than that used in the North, 7 drops of tincture prepared from the former being considered a large dose. A case is referred to in which the pulse was brought down from 140 to 60, and was never allowed to rise again above 80, the dose of 2 to 4 drops being given according to circumstances. The allaying nervous irritation is one of the most important indications; and Dr. Barker believes the honour of fully testing the influence of large doses of opium in puerperal fever with peritoneal lesion, belongs to Professor Clark, following out Graves' and Stokes' views of its employment in idiopathic and traumatic peritonitis. He himself has treated few cases by this means compared with Dr. Clark, and observes upon the enormous doses that may be given in some cases without producing narcotism, it being only this form of puerperal fever, however, in which such toleration exists. There is a test for judging whether the treatment is acting beneficially. If opium treatment be pushed to nearly incipient narcotism a gradual diminution in the frequency of respirations takes place, these going down in one case to 14, 12 or even 10 per minute. Now, if the treatment is beneficial, there should with this be a corresponding diminution in the frequency of the pulse; and if, while the respiration becomes slower and slower, the pulse does not decrease in frequency, the opium treatment should be abandoned at once. 3. *To combat local secondary lesions.* These means, consisting in local depletion, counter-irritation, fomentations, the endermic use of turpentine, opium for the subdual of pain, chlorine injections, etc., are well known to the discriminating practitioner as adjuvants. 4. *To sustain the vital powers.* There is a certain class of cases in which these seem to be overwhelmed, and yet life will be preserved by the heroic use of stimulants and good nutrition; and in Dr. Barker's opinion many women are allowed to die from the neglect of these resources. After a patient having puerperal fever has lived for 48 hours, there is always encouragement to effort, and the danger, to a certain extent, diminishes in proportion to the duration of the disease.

Professor Clark, after again dwelling upon the pathology of the affection, went on to speak of the opium treatment. Up to the year 1850 he had treated 8 cases of peritonitis with opium, and then lost his first case; and he now never bleeds or leeches for this disease. He put it into force without having been aware of what had been done by Graves or Stokes until he had extended the same treatment to puerperal peritonitis. His confidence in opium has only become augmented by increased experience; but its utility in the form of the disease attended with purulent infection has not been demonstrated, at least as an exclusive method.—*Bulletin de l'Acad. de Méd. Tome* 23. Pp. 366-914. *New York Journal of Med.* 3rd Series, vol. ii. p. 368; vol. iii. pp. 92, 153, 348; vol. iv. p. 73.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, August 29, 1858.

THE following short notes of a case, in which M. Ricord removed at the Hôpital du Midi for lingual cancer the entire organ as far as that was possible with the écraseur alone, may be of some interest to our friends at home at a time when the attention of the Medical public is directed to the propriety or impropriety of the entire removal of this organ for cancer by so great an authority as Professor Syme, who, having lost his two cases in precisely the same manner as M. Sedillot lost the first patient upon whom he had performed exactly the same operation some years ago, and who, failing with all his skill and boldness to obtain even a temporary success, comes forward like a courageous gentleman, and holds up his cases of failure as a beacon to the Profession at large; and now openly avows his concurrence with the testimony of all experienced Practitioners as to operative interference being decidedly unfavourable in these cases; the removal of

Digitized by Google

the diseased part never affording permanent relief, and generally exciting instead of retarding the morbid progress.'

About the month of March of the present year, or at any rate at the time of the last fall of snow, M. Ricord had in his wards a patient with cancer of the tongue who had been variously treated by caustics, but was at that time in such a condition that his very existence was a misery. He was totally deprived of speech, and had completely lost the faculty of taste, excepting, as M. Ricord remarks, "le goût de son propre fruit." In such a state of suffering was this poor fellow, that he allowed the rather unwilling operator no rest until he had performed his duty.

This was effected in the following manner: the tongue seized with the vulsellum, and drawn forcibly forwards, a strong curved trochar was passed from side to side (or, speaking of the tongue, from edge to edge), and as far back as possible; the chain of the écraseur was then passed behind the trochar, and the "écrasement" effected very slowly, one notch per minute: however, in spite of this extreme slowness of the crushing process, the operation was followed by some amount of hæmorrhage; this, nevertheless, was arrested by cramming the mouth with snow-balls soaked in the perchloride of iron.

All went on well during the first fortnight, so that at the end of that time he had not only recovered the faculty of taste, so as to be able correctly to distinguish the difference between cabbages and lentils, and the like different dishes forming the fare more or less sapid and sumptuous of the Hospital; but he had likewise become the orator of the ward, speaking French with sufficient ease and fluency, although he would probably have been somewhat puzzled to pronounce the pure linguals of the English language.

About this time he was exhibited to the assembled Academy; and presenting in the submaxillary region some slight induration with glandular engorgement, M. Velpeau pronounced his opinion that this was evidence of a return of the affection. This opinion, however, was combated by M. Ricord upon the grounds that the glandular engorgement was more easily and hopefully explained by the supposition that it depended upon a retention of the salivary secretion, owing to the ducts having been included in the operation: he inclined to this opinion, inasmuch as the engorgement made its appearance very suddenly and equally on either side. The diagnosis of M. Ricord proved the correct one; the engorgement after having attained an enormous extent gradually subsided. But now arose another and unexpected accident: as cicatrisation progressed the contracting cicatrix laid a tax upon all the surrounding parts; what little was left of the tongue, previously mobile, and capable of modulating the vocal element, was so drawn upon and forwards that it became by degrees immobile, again depriving the patient of vocalisation. But this was not all; the still contracting cicatrix now began to affect more distant parts; deglutition, from less and less facile, became more and more difficult, until we fear that inanition might have subsequently become a serious, and even fatal, complication, had not the case been suddenly cut short by a latent attack of pneumonia at the commencement of the past month. The pneumonia was not suspected, owing to the absence of expectoration and other outward and visible signs. This may be excused, owing to the fact that all attention was directed to the obviation of the imminent ultimate result of the interference with the function of deglutition.

The necroscopy discovered no evidence of cancerous return; the salivary glands, pharynx, and œsophagus, were perfectly normal; the mucous membrane of the larynx slightly indurated, this organ otherwise healthy; the lungs a perfect specimen of red hepatisation; other organs normal.

From the above case we should not decide formally with Mr. Syme in his veto against the future performance of this operation, but we would reiterate the opinion and views of your Scottish Tourist. For the future we should dispense with the indispensable ligature left in order to prevent the patient from swallowing and strangling himself with the remainder of his tongue, and we should in searching for the cause of this constant pneumonia seek to obviate the accidents so imminent in this case.

On the other hand, we have other cases of a more happy termination. The other day (August 9), for example, we saw a case in which more than two-thirds of the tongue had been removed by the écraseur two years previously; the patient presented a specimen of even ruddy health, although the tumour removed by M. Chassaignac was reported as cancerous.

We have seen M. Maisonneuve remove the entire tongue, after having previously divided the lower jaw at its symphysis, by means of a chain-saw, and completing the operation either by means of scissors or the écraseur. He looks upon hæmorrhage as quite a secondary consideration. The presentation of patients having undergone the entire removal of the tongue before l'Académie de Médecine is a sufficient guarantee that the operation is not in itself necessarily fatal. And also from our own observation we can assert that in the cases of M. Maisonneuve, the operations seen by us were, we may say, well supported, although we have now lost sight of the patients, and have no note of the ultimate results. We have noticed considerable difficulty in keeping the divided surfaces of the jaw in direct apposition; and in order to obviate this inconvenience M. Sedillot suggests that the maxilla be divided by two oblique lines meeting in the centre, so that one end fitting into the other they may be of mutual support.

On the 26th of July we had at Lariboisière an example of luxury in Surgery, M. Chassaignac using his écraseur for the division of the frenum penis. Nothing was wanting to complete the case but the administration of chloroform. This operation was performed in order to allow of painless sexual intercourse. On the same day the same instrument was employed for circumcision (if such a word still stands good for the modified operation), for anal fistula, and for the radical cure of varicocele, operations it is needless here to describe.

The phthisical patient to whom he administered chloroform has not, at any rate, succumbed to the anæsthetic; the muscular contractions and stage of excitement were rather marked. We will note the influence of the closure of the anal fistula upon the pulmonary affection.

GENERAL CORRESPONDENCE.

TRACHEOTOMY IN EPITHELIOMA OF THE LARYNX.

LETTER FROM HORACE K. DEBENHAM, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of April 3, 1857, I gave the particulars of a case in which tracheotomy was performed to relieve impending suffocation, occasioned by an epithelial cancer in the larynx; but as the paper was published prior to the patient's death, I was unable to state that life was prolonged twelve months and five days by the operation.

Another instance which has recently come under my notice, is a further illustration of the great relief that may be afforded by tracheotomy in these cases.

Mr. D., aged 57, living at Limehouse, applied to me on the 22nd of May, 1858, complaining that for three months previously he had been suffering more or less from cough, with hoarseness and soreness in the throat. The following symptoms developed themselves after my first seeing him:—rapid wasting of flesh and strength, considerable enlargement of the glands under the jaw, particularly on the right side, severe lancinating pain, great dyspnœa, with incessant cough, and copious fœtid (and occasionally bloody) expectoration, dysphagia, which at last was so distressing that no solid food could be taken, and liquids only in small quantities. But very little sleep was obtained, and never for more than ten minutes at a time, for some days preceding the operation, by reason of the enormous secretion of fœtid mucus, and consequent cough. On passing a finger into the throat, the margin of the glottis was felt to be ragged, and it bled on being touched. There was no evidence of disease in the chest. Dr. Munk saw the case with me in consultation, and we had the advantage of Mr. Luke's opinion. Both of these gentlemen, with myself, believed that the disease was malignant in its character. But very temporary relief was afforded by any of the medicines prescribed, and on the 19th of July, Mr. Ward (in Mr. Luke's absence from town) performed

Digitized by Google

tracheotomy; after that Mr. D.'s life had been several times endangered from severe attacks of dyspnœa.

The operation was immediately followed by cessation of cough and expectoration, tranquil sleep, and very great improvement in swallowing, solid food being, in the course of a day or two, readily taken. Up to the present time, August 25 (five weeks after the operation), the only evidence of the advance of the disease is a gradual increase in the size of the glands under the jaw; dyspnœa, dysphagia, cough, and expectoration, are all in abeyance, and Mr. D. has so far improved in his general condition as to admit of his undertaking a journey to Woodford for change of air.

This history, I think, bears witness that we ought not to deny to our patients the chance of relief by tracheotomy, even in cases of malignant disease, which at first sight appear very unpromising. From the amount of dysphagia which existed before the trachea was opened, I must confess that I urged the operation upon my patient rather with the view of substituting a comparatively peaceful for a very painful death, than with the idea that life would be much prolonged by the procedure; and the good results that followed exceeded my most sanguine anticipations. It proves, I think, that the dysphagia and the copious expectoration principally resulted from the gorged and swollen condition of the pharynx and larynx, occasioned by the tremendous efforts to respire; the provision of another channel for the passage of air to the lungs not only relieved these symptoms, but the progress of the malady itself appears to have been considerably retarded by maintaining the discased parts in a quiescent state.

I am, &c.

Horace K. Debenham.

Commercial-road, E., August, 1858.

MEDICAL REGISTRATION.

Letter from Hugh Rees, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—At a numerously attended meeting of Medical Practitioners of South Cheshire, held in the Board-room of the Chester Infirmary, Dr. Phillips Jones, of Chester, in the chair, August 30th, 1858, the following resolutions were passed unanimously:—

1st. That it is expedient for the Medical Practitioners of the Southern District of Cheshire to form themselves into a Society, for the purpose of assisting the Registrar, under the New Medical Act, in excluding from his Register the names of persons practising in the district without any qualification.

2nd. That in accordance with the preceding resolution, a society be now formed to consist of legally qualified Medical Practitioners in South Cheshire, for the purpose of aiding the Registrar in carrying out the above objects of the New Medical Act.

3rd. That a Committee be formed for holding occasional meetings, and also for correspondence; that Dr. Phillips Jones, Dr. Watson, Mr. Weaver, Dr. Davies, and Mr. Brittain, constitute this Committee, and that Mr. H. Rees, Assistant Surgeon of the Chester Infirmary, do act as Secretary.

4th. That the Society be called, "The Society to Assist Registration under the New Medical Act," and that each member pay an annual subscription of 2s. 6d.

5th. That the cordial thanks of this Meeting be given to the Chairman.

By order of the Meeting,

Hugh Rees,

Chester, August 31, 1858. Secretary.

[An example worthy of imitation.—Ed.]

A CASE OF REAL DISTRESS.

Letter from Wm. Adams, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me, through the medium of your journal, to call the attention of our professional brethren to a case of extreme distress, which has lately come under my notice; and I am sure it will only be necessary to mention the leading facts to call forth the sympathy which the case deserves, and which such cases never fail to obtain at the hands of our hard-working, comparatively poor, but always liberal, profession.

Mrs. ———, the widow of a medical man, who practised for many years in the neighbourhood of Bedford, was first known to me about a year ago, when I operated upon her daughter for contracted foot. I then heard of pecuniary difficulties, but not of distress.

A few days since, I received a note from a gentleman living on Clapham-common, stating that this lady—who, I have been informed, had an ample fortune at the time of her marriage—was living in a wretched lodging, with her two daughters, "in the greatest distress imaginable;" and he adds, "one of our clergymen found her lying on straw with a horsecloth to cover her." The object of writing to me was to gather further particulars of the family, as my name had been mentioned in connexion with the treatment of the daughter. Mrs. ——— is a well-educated and lady-like woman, and her daughters—one of thirteen, and the other of nine years of age—have been well brought up. A lawsuit—successful to the lawyers, but resulting in little advantage to herself—has exhausted the last of her capital, and she has failed to obtain any situation in which she could provide for her daughters. She has three young sons in Canada, holding situations as clerks, and her wish is to join them, in the hope that union may be strength to the family.

About fifty pounds would be required to accomplish this object. She has received five pounds from the Medical Benevolent Fund, and they will contribute more towards the emigration fund. In the hope not only of rescuing this unfortunate lady from present destitution, but of enabling her to join her sons in Canada, this appeal to the benevolence of our Profession is made. The particulars of the case are known to Dr. T. H. Barker, of Bedford; and to the Rev. R. P. Brooke, of Rottingdean, near Brighton, who, together with myself, will be happy to receive any contributions, and be responsible for the proper application of the same.

I am, &c.

Wm. Adams.

5, Henrietta-street, Cavendish-square, London.

OBITUARY.

THE LATE MR. HENRY DUNN, OF WAKEFIELD.

Died August 18, 1858, aged 55 years.

Mr. Dunn commenced his professional career as an apprentice with Mr. Blakey, a Surgeon in good practice in Bradford. He became a Licentiate of the Apothecaries' Hall in 1823, and a member of the College of Surgeons in 1824. He was then elected apothecary to the Wakefield Dispensary. While Mr. Dunn held this appointment, Mr. Stott, a Medical Practitioner in Wakefield, who attended many of the best families, and who was the Surgeon to the House of Correction, became so much out of health as to be unfit for the more laborious duties of his profession, and he was advised by his Physician, the late Dr. Crowther, to take a partner, and Dr. Crowther, who as Physician to the Dispensary, had formed a very high opinion of Mr. Dunn's honourable character and professional ability, pointed him out to Mr. Stott as a fit person with whom to associate himself, and a partnership was the result. At Mr. Stott's death Mr. Dunn was elected Surgeon to the House of Correction, a post which he held for upwards of thirty years. During a long and useful life Mr. Dunn succeeded in gaining the confidence of his patients and of the magistrates of the Riding, and the love and esteem of a very large circle of friends, among whom may be mentioned the whole of the Medical men of Wakefield and the neighbourhood.

He was a man of quick feelings and warm heart, ready at all times to assist the distressed, strictly just in his dealings, prompt to perceive and firm in upholding the honour and dignity of his profession, a worthy citizen, and a most excellent husband and father. His frank, honest, cordial manners, and his agreeable conversation, which was enriched by the

Digitized by Google

varied information stored up in his mind by a course of reading extending beyond the mere literature of his profession, enabled him to find friends wherever he went, and a more intimate knowledge of his many good qualities bound more firmly to him those who had the good fortune to come closely in contact with him. His loss will be severely felt by many.

To show the very great estimation in which Mr. Dunn was held by those with whom he came more immediately in contact, we need only mention that a letter of condolence, signed by the Rev. Armytage Rhodes on behalf of the Justices assembled in quarter session, and also one signed by Edward Shepherd, Esq., the Governor of the West Riding House of Correction; the Rev. W. T. Alderson, the chaplain; W. R. Milner, Esq., and about 80 of the officials, have this week been presented to Mrs. Dunn.

THE LATE DR. TURNBULL.

(*From the Times.*)

Among the gallant men whose lives have been the heaviest portion of the price which our new relations with China have cost us was Dr. Turnbull, of the Medical Staff at Canton. This energetic and devoted gentleman had been in the habit of volunteering to accompany our troops wherever his services were likely to be required, and on the 2nd of June a party having gone with the General in command to the White Cloud Mountain, and having come across an encampment, a message was sent to Canton for reinforcements. On the evening of that day 600 men, under Colonel Holloway, accompanied by Major Travers, started from the east gate of the city. With them went Dr. Turnbull, again a volunteer. On the morning of the 3rd the enemy were in position, and our men on the line of march, with numbers falling sick from the effects of the sun. Dr. Turnbull fell back to assist the sick, and having remained with one poor fellow until the distance between the rear-guard and the disabled man was too great, started to overtake the main body of the troops. He was waylaid and murdered. One report states that the unfortunate gentleman's hands and feet had been cut off by the savage enemy. He was buried side by side with the soldier to succour whom he had sacrificed his own life.

Letters from officers on service in China bear the highest testimony to Dr. Turnbull's zeal, kindness, and devotion to his duties. The following is an extract from a letter written by the colonel commanding the detachment with which Dr. Turnbull left Canton:—

"It is impossible for me to describe the feeling of gloom which overspread all ranks of the force here on the sad catastrophe of Dr. Turnbull's death becoming known. A dark cloud still hangs, and will hang over us, for he had won by his kind attention, warmth of feeling, and consideration, the esteem, regard, and respect of all with whom he had been associated here. It may be a mournful source of gratification to his friends to know that the act which led to his death was one emanating from the kindness of his nature."

Colonel Holloway also alludes to a tribute paid to Dr. Turnbull by an officer in the Marine Brigade, whose language the former describes as by no means warmer than was just:—

"Through the whole force there is but one feeling of horror and indignation at the brutal murder of poor Dr. Turnbull. Few men ever endeared themselves sooner or more generally to those with whom they might be brought in contact than he did. His mere countenance, with its winning smile, ever proved a ready passport to one's good opinion, while his amiability of disposition, his high moral worth, energy of character, and cultivation of mind, which soon became apparent on intercourse, won for him golden opinions from all. To the men, by whom he was greatly respected and beloved, he was an ever sympathising and compassionate friend, while among the officers of the Marine Brigade, there are few, I believe, who do not almost feel as if in his death they had lost a father or a brother. A first-rate practical physician, as well as an exact and methodical man of business, his whole time while among us was passed in endeavours to promote the well-being of those under his care. And it is touching to think that his last moments in this life were spent in ministering comfort to two of his stricken and suffering men. His memory will long be cherished among us."

MEDICAL NEWS.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 26th ult.:—

Evans, George Henry, Leigh, Lancashire.
Heinsted, Henry, Whitchurch, Hants.
Smith, Sidney George, Army.

In addition, five gentlemen passed their first examination.

University of London.—M.B. First Examination.—1858.—Examination for Honours.—The following is a list of Candidates who obtained Honours at the recent First Examination for the Degree of Bachelor of Medicine:—*Anatomy and Physiology.*—Henry Gervis (Exhibition and Gold Medal), St. Thomas's Hospital; Francis Lloyd (Gold Medal), St. Bartholomew's Hospital; Francis William Gibson, B.A., University College; Charles James Bracey, Queen's College, Birmingham; John Easton, King's College, and Joseph Neesom, Leeds School of Medicine, equal; George Moule Evans, King's College, and Thomas Moreton, St. Thomas's Hospital, equal. *Chemistry.*—Geo. J. S. Saunders (Exhibition and Gold Medal), King's College; John Easton (Gold Medal), King's College; George Frederick Atchley, King's College, and Joseph Neesom, Leeds School of Medicine, equal; Gregory Haines Atwell, Guy's Hospital; Henry Gervis, St. Thomas's Hospital, and Francis Lloyd, St. Bartholomew's Hospital, equal; Edward Woakes, St. Thomas's Hospital, and Alfred Woodforde, University College, equal. *Materia Medica and Pharmaceutical Chemistry.*—G. F. Atchley (Exhibition and Gold Medal), King's College; John Easton (Gold Medal), King's College; Henry Gervis, St. Thomas's Hospital, and George James Symes Saunders, King's College, equal; Edward Woakes, St. Thomas's Hospital; Francis Lloyd, St. Bartholomew's Hospital; Charles Joseph Hellicar, Bristol Medical School. *Structural and Physiological Botany.*—Alfred Woodforde, University College; George Frederick Atchley, King's College; Henry Gervis, St. Thomas's Hospital; George James Symes Saunders, King's College.

DEATHS.

Moffatt.—C. W. I. Moffatt, M.D., Staff Assistant-Surgeon.

Muir.—On the 20th August, suddenly, at Innellan, Argyllshire, John Muir, M.D., late of Johnstone, Renfrewshire.

Roberts.—At Benares, First-class Staff-Surgeon Fred. Roberts.

Robertson.—At Benares, John Robertson, M.D.

Watson.—On the 30th August, at Bath, John William Watson, M.D., F.R.S.E., Deputy Inspector-General of Hospitals, aged 66.

The Order of the Legion of Honour is flying about among the French Doctors and Pharmaciens. Andral, Trousseau, Amédée, Lefèvre, are promoted to the rank of Commander; M. Poiseuille, Peyre, and four or five more, to that of Officer; and Béclard, Robin, and some dozen others, to the grade of Chevalier.

Successful Cases of Cæsarean Operation.—Professor Simon, according to the *Presse Médicale Belge*, constitutes an exception to accoucheurs in large towns, inasmuch that within a short period he has performed the Cæsarean operation twice at Liege with success, although Liege is not more salubrious than other large towns, and its Maternité is not in a better condition than other similar establishments.

The Modern Israelites, we are informed by the Herr Gatters, have a longer life of it than modern Christians. During twenty-three years M. Gatters has been gathering statistics on this head in Wieselburg; and he finds that as infants, as boys, and as adults, Jews live longer than their fellow Christians. He attributes their longer life to some peculiarity of race; but it is probable that their money has something to do with it. A pauper Jew is an unheard-of thing; and poverty and short life have a well-known relation.

Digitized by Google

AQUATIC CARNI-VORACITY.—"With very few exceptions, the immense population of the ocean is carnivorous. The principal circumstance which regulates the choice of diet among fishes seems to be the power of mastery. Of terrestrial creatures, a very large number are peaceful, never under ordinary circumstances willingly taking the life of even the most helpless around them; but the sea is a vast slaughter-house, where nearly every inhabitant dies a violent death, and finds a grave in the maw of his fellow."—*The Ocean.*

KENT COUNTY OPHTHALMIC HOSPITAL, MAIDSTONE.—A donation of £400 has been presented to this Hospital by the Small Debts Relief Society, through the Earl of Romney, President. During the six months from January 1 to June 30, 1858, there were admitted to the benefits of the charity 108 in-patients, and 1350 out-patients; and the total number of attendances of the out-patients was 7584. The new wards for children are built; but additional funds are required before the twelve extra beds can be filled. Twenty-four in-patients are at present received at one time.

FRIENDLY SOCIETIES.—It appears that no less a sum than £1,000,000 per annum is expended by the registered societies in England and Wales for affording relief in sickness alone; that the total number of their members is about 2,000,000, and that their aggregate amount of funds is about £9,000,000 sterling, of which £1,431,543 is in English and Welsh savings banks, and £1,944,991 is invested with the Commissioners for the Reduction of the National Debt, making together £3,376,534. These figures, of course, do not show the amount invested in the public funds, nor in any other of the various ways in which these societies dispose of their funds.

THE ASSOCIATION OF GENERAL MEDICAL PRACTITIONERS OF IRELAND.—At a special meeting of the above Association, held at the Apothecaries' Hall in Dublin, on Tuesday, the 31st ult., Dr. Moore, President, in the chair, it was unanimously resolved:—"That the Association congratulates the Profession on the happy termination of the protracted agitation of the question of Medical Reform, in the passing of the 'Medical Practitioners' Bill' into law, whereby the Profession becomes, henceforth, a united body with legal powers for mutual protection, for the promotion of science, and for the advancement of the public good; and, that, as the Profession is mainly indebted for the settlement of this question to the great talents and persevering exertions of the Right Hon. William Francis Cowper, M.P., it is the agreeable duty of the Association to convey to him the expression of their united and grateful thanks."

FLUSHING OF THE CHEEK IN PNEUMONIA.—Is it a fact or not, as long ago stated by observers, and lately reasserted by M. Gubler, that the face of a person suffering from pneumonia flushes on the side corresponding to the lung inflamed? The explanation of the circumstance given by Andral, viz. that the cheek is red because the patient lies on the affected side, and presses his face against the pillow, is rejected by MM. Gubler and Bouillaud, for it may be observed, they say, when the patient lies on his back, and not only in pneumonia, but in tubercular disease of the lungs, and in capillary bronchitis. We ask if the fact is true, for it is one not confirmed by our own clinical experience. We think M. Brown-Séquard is rather hasty in seeking to give an explanation of it, by pointing out the reflex action which he supposes excites the flushing, before it is definitively settled by general observation. On such a point as this, there surely ought to be no difference of opinion.

BURIAL SOCIETIES.—A Blue-book just issued gives returns of the number of deaths which have occurred during the past year (1857) in 123 burial societies. The total number of deaths during the year in that number of societies is 5397, and as 125 societies, with an average of 1600 members each, gives a total of 200,000 members, it appears that the average mortality in these societies is 2·698 per cent, or more than twice the average amount of mortality experienced in the ordinary friendly societies; this increased rate of mortality is what might be expected on account of the large number of infants and children which are entered as members on the books of these societies. The Registrar-General, in the report of the mortality in England and Wales during the year 1857, states that the average rate was 2·176 per cent.; this gives an excess of mortality in the burial societies of ·552 per cent. over that experienced in England and Wales, or in other words, out of 1000 members of burial societies nearly 27 would die in the course of a year, while out of the same number of the general population the number of deaths would be about 22.

EFFECTS OF HEATED FURNACES ON THE HEALTH.—The Fire-Marshal of New York observes, that "it has been stated to me on reliable grounds, that the health of the children in the public schools is found to suffer from the mode of heating. In many instances the teachers are obliged to allow them to leave school before the regulated hours, in consequence of the violent headaches produced by the closeness and impurity of the atmosphere. It is found from experience that the heated air thrown off from furnaces, and iron surfaces generally, is divested of most of its vital properties, and is apt to produce congestion. In the case of persons of delicate constitutions, this tendency is immediately developed by furnace-heat. This effect has also long since attracted the attention of physicians, and in some families the use of the stove-furnace is positively prohibited." He recommends the hot-water-pipe system.

THE FORMATION OF FIBRIN and its transformation goes on in the human body, M. Séquard tells us, not improbably to the extent of many pounds per diem. The researches of Schmidt and Bidder have shown that, judging from the amount of secretions, organic transformations must be very great. The dog, for instance, secretes in twenty-four hours a quantity of gastric juice equal in weight to one-tenth of the animal itself. Again, twenty grammes of bile are produced every day in a dog for every kilogramme he weighs. These secretions prove that great changes are continually going on in the blood. Now it seems that true fibrin, such as is coagulable spontaneously in the air, disappears from the blood which returns from the liver and the kidneys; and if, says M. Séquard, it be true that the liver and kidneys are the organs in which the fibrin is transformed into other principles, we must admit that in man four or five kilogrammes of fibrin undergo daily transformation there. Moreover, as the quantity of this principle in healthy blood does not vary, it follows that in the twenty-four hours four to five kilogrammes of fibrin are produced. This thesis M. Séquard argues out in a very interesting paper, to be found at p. 298 of his Journal.

CARBONIC ACID, M. Boussingault informs us, has a calorific action. During a late vintage at the Liebfrauenberg, he was told that the fermentation of the grapes had caused a very high temperature. Introducing his arm into the atmosphere around the wort, he felt, as he thought, a heat of about forty or forty-five degrees centigrade; but he found, by the thermometer, that the sensation was a pure delusion, the heat not being really more than about twelve degrees above that of the cellar. The sensation, which may become an actual irritation, is due to the action of carbonic acid on the skin. This discovery M. Boussingault made many years when travelling in New Granada. He found, on descending into a fissure, near an extinct crater, that his face became flushed, and he felt a painful feeling of heat; but, to his great surprise, the temperature of the fissure was actually three degrees lower than that of the atmosphere outside it. The air of the excavation was proved, by analysis, to consist of 95 per cent. of carbonic acid.

L'ACADÉMIE DES SCIENCES offers a handsome bulletin. At its last sitting M. Flourens mentions three communications from aspirants to the Bréant Prize; each contains an infallible receipt for the cure of the cholera. Next in order comes a query from a Yankee Doctor, who is anxious to know the best way to disinfect Hospitals. To this query no reply can be given, for in the first place, the name of the *Wasingthon* (Gallicé) Doctor is illegible; and, in the second, to answer such questions is against Academic usage. M. Aug. Müller *hastens* (*s'empresse*), after six months' silence, to thank the Academy for the gift of their great physiological prize to him. France, he says, is a great nation. M. Elie de Beaumont believes in the unity of the human race, and naturally enough concludes that slavery is an unjustifiable brutality. The negro mind is decidedly in the ascendant in Paris. The *élève* Faubert, who carried off the chief prize in the class of rhetoric by a discourse in Latin, is an Haitian. The *élève* Delva, also a native from Port-au-Prince, carried off a prize for words said in Homeric tongue. "Their names were saluted with a triple salvo from their *co-élèves*. May the

Digitized by Google

echo of that same," said M. Elie, "reach to America!"—M. Dumeril objects to showers of frogs; but two affirmers of the fact hold their own. One says he received them, as they fell, on his hat and his face; and another, that Messrs. Crapauds came all alive-oh down his chimney.—M. Trécul writes to the Academy upon the subject of *living crystals*, whose formation out of vegetables he had observed *oculis fidelibus*.—M. Claude Bernard then read a memoir, "On the Influence of the Two Order of Nerves on the Different Colouring of the Blood in the Glands." "The two sets of nerves," he says, "acts like motor nerves in determining either contractions or dilatations. The filaments of the great sympathetic, which contract the blood-vessels, retard the circulation, render the contact of the blood with the tissues more intimate, and thus cause the blood to return black; on the contrary, the filaments of the lingual nerve, which dilate the same vessels, render the circulation more rapid, and then the blood returns from the gland red."

M. CLAUDE BERNARD, in following up his discovery of the variations in colour of the venous blood of glandular organs, has been led to study the respective influence of the cerebro-spinal and sympathetic systems of nerves, and has arrived at some very interesting conclusions, which have just been published in the *Comptes Rendus* of the French Academy of Science. He has chosen for the subject of experiment the sub-maxillary gland of the dog, on account of the intermitting nature of its secretion, which renders the variations in the colour of its venous blood very distinct. The sub-maxillary gland is supplied with nervous influence, from the cerebro-spinal system, by a nerve termed "tympanico-lingual," which is apparently derived from the lingual branch of the fifth pair of nerves, its real origin being the chorda tympani of the seventh pair. From the sympathetic system the gland is supplied by branches derived principally from the superior cervical ganglion. The conclusions M. Bernard has arrived at are the following:—1. Whenever the tympanico-lingual nerve acts with energy, the venous blood of the sub-maxillary gland appears red, whereas it becomes black whenever this nervous twig does not act, or its action ceases to preponderate. 2. The venous blood of the sub-maxillary gland is black whenever the sympathetic nerve acts, and it is the darker in colour as this nerve exerts a more energetic action. The mechanical conditions of the capillary circulation of the gland, determined by these two sets of nerves, are exactly inverse. When the tympanico-lingual is excited, the rapidity of the circulation is considerably increased, when the sympathetic acts the rapidity of the circulation diminishes. In one case it was found that during the repose of the gland, sixty-five seconds were needed to collect five cubic centimetres of blood from the vein of the gland; but when the tympanico-lingual was excited by galvanism it needed only five seconds to procure the same quantity, and if the action of the sympathetic nerve is sufficiently energetic the flow of blood from the vein may be completely stopped, again to appear when the excitement of the sympathetic ceases, and to be afresh accelerated if the tympanico-lingual is again acted upon. The reason for this is, that the tympanico-lingual nerve increases the calibre of the capillary vessels; the sympathetic decreases it. The sympathetic is the constrictor, the tympanico-lingual the dilator of the bloodvessels of the gland, and thus during the action of the former the contact between the blood and the elements of the gland is prolonged, the chemical phenomena which result from the organic exchange have time to take place, and the venous blood becomes very black; but, on the contrary, during the action of the tympanico-lingual the course of the blood through the gland is very rapid, the modifications of venosity are differently accomplished, and the blood flows from the vein very ruddy, and preserving its arterial appearance. Owing to the influence of these two sets of nerves, the submaxillary gland enjoys in reality an individual circulation, which in its variations is independent of the general circulation; and this is probably true with reference to all the organs of the economy. The nervous system which animates each capillary system, each organic tissue, regulates the course of the blood with reference to the peculiar chemical or functional state of the organ. M. Bernard promises a further communication on the actual chemical modification of the blood, produced by the above physiological conditions.

ROYAL MEDICAL BENEVOLENT COLLEGE.—PROPOSED INCREASE OF FOUNDATION SCHOLARS.— On the 23rd ult. a meeting of the Governors of this College was held at the offices, Soho-square, the result of which must be gratifying to every well-wisher of the institution. On the motion of Mr. Propert, Henry Pownall, Esq., was called to the chair. He said he saw by the bye-laws that they had no power to transact any other business than that for which the meeting was specifically called. All they would have to do, therefore, on the present occasion, would be simply to say whether they would increase the foundation scholars in May next to forty. —Mr. Propert then described the nature of applications for admission which he was continually receiving, many of which were of the most affecting character—one in particular from a young girl respecting the candidateship of her brother was such as to call forth the warmest sympathies of all present. They had lost their father, a Medical man, and their mother was lying on a bed of sickness from which she was not again expected to rise, and there was no provision for their future support. The instances alluded to by Mr. Propert are in themselves abundant testimony of the need there was for some such institution as the Royal Medical Benevolent College—of the good it is doing—and the strong demand there is upon the benevolence of the general community for an extension of its principles. Mr. Propert then proceeded to allude to the excellent education afforded at the College. Several of the students, as many there knew, had passed at Apothecaries' Hall with the greatest possible credit to themselves, honour to the College, and heartfelt pleasure to their friends. (Cheers.) He did not anticipate any objection to the resolution he had to propose, seeing that the College and its funds were in a flourishing state. He therefore moved, "That the number of Foundation Scholars to be maintained by the College be increased in May, 1859, to forty, and that the 2nd Bye Law be altered accordingly." Mr. Hird had great pleasure in seconding the resolution. Sure he was that whatever difference of opinion might exist among them on some points in connexion with the College there would be none on this. (Cheers.) All were anxious to do their best for the good of the College, the only difference being as to the mode of accomplishing it, but on the question now before the meeting all would be unanimous. (Hear.) The resolution was put and carried unanimously. The meeting separated after a vote of thanks to the Chairman, who said in his reply that he felt for very many years the Medical profession of this country were not duly rewarded for their important services to the community. He had too long acted as a magistrate and guardian not to estimate highly the attention they paid to the poorer classes. The richer classes, and those who were in easy circumstances, were very little aware of the benefits conferred upon them from the benevolent disposition, the unwearied perseverance, and the enlightened skill of the Medical profession, not merely as applied to their own cases of sickness, but also as applied to the diseases of the poorer members of the community. (Hear, hear.) The assiduity, the toil, and the fearlessness which they combated with contagion in the poorer localities was above all praise, as it was beyond all reward; and it was a serious thing to reflect upon, that so unremunerative was the Profession, that the Medical man often left behind him widows and orphans for whom he had been able to make no adequate provision. (Hear, hear.) He for one was glad that the support of this College afforded a means by which the public generally could testify their admiration of the Medical Profession, and pay some portion of the debt of gratitude owing to them.

CONSULTATIONS WITH HOMŒOPATHS.—The following observations occur in the course of an article by the Editor of the *Boston Medical and Surgical Journal*:—"We confess that we honour that independent spirit which makes a practitioner refuse, point-blank, to meet them in consultation. On the other hand, we listen with respectful deference to the arguments which honoured Physicians of ripe age and valued experience adduce to justify their occasional communications of this nature with them. While we listen, however, we cannot be convinced that in so doing they are right. The greater their age and the more precious and sought after their wisdom, the more does the latter belong to those only who are not disciples of a mere dogma, and who scorn the duplicity which lends to Hahnemannism the characters of the chameleon." . . . . . "This sort of consultation, then, is a sham consultation—no consultation at all, but dictation. Why misname it? Why call for it at all? It were better, in such circumstances, if patient and practitioner became uneasy,

Digitized by Google

alarmed, distrustful, to dismiss the faltering disciple of potientalities, and call in the man they would wish to consult, and give him charge of the case. The other procedure, in the end, amounts to the same thing, but it entails a vast amount of unpleasant feeling and disagreeable imputation, while it often inflicts actual wrong upon the honest members of our Profession. The chief injury caused by the so-termed consultation between Physician and Homœopathist is, that it leads the public to believe the latter to be quite on a par with the former; and certainly the Profession, if they endorse the procedure, give ample reason for the opinion. They thus destroy their own influence and prospects, and become completely suicidal. There are those who by the gifts of fortune, or by a long and successful practice, are able to take these matters in a very nonchalant manner; but the chief recoil is upon others less able to bear these leaks made in the professional ship by Medical men—and especially do the *young* men feel it. They will feel it yet more decidedly, if we are not greatly mistaken. . . . . If Homœopathists wish to consult on Medical matters, why do they come to those whom they know to be utterly at variance with them? If there are none within their own clique in whom they have greater confidence than in themselves, let them resign all threatening and puzzling cases."

VITAL STATISTICS OF BERLIN IN 1857.—The births amounted to 8558 males and 7917 females, *i. e.* 16,475 children. Among these were 203 twin and 1 triplet births. The illegitimate births were 1209 males and 1186 females, together 2395 children. There were 4590 marriages. The number of deaths amounted to 13,423, *i.e.* 3052 less than the number of births. Among the births, there were 781 infants born dead (450 male and 331 female); and 573 infants (305 male and 268 female) died soon after birth. Of these two categories 356 (180 males and 176 females) were born of unmarried parents. The deaths according to ages were as follow:—During the 1st year (including the born dead), 4848; during the 2nd, 1113; in the 3rd, 493; in the 4th, 278; in the 5th, 187; from the 5th to the 10th, 354; 10th to 15th, 135; from the 15th to 20th, 282; from 20th to 30th, 1014; from 30th to 40th, 1047; from 40th to 50th, 865; from 50th to 60th, 913; from 60th to 70th, 901; from 70th to 80th, 695 (263 males, 432 females); from 80th to 90th, 267 (88 males, 179 females); above 90, 31 (8 males and 23 females). The entire number of deaths below 15 being thus 7408 (1351 being of unmarried parents), and above 15, 6015; total 13,413. The large mortality in the earliest ages was chiefly due to epidemic diarrhœa and cholera, from which diseases, including softening of the stomach, there died 1071 infants during the first two years of their age. During the first three years 961 died of marasmus, and during the first two years 665 of convulsions. Among the general causes of death the following may be specified:—Gastric and nervous fever, 590; puerperal fever, 133; chronic bronchitis, 105; inflammation of the brain, 467; croup, 213; inflammation of the thoracic organs, 540; inflammation of the abdominal organs, 198; variola, 54; erysipelas, 69; scarlatina, 134; measles, 85; pertussis, 80; lockjaw, 90; convulsive diseases, 749; scrofula, 93; the various forms of dropsy and Bright's disease, 423; diabetes, 13; apoplexy, 523; pulmonary apoplexy and paralysis, 583; phthisis, 1664; marasmus, 1286; diarrhœa and cholera, 1159; organic disease of the abdomen, 255; organic heart disease, 161; organic brain disease, 161; cancer, 170; debility, 603; accidents, 136; suicides, 83. These suicides occurred in 69 men and 14 women, by hanging in 62, by shooting in 13, opening an artery in 1, by sulphuric acid poisoning in 3, by strangling in 1, and by cut throat in 3.

BOOKS RECEIVED.

Outlines of Astronomy. By Sir John F. W. Herschel, Bart. etc. 5th Edition. London: 1858.

Conversations on Natural Philosophy. By Mrs. Marcet. 13th Edition. London: 1858.

Lectures on the Diseases of Women. By Charles West, M.D. Part II. London: 1858.

A Dictionary of Practical Medicine. By J. Copland, M.D., F.R.S. Concluding Part. London: 1858.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. London: 1858.

The Coroner's Court, its Uses and Abuses. By J. J. Dempsy. London: 1858.

The True Method of Restoring Persons apparently Drowned or Dead. By H. R. Silvester, B.A., M.D. London: 1858. (A reprint from the British Medical Journal.)

Report on the Progress of Ophthalmic Medicine and Surgery. By F. Jordan, M.R.C.S. Birmingham: 1858. (A reprint from the Midland Quarterly Journal.)

Reports on the Sanitary State of Hackney District. By J. W. Tripe, M.D. London: 1858.

The International Handbook. No. 2. August: 1858.

The Nature, Causes, Statistics, and Treatment of Erysipelas. By P. H. Bird. London: 1858.

VITAL STATISTICS OF LONDON.

Week ending Saturday, August 28, 1858.

BIRTHS.

Births of Boys, 852; Girls, 844; Total, 1696.
Average of 10 corresponding weeks, 1848-57, 1486.

DEATHS.

	Males.	Females	Total.
Deaths during the week	540	568	1108
Average of the ten years 1848-57	629·0	632·0	1261·0
Average corrected to increased population	...	...	1387
Deaths of people above 90	...	2	2
Deaths in 15 General Hospitals	47	25	72

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	2	8	3	14	5
North....	490,396	2	5	10	6	21	11
Central ..	393,256	3	5	13	6	29	5
East	485,522	..	6	25	8	40	8
South	616,685	1	18	36	11	42	10
Total..	2,362,286	6	36	92	34	146	39

TO CORRESPONDENTS.

Dr. Moorhead's paper shall appear before the end of the month.

Cases are in type by Dr. Stallard, Mr. Lattey, Dr. Soltau, etc.

Dr. Marcet's concluding Lecture will appear next week.

Mr. Gorman's suggestions shall be attended to.

H. F.—The truss may be procured of any London instrument maker. Any well fitted easy truss proves useful as a general rule in varicocele.

M.D.—The defective drainage and want of water-closets at Pau, are great objections to that place as a winter residence for English invalids.

J.H.P. can obtain a copy of the Diploma of the Faculty of Physicians and Surgeons of Glasgow by writing to the Secretary of that body.

A Poor Lad.—We know nothing of the Advertiser named, and believe the instrument for the cure of spermatorrhœa to be utterly useless, and something worse than that. Application at the out-patient's room of any Hospital would be the best course for a "Poor Lad."

J.N.S.—The so-called Dr. Helié, the actor in the late case of "Frightful Surgery" at Jersey, recorded some weeks ago in these columns, has recently died. The facts related by our correspondent are very disgraceful; but *de mortuis nil nisi bonum*, though we are almost tempted to add a free translation by a witty Irishman,—

"When scoundrels die let's all bemoan 'em."

Jur.—The protoxyde and deutoxyde of iron have been subjected to a number of experiments by M. Nonas and others for the purpose of trying their power as antidotes to arsenic; and these gentlemen assert, that when the arsenic mixed with these preparations of iron is given to dogs, these animals die just as rapidly as if the arsenic had been administered to them by itself.

ADVERTISEMENT.

The following advertisement appears in No. 45 of the North London Gazette, in the same page with a "Family Shoe Dépôt."—"Teeth"—"Preparatory Schools"—"Yeatman's Antibilious Pills"—"Children's Wardrobes," etc.—

"Mr. John Hall, Surgeon, Apothecary, and Dispensing Chemist, Member of the Royal College of Surgeons, England; Member and Licentiate of Apothecaries' Hall, London. 12, Caroline-place, Haverstock-

Digitized by Google

hill, opposite the Round-house. Every important Medicine from Apothecaries' Hall. Prescriptions prepared with skill and accuracy. All the usual medicines, Medical and Surgical appliances, etc. Every article warranted genuine, and at a strictly moderate charge. P.S.—Mr. John Hall has adopted the principle of a stated Fee for Medical attendance, viz. 2s. 6d. visit and Medicines. Advice and medicines, without visit, 1s. 6d. Midwifery—Fee according to circumstances. Dental Surgery in all its branches. The irregularities of children's teeth attended to."

College and Hall.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I think that your Correspondent "L.A.C." in his brief suggestion which appeared in your Journal of last week, viz. that all L.A.C.'s of 15 years' standing should have conferred upon them the degree of Licentiate in Surgery, is rather selfish, because it is pretty evident that he is one of those would-be envied persons, should the liberality of the College of Surgeons lead them to act according to his suggestion. Let L.A.C. remember that there are many L.S.A.'s who would like to have the same honour conferred upon them, although not of 15 years.

I am, &c. L. S. A.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Those who have had to work hard for the double qualification, to say nothing of paying for it, will no doubt read the letter of L. A. C. (in your last week's Journal), with feelings of the same nature as my own. It is one of the coolest affairs I ever read; and the individual may, no doubt, flatter himself that he has already gained what he seeks. But I should scarcely fancy either the College or Hall are so easily led away.

The man who had to grind and cram 15 years ago for one diploma, now seeks under the new wing of the New Act, to obtain the other without further trouble. I have been given to understand the New Act is intended to weed the Profession of a number of Parasites who have stolen into its ranks from time to time, and who palm themselves off on the public as anything but what they really are; if so, let them be exported by all means. I can well fancy, that L. A. C., who for years has told the world on his plate that he is "Surgeon," will not like the idea of being obliged to erase the time-honoured word.

But it is hard, very hard on others, that he should now seek to obtain by asking for that which has cost hundreds much time, expense, and hard study.

Knowing how truly you have the interest of the Profession at heart, I have ventured these few lines. I am, &c.

August 30, 1858. M.R.C.S. and L.S.A.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Do you think that a M.R.C.S. Eng. and a Lic. Fac. Phys. and Surg., of Glasgow, would be able to register under the new Act as a Licentiate in Medicine and Surgery? I am, &c.

August, 1858. W. F. L.

[Unquestionably.—Ed.]

General Practitioners under the Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I shall feel very much obliged if you will inform me in your valuable paper whether a person being a M.R.C.S. et L.M., will be entitled to register as a General Practitioner under the new bill; and can he practise without fear of prosecution from the Apothecaries' Company?

I am, &c. A Country Surgeon.

[He will register as Surgeon and Licentiate in Midwifery, and the Apothecaries' Company have no power over him unless he charge for Medicines supplied to his patients.—Ed.]

Surgical Registry of Medical Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Allow me to call attention to a point which has escaped the notice of some of your Correspondents.

It remains for future legal decisions to confirm the opinion which is entertained by several who have paid great attention to the subject,—That University Medical Graduates will be able to recover for Surgical appliances as well as Medical services. Clause XXXI. enacts that "every registered person shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be;" and as Surgery forms a most important part of the education and examination of the Medical graduate, it necessarily enters into his qualifications. Certain it is that the London College of Physicians, although it does not examine in Surgery, has the power of licensing in Surgery, which may be seen by reference to a measure of Henry VIII. (Act xii. cap. 40), in which Surgery is specially enacted as an important branch of Medicine. Several of the Universities can confer at this moment the degree of Master of Surgery, and all have the power of instituting such a degree as a legal qualification.

I am, &c. A Graduate.

August 30, 1858.

Vegetable Substitutes for Milk.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I cannot allow Dr. Routh's two papers upon "Vegetable Substitutes for Human Milk," lately published in the *Medical Times*, to appear before the Profession without notice. I assert, and Dr. Routh backs me in that assertion, that all farinas are more or less poisonous to the infant. It is true that children have been brought up upon them, so have they at the mouth of a sewer, in our noisome alleys and filthy courts, and yet these are not the less poisonous situations although these children have resisted their baleful effects. If Dr. Routh, instead of compromising with the farinas, had set about improving the feed and keep of our London cows, or had perfected a plan for the supply of pure, unadulterated cow's milk from the country, he would have earned the gratitude of future generations; but what he has done is a step in the wrong direction. Be very sure that there is no substitute for the maternal milk but that which is procured from some other animal; and that the crudities of the vegetable kingdom, even if prepared by a Liebig, will never suit the delicate organism of an infant. I shall not enter here upon my own preparation of milk for infants, as I purpose shortly to lay before the Profession the success I have met with in its use during the last few years, that they may be able to judge more fully of its merits. I am, &c.

63, Gloster-terrace, Hyde-park. Harry Wm. Lobb.

August 30, 1858.

Dr. W. Munro of the 93rd. (?)

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been drawn to your publication of the 31st of July last, in which (page 90), notice is taken of an advertisement or intimation issued by "Wm. Munro, M.D., M.R.C.S., London, and lately of H.M. 93rd Highlanders," of his becoming a Medical Practitioner in West Hartlepool and its vicinity.

The advertiser, I suspect, has assumed a name to which he has no right. My younger brother, whose name is William, has been Surgeon of the 93rd for some years, and only two nights ago, letters were received from him dated "Camp Bareilly," in the East Indies, where he has been on service for a year past.

I may be doing injustice to the advertiser, but this fact I can mention that I have met the 93rd at intervals since the year 1826, when they were in the West Indies, and never before heard of a "William Munro" having any Medical charge of the regiment. If the advertiser is really "late" of the 93rd he must have been in the ranks.

I am, &c. Charles Munro.

Campbeltown, Argyllshire, August 26, 1858.

The Shako in India.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Conversing a day or two since with an Indian officer, he gave me the following intelligence, which will doubtless prove interesting to your readers, and be a sensible answer to the "sensible question," No. 250, propounded in your last week's Journal. Sir Colin Campbell has, on his own sole responsibility, decided on abolishing forthwith every shako in India, both in the Queen's and Company's services, and he has substituted for it an admirable head-dress, made of the lightest woven bamboo, covered with wadding and white cotton, and the whole surrounded by a cloth wrapped around it in voluminous folds; in fact, making it the closest approximation to the native "Pugree."

Its threefold advantages are obvious. If broken, it can be repaired by any native, in any bazaar, in any part of India, for the value of a few pence, for its original cost is trifling; and it is one of the best protections against the rays of the sun. In this latter respect the "solar topie," or pith hat covered with white cotton, is the best; but it will not stand a shower of rain without becoming pulpy, and is too brittle for ordinary use.

It may be some satisfaction to our Professional brethren to know that the intelligent Commander-in-Chief assigns the numerous deaths by sunstroke in the month of May, *and* the urgent appeals he has received from Medical officers, to be the motives which have mainly guided him in taking this step, irrespective of instructions from the Horse Guards.

Leamington, August 31, 1858. I am, &c. J. Fenn Clark.

COMMUNICATIONS have been received from—

Mr. Bulley, Reading; Dr. Elliotson; Mr. Bryant; Dr. West; Dr. Venables; Mr. Aldred, Yarmouth; Dr. Bozeman; Mr. H. Lobb; Mr. Rivers; Dr. M. D'Espine, Geneva; Mr. C. Munro; Mr. McDonnell; Registrar General, Scotland; Mr. King, Stroud; Mr. Wordsworth; Mr. Rees.

APPOINTMENTS FOR THE WEEK.

September 4. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

6. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

7. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

8. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

9. *Thursday*.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

10. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

Digitized by Google

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	clear	8s.	per gross.
3 & 4 oz., do.	do. blue tinted	7s. 6d.	do.
½ oz. white moulded phials	do.	4s. 6d.	do.
1 oz. do.	do. of a very superior	5s. 6d.	do.
1½ oz. do.	do.	6s.	do.
2 oz. do.	do. quality.	7s.	do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

The Sydenham Trousers, 17s. 6d.;

COATS, 33s.; and WAISTCOATS, 8s. 6d.—It is well known how great an influence is exercised upon the health by the mode of dress. Many disorders, and still more of the common indispositions or irregularities, can be distinctly traced to imperfect adaptation of the clothes to the functions of the body and the limbs. This is true of adults as well as of children, though, perhaps, not to the same extent. The Sydenham construction of the whole attire is directed to secure a perfect fit in all positions without restraint, strain, or incumbrance, so that the limbs retain as free play as if in PURIS NATURALIBUS. The Boy's Complete Suit (24s.) is also eminently adapted for these purposes. The material and workmanship are the best which can be commanded. The assortment open for selection is immense, and includes all that is most fitted for the season. The assortment of Sydenham Alpaca Overcoats (12s. 6d.) for Summer wear deserves attention, as these goods have been made with unusual care.

SAMUEL BROTHERS, Merchant Tailors, 29, Ludgate-hill.

For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, London, W.

	s.	d.	
6 and 8 oz., any shape, plain, or graduated ..	8	0	per gross.
3 and 4 oz. ditto ditto ..	7	6	do.
½ oz. Moulded Phials	4	6	do.
1 oz. ditto	5	6	do.
1½ oz. ditto	6	0	do.
2 oz. ditto	7	0	do.

A remittance not required till the goods are received. Packages free Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

The Medicated Cod Liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dysentery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.

BOUDAULT'S PEPSINE imported in original bottles.

Surgical Instruments, and every Im-

plement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1: Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

Mr. Howard, Surgeon-Dentist, 52,

FLEET-STREET, has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth stopped and rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

Condy's Patent Fluid contains nascent

Oxygen, which is NATURE'S DISINFECTANT, for instantly and permanently removing all unpleasant smells. It has no smell—is not poisonous—will not stain when diluted—may be used for purifying water for drinking. Its colour prevents the possibility of mistake in use. It is recommended by the General Board of Health, &c. &c.

Sold by the Trade in bottles, at 6d., 1s., and 2s. each, or at 5s. per gallon.—1 gallon mixed with 200 gallons of water, makes a strong disinfecting fluid, costing one farthing per gallon.

MANGANATE or PERMANGANATE of POTASH as ESCHAROTICS.

Central Retail Dépôt, 97, Fleet-street, London, E.C., whence samples of 1 dozen ½-pints, or ½-dozen pints, or ¼-dozen quarts of the Fluid, and 4 oz. or upwards of the Manganates or Permanganates, will be forwarded, carriage paid, to any part of the kingdom, at the retail prices, on receipt of stamps for the amount.

This is notified, in case of any difficulty in obtaining either of these substances through the usual sources.

Wholesale of the Patentee, Battersea, Surrey, S.W.

TO THE MEDICAL PROFESSION.

Mr. Hooper's Select Chemical and

PHARMACEUTICAL PREPARATIONS:

AMYLENE.
CHARCOAL, for Internal Administration.
CHLOROFORM.
COD-LIVER OIL, with QUININE.
COD-LIVER OIL, with QUININE and IODIDE OF IRON.
CONCENTRATED INFUSIONS.
CORTICAL ESSENCE OF JAMAICA SARSAPARILLA (will keep good in any Climate).
EXTRACTS.
INSPISSATED JUICE OF COTYLEDON UMBILICUS (Mr. Salter's Reports on its Utility in Epilepsy sent free by post).
INSPISSATED JUICE OF GALIUM APARINE (used in Cutaneous Diseases, Psoriasis, &c.)
INSPISSATED JUICE OF TARAXACUM.
LIQUOR OF TARAXACUM.
PEPSINE, &c.

HOOPER, Operative Chemist, 7, Pall Mall East, S.W., and 55, Grosvenor-street, W. Laboratory, Mitcham, S.

Horniman's Pure Tea, the leaf

not coloured.—Rich full-flavoured TEA of great strength is thus obtained, as imparting it not covered with powdered colour prevents the Chinese passing off the low-priced brown autumn leaves as the best. The "Lancet" (Longmans, p. 318) states of Horniman's teas:—"The Green not being covered with Prussian blue, etc., is a dull olive; the Black is not intensely dark." Wholesome and good Tea is thus secured. Prices 3s. 8d., 4s., and 4s. 4d. per lb. London agents:—Purssell, 73, Cornhill; Elphinstone, 227, Regent-street, 366, Oxford-street, and 21, Throgmorton-street, Bank; Wolf, 75, St. Paul's-churchyard; Dodson, 98, Blackman-street, Borough. Sold in Packets by Horniman's Agents in all parts of the kingdom.

Digitized by Google

ORIGINAL LECTURES.

A COURSE OF LECTURES
ON THE
CHEMISTRY, PHYSIOLOGY, AND PATHOLOGY OF HUMAN EXCREMENTS.

DELIVERED AT THE
Westminster Hospital,

By W. MARCET, M.D., F.R.S., F.C.S.
Assistant-Physician to, and Lecturer on Chemistry at, the Westminster Hospital, etc., etc.

LECTURE VI.

STEARATE AND MARGARATE OF ALKALINE EARTHS AND EARTHY PHOSPHATES IN HUMAN FÆCES—EXCRETINE—CHOLESTERINE IN FÆCES—ASHES OF EXCREMENTS.

GENTLEMEN,—In our last lecture I stated that a mixture of bile and fatty acids heated to the temperature of fusion of the fat, was transformed into an emulsion, a certain proportion of the fatty acids being converted into a soda soap. A similar phenomenon must occur in the intestines, where the alkaline soap being soluble in water, is nearly entirely absorbed or decomposed; which is shown by the fæces containing but a very small proportion of this compound. When a soda or potash soap comes into contact with a solution of a salt of lime or magnesia, hard lime and magnesia soaps are formed, which, being insoluble in water, precipitate. Now, the intestines contain salts of lime and magnesia, which decompose a part of soda soap resulting from the action of the bile on the fatty acids, and transform it into soaps of lime and magnesia; these, from their extreme insolubility in water, cannot be absorbed, and are therefore evacuated in the motions. In my investigations, these hard soaps were extracted from the deposit which occurred in the alcoholic extract of fæces on its becoming cold. This deposit being washed with ether and boiling alcohol, left an insoluble residue which, for a long time, I considered as a small quantity of the part of the fæces insoluble in boiling alcohol that had found its way through the meshes of the cloth used for preparing the extract; but on a closer examination, I noticed that the alcoholic solution of fæces, although it might have been perfectly clear when first obtained, deposited, on cooling, a substance insoluble in ether and boiling alcohol. This compound, heated on a platinum spatula, burned with a fuliginous flame, and left an inorganic residue; it was found to be nearly entirely soluble in a boiling solution of caustic potash; the addition of hydrochloric acid to the alkaline fluid, induced the formation of an abundant precipitate consisting of stearic and margaric acids. The acid filtrate, submitted to analysis, yielded lime and phosphoric acid. The magnesia soap was precipitated in the alcoholic extract, some hours after the lime soap, which afforded a means of separating the two compounds; the first deposit was by far the most abundant; from a quantitative chemical analysis, it was found to contain more lime than necessary to combine with the phosphoric acid; the excess of lime being precisely in the proportion required to form a soap with stearic and margaric acids; consequently, that part of the deposit which was insoluble in ether and boiling alcohol, consisted of phosphate of lime and a lime soap.

I now beg to direct your attention to a new substance I have extracted from fæces, and proposed to call *Excretine*. From the extreme difficulty of procuring for examination the intestines of an individual who died suddenly, in perfect health, and from my having failed to detect this substance in any other but human excreta, the results obtained from the investigations into the physiological relations of this substance are very incomplete. From recent experiments I have ascertained, however, the average amount of excretine voided by a healthy adult in one evacuation. For this purpose, eleven evacuations yielded by two healthy individuals, aged 23 and 30, were submitted to examination, the quantity of impure excretine obtained was 5·063 grammes, or for one evacuation, 0·460 grammes; and of the pure substance 2·024 grammes, or for one evacuation 0·184 grammes. Of course, these numbers must be considered as low, from the impossibility of avoiding a loss of substance throughout the process adopted for its extraction. I also observed, that, although excretine is constantly present in the evacuations of grown-up people, it does not exist in the motions of young children, as it could never be found in the excreta of a child about one year old; in this instance the fæces contained cholesterine, which could easily be extracted by the same method as that employed to obtain excretine.

The blood, spleen, liver, muscular tissue, bile, and urine, being submitted to analysis, failed to exhibit the presence of excretine. The investigations on the blood and spleen lead, however, to the discovery of cholesterine in these parts, which substance was found in comparatively large quantities in the human spleen: on one occasion it was obtained from bile by the same process. The castings of the tiger, leopard, dog, crocodile and boa, horse, sheep, dog (fed on bread), wild boar, elephant, monkey, and fowls, failed to yield excretine. The castings of the crocodile were found to contain a large proportion of cholesterine.

In the course of these researches, I also had the opportunity of observing, that the castings of carnivorous animals contain butyric acid, a substance I have never found to exist in human fæces.

I shall now proceed to give you an account of the preparation and chemical properties of excretine. This substance is very soluble in boiling alcohol, and is consequently to be found in the alcoholic extract of human fæces, it is not precipitated with the deposit which occurs in the alcoholic fluid on cooling; in order to remove it from the alcoholic solution, milk of lime must be added to it, containing a proportion of water equal to the bulk of the solution: the whole being briskly agitated is allowed to remain undisturbed for a few hours, and then the precipitate which has subsided is collected on a filter. The excretine adheres to the lime without combining with it, and thus it is separated mechanically from the other constituents of fæces soluble in alcohol. The lime precipitate being washed with distilled water, and dried on a water bath, is finally digested in a mixture of alcohol and ether. The filtered solution, obtained from the lime precipitate, has a yellow colour, and by spontaneous evaporation deposits impure coloured excretine. Cold weather favours this process of crystallization, from the solubility of the substance in alcohol being thereby considerably diminished; and when, in winter, the thermometer stands below the freezing point, excretine may crystallize directly in the alcoholic extract of fæces; thus I was able to obtain a specimen of this substance, without having recourse to the addition of milk of lime to the alcoholic fluid. This observation shows that excretine exists partly or entirely in the free state in fæces, and, consequently, that its precipitation by the addition of lime to the solution is entirely mechanical. The excretine, as first obtained, is very impure, being mixed with a yellow oily substance, which sometimes proves most troublesome to remove. The impure substance is to be collected on a filter, dissolved in hot alcohol, and the solution mixed and agitated with animal charcoal. On filtering the fluid, it is found to have lost much of its colour, and it yields by spontaneous evaporation a mass of crystals, which require to be submitted to a third, or even a fourth similar operation, in order to be obtained quite pure. When the solution is perfectly colourless, it may be evaporated under the air-pump. The first crystals that appear in an alcoholic solution of this substance are very light and slender, grouping themselves in small tufts, and, as the alcohol evaporates, the crystals become larger, exhibiting a beautiful silky appearance, if seen by transmitted light. From the very delicate nature of the crystals, their microscopical appearance is attended with some difficulty. They consist of acicular four-sided prisms, varying greatly in size, the largest being distinctly visible with a low magnifying power (a). The method adopted for the extraction of excretine, will admit of this substance being detected in very complex mixtures; thus I have been able by such means to extract it in comparatively large quantities from my laboratory water-closet drain, where it was mixed with decomposed urine, dust, paper, and other filth.

Excretine is insoluble in water, hot or cold, and when suspended in boiling water is converted into a yellowish resinous

(a) For an account and drawings of Excretine, see also the Phil. Trans. for 1857, and Dr. Beale's Archives of Medicine, No. II. 1858.

Digitized by Google

mass floating on the fluid. It is sparingly soluble in cold alcohol, but dissolves readily in hot alcohol. It is very soluble in cold or hot ether. The reaction of its alcoholic and ethereal solution was found in my first experiments to be slightly alkaline; but, by repeating the investigation upon a larger quantity of excretine than that I had at hand on the previous occasion, the substance being very carefully purified by means of animal charcoal, and subsequent washing with distilled water, it was very difficult to determine whether even a saturated solution of excretine in ether or alcohol was alkaline or neutral. A slip of red test-paper turned very faintly blue when allowed to remain in an ethereal solution of excretine while evaporating spontaneously to dryness; a very concentrated alcoholic solution appeared without action on red or blue test-paper. Heated on a platina spatula, excretine fuses, evolving a peculiar aromatic smell. The crystals fuse at between 92° and 96° cent. (197°—205° Fah.) The fused mass does not crystallize on cooling. Excretine is not acted upon when heated in a solution of potash or soda, or when treated with diluted sulphuric or hydrochloric acid. With boiling nitric acid, however, it is decomposed, giving out fumes of nitrous acid. It is not at all hygroscopic, or subject to decomposition, and may be easily preserved for years.

On account of the difficulty I experienced at first in obtaining a sufficient quantity of excretine for analysis, its chemical composition was but lately ascertained. The constituents of this substance are carbon, hydrogen, oxygen, and sulphur; it contains no water of crystallization. In two analyses, 100 parts of excretine were found to consist of—

	I.	II.	Average.
Carbon	80·412	80·442	80·427
Hydrogen	13·746	13·284	13·515
Sulphur	2·780	2·780	2·780
Oxygen	3·068	3·494	3·278
	100·000	100·000	100·000

No substance having been found as yet to combine with excretine, its atomic composition was calculated from the assumption that one equivalent contained one equivalent of sulphur, and the following formula was obtained:—

78 Equivalents of carbon	468
78 Equivalents of hydrogen	78
1 Equivalent of sulphur	16
2 Equivalents of oxygen	16
Atomic weight of excretine	578

You will now observe that excretine is a new animal substance; for although resembling the crystallizable fats stearine and margarine, it differs from them as to its fusing point, which is much higher, by its not assuming the crystallized form as soon as the fused mass becomes cold; by its not being acted upon by caustic potash or soda; and finally, from its having a different chemical composition. It appears to be closely allied in its properties to cholesterine, but its fusing point is much lower than that of this substance, which fuses at 140° C. Moreover, it does not crystallize in tabular crystals like cholesterine, and contains sulphur.

I have never yet alluded to the filtrate from the precipitate obtained by the addition of milk of lime to the alcoholic extract of fæces; this fluid contains salts of volatile acids, and when concentrated yields, by the addition of sulphuric acid, a substance possessing a peculiar smell, resembling that of butyric acid. I have never succeeded, however, in extracting butyric acid from human fæces, the volatile acid they contain forming salts with alkalies, alkaline earths, and metallic oxides, which do not crystallize; and consequently it is extremely difficult to analyze these compounds.

In conclusion, I wish to add a few words respecting the ashes of human evacuations, and direct your attention to the fact that the salts of the alkaline earths are excreted mainly through the intestines, a circumstance owing principally to the formation in the intestines of insoluble lime and magnesia compounds; and more especially of phosphates; thus, according to an analysis of the ashes of dried human fæces by Mr. Way, 1000 parts contain 37·17 of phosphoric acid, 14·98 parts of lime, and 13·48 parts of magnesia. Sulphuric acid and hydrochloric acid are present in very small proportions in excrements, from these substances yielding salts, which, with the exception of sulphate of lime, are very soluble in water. According to this analysis, the dry fæces contained only 2·10 per °/₀ of sulphuric acid, and 1·59 of chloride of sodium. The proportion of soda and potash in fæces is low, and more especially that of soda. In the above-mentioned analysis there was 10·40 per °/₀ of potash, and only 2·83 of soda. Finally, it is remarkable that, notwithstanding the great difference existing in the kind of food taken by different individuals, the proportion of organic and inorganic matters in the excrements remains much the same. I determined the proportions of water, organic and inorganic constituents, in eleven evacuations from two different individuals. According to this analysis, 100 parts contained:—

Water	77·32
Organic matters	20·04
Inorganic matters	2·64
	100·00

100 parts of dry fæces, therefore, consisted of—

Organic matters	83·33
Inorganic matters	11·67
	100·00

Which results may be considered as showing the average composition of human excreta.

With these observations I shall conclude the Course, trusting that I have succeeded in giving you an insight into the immediate principles and composition of human excrements, and establishing the importance of their examination in health and disease.

ORIGINAL COMMUNICATIONS.

ON LOCAL ANÆSTHESIA AND ELECTRICITY.

By BENJAMIN W. RICHARDSON, M.D., L.R.C.P.

Physician to the Royal Infirmary for Diseases of the Chest, and Lecturer on Physiology at the Grosvenor-place School of Medicine.

In this short communication, I beg to relate the history of certain experimental inquiries having reference to the application of the electric current for the production of anæsthesia. I would premise that it was no intention of mine to publish at this moment. The paper is one long held in reserve for the purpose, after further research, of being sent to one of the learned Societies. But events often check dispositions, and do so now. In the *Times* of to-day (Saturday) there is a letter from Mr. Snape, of Chester, on the application of the electric current for preventing pain in dental operations; and as the subject of this letter, now widely circulated about the world, bears directly on certain points which have received from me much attention, I feel it a duty to hesitate no longer, but at once to submit such labours as I have performed to the notice of the Profession.

It is a matter of regret that the results to be given are initiative only, and up to this moment negative in character: the circumstances which have led to their publication must be the excuse for all deficiencies.

My attention was first drawn to the subject in hand in the year 1853, in the following manner:—

I was then engaged in investigating by experiment the influence of electricity on the blood in the living animal body. In one of these experiments a small dog was subjected to an electrical shock, resulting from the discharge of a battery of seventy-two Leyden jars. Wire chains ready for connexion with the battery were placed one round the throat of the animal, meeting over the upper part of the head, the other round the lower part of the body at the loins. The whole charge was at once passed through the body. The animal fell without a struggle, and lay before me to external appearance dead. There was no respiration for several seconds, but the heart continued beating. A little later, and there was a feeble respiratory gasp. I pricked the nose of the animal with the point of a scalpel, and blood issued, but no

Digitized by Google

indication of sensibility on the part of the animal followed. A minute more, and I had laid bare about an inch of the right jugular vein. I tapped the vein, drew off a few drachms of blood for after observation, passed a ligature round the vessel above the opening, brought the edges of the flesh-wound neatly together and secured them by suture. By the time I had done the signs of reanimation were well marked, but the operation had been performed without the slightest evidence of suffering. For a little time the respiration was short and irregular, but in a few minutes the animal rose slowly, looked about him, as if wondering where he had been, and recovered without a bad symptom.

This was probably the first instance in which any operation was performed without pain, by means of electricity. This result of the experiment was purely accidental. The experiment was originally intended for a different object altogether; but accustomed to operate on narcotised animals, the new fact of the perfect production of insensibility by electricity changed the intention of the experiment entirely in my mind. The idea of producing general anæsthesia for the purpose of an operation, by a repetition of this one electrical experiment, was of necessity out of the argument, for it were impossible so to adjust a shock as to produce a sufficient degree of general insensibility for an operation without the hazard of destroying life altogether. The fact of the production of insensibility was, however, striking; and this fact at once suggested to me that what could be done to the whole body might possibly be done to a part.

To carry out the inquiry which had thus been presented, I tried the effect of passing electrical shocks of varying intensities through the limbs of animals. The shocks were severely felt in these cases; but I could never detect that at any instant after the shock the sensibility of the parts through which it had passed was at all destroyed. There was often some temporary twitching of the muscles of the limb operated on, but the merest attempt to produce pain succeeded.

I next tried various experiments on myself. I charged twenty Leyden jars, and discharged them, either in combinations, or one after the other in rapid succession, through one of my fingers. The shocks were painful to bear, and when many were given, the last was felt as severely as the first; but afterwards, the finger was as sensitive to a prick from the point of a lancet as it had been previously.

I tried the local effect of the continuous current for long periods, but with as little success.

I passed the electro-magnetic current through one finger for long periods, modifying the intensity of the shocks; sometimes submitting the part for periods of an hour or more to a gentle current; at other times increasing the force till the pain produced was scarcely endurable. On January 3, and on August 8, of the present year, I kept a finger for two hours thus exposed; but in these, as in all other cases, without the slightest effect in removing sensibility. While the finger was being subjected to the current, I tested its sensibility by pricking it with a lancet or needle. This test is, however, unnecessary, for so long as the part operated on is sensible of shock, it is sensible to a cut or a puncture. An animal deeply narcotised with chloroform is as little sensitive to electrical shocks as it is to the knife.

In its local application, indeed, it seems to me that the electric current restores rather than destroys sensibility. One experiment will explain this. Let two fingers be placed in a freezing mixture and held there until the external surface is so benumbed, that the prick of a needle is not felt. Let them then be removed, and let pass through one the current from the electro-magnetic battery. In the finger thus operated upon, it will be found not simply that the sensibility will come back more quickly, but so much the more quickly as to lead to the unpleasant and painful reaction called vulgarly "hotache." The current acts like warmth in this respect.

In one experiment the effects produced were very peculiar, and deserve special note. I placed the first and second fingers of the left hand in a mixture of ice and salt till they were entirely insensible to puncture. I then removed them from the mixture, and after well drying them I placed one wire from the electro-magnetic battery round the second finger, at a distance of three-quarters of an inch from the tip, and the other wire round the finger at the base. A gentle current was passed. For a brief period I was not conscious of the shocks, but suddenly the portion of finger included between the wires, from being white, became red and injected, and therewith there was excited a degree of pain that was unendurable. By removing the wires and applying cold once more the acute pain passed off. But the most interesting point is, that while the first finger regained its normal sensibility in the course of an hour, and the second regained its normal sensibility in the parts which had been enclosed between the wires, the end of this second finger, from the point beyond which the upper wire had encircled it, remained completely insensible for four hours, and felt slightly numbed even thirty-six hours later.

From these experiments I have no alternative but to believe that the electric current cannot, according to our present knowledge of its application, be made practicable for the production of local anæsthesia.

The only way by which, as I would suggest, electric shocks can in any way be said to remove pain locally, is, that the pain which they excite creates a diversion, so that any new pain which may be inflicted on the part is not felt the less, but is lost in some degree in the pain which was preexistent. I give a simple illustration. The school-boy tells his new comrade that he can remove a hair from his head without the removal being felt. The skilful operator seizes a hair with his left thumb and finger, pulls it out quickly, and at the very moment strikes the head of his dupe a smart blow with his flat right hand. The operation is performed, and it may be without the pain which would have been elicited by a simple pull. The pain, however, is not removed, but diverted. When my finger was painfully affected by the electric current, the entrance of the lancet or needle point into the skin caused sometimes a more acute, sometimes a less defined, pain than is ordinary. Mr. Louis Parnell, who allowed me to perform some experiments on his finger, expressed that his sensations were the same.

We have seen, nevertheless, in the first experiment related, that a powerful electric shock, sent through the whole body, will produce insensibility; why, therefore, should it not have the same effect in its local application? A dose of aconite tincture will render a body generally insensible to pain; a drop of the same tincture, put on the lip, will produce numbness of the lip. Here is brought out at once a general and a local effect, each alike in kind, but different in degree. Why, then, should not the same obtain with the electric shock? To answer this, the consideration of the modes in which insensibility is ordinarily produced is necessary.

My late friend, Dr. John Snow, did much in clearing up the mystery which interposes here. He has described, and to my mind proved, that the sensibility of the body may be destroyed in two ways. First, it may be destroyed by the direct effect of some benumbing agent on the extremities of the nerves of the part. Secondly, by the effect of the agent on the centres of intelligence, *i. e.* by the destruction of consciousness. Thus, the effect of some narcotic vapours, taken into the system at large, may even be contrasted; amylene, for example, acts mainly on the extremities of the sensory nerves, interfering but feebly with the consciousness. Ether, on the other hand, suspends sensibility in proportion as it destroys consciousness.

Now, when a powerful electric shock is sent through an animal body it destroys sensibility, not because it is a local anæsthetic, but because it strikes out at a blow the consciousness. The animal for the time is dead to all impressions, pleasant or painful. An animal stunned by a blow is in the same condition; an animal in syncope is in the same condition. In this explanation I read off the reasons why electricity, as generally applied, *did*, and as locally applied, did *not*, produce insensibility.

In sending this paper to the press, it is no part of my object to interfere with the labours of Mr. Snape. The present unsatisfactory modes of preventing pain in surgical operations must unquestionably be superseded ultimately by some better process. It shall be read of some day as rude science, that leads the whole body into the realm of dissolution, that one poor molar may be dragged out without a flinch. Dr. Arnott thinks it so now. A mode of producing local anæsthesia, I mean complete anæsthesia, lies open at this moment as the grandest practical discovery to be made in Medicine; and he who makes it can be begrudged his well-earned fame by none but the selfish and the foolish. I write, therefore, not critically, but to record my own researches and their results.

12, Hinde-street, W. Sept. 4, 1858.

Digitized by Google

ON THE MEANS OF RECOGNISING THE SUBJECTS OF INHERITED SYPHILIS IN ADULT LIFE (a).

By JONATHAN HUTCHINSON,
Surgeon to the Metropolitan Free Hospital.

Although the symptoms of inherited syphilis, as manifested during the first months of life, are well known, and although it is fully acknowledged that not a few infants so affected recover and grow up, yet but little attention appears to have been given to the recognition of such individuals in after life. Remembering the pertinacity with which a syphilitic taint clings to the constitution, we may easily admit it as probable that those so affected during the period in which development is most active should remain, if not through life, at least for many years, liable to diseases of a peculiar character, and requiring specific treatment. Granting this, and recollecting that the victims of inherited taint are in all classes of society far from infrequent, we arrive at a due estimate of the importance of their ready recognition. Although not by any means prepared to go the length suggested by Ricord, Erasmus Wilson, and others, in the question, "Is not all struma syphilis?" I am, I think, in a position to assert, and, by reference to clinical evidence, to prove, as far as such a proposition admits of proof, that a very considerable proportion of those chronic diseases of the eyes, skin, glands, and bones, to which the epithet "strumous" is commonly applied, are really the direct results of inherited syphilis. It is not, however, the intention of the present paper to discuss so wide a subject as the grounds of this creed, but to consider only a single question of much interest in connexion with it, namely, "On what evidence is a Surgeon justified in concluding that a patient, it may be an adult, or at any rate, long past the period of infancy, suffers from an inherited venereal taint?" I hope to be able to show, that to a large extent we may in this matter be wholly independent of the histories given to us by parents. In many of these cases the history furnished to us is wilfully untrue, and in many others it is very desirable to avoid making any direct inquiries.

First among the peculiarities by which these patients may be identified, is the *tout ensemble* of the physiognomy. A bad pale earthy complexion, a thick and pitted skin, a sunk and flattened nose, and scars of old fissures about the angles of the mouth, often give the countenance so much of peculiarity that the condition may be recognised at a glance. The opinion is usually borne out by observing further, that the subject is of short stature, has a large protuberant forehead, and a heavy aspect. These peculiarities I have endeavoured to illustrate by the series of portraits now before the meeting. In all the history of the case was carefully gone into, and the diagnosis satisfactorily established. As I shall not, however, owing to want of time, be able to produce any part of the evidence on this score, I must, in asking the meeting to accept the diagnosis, state that all the cases were taken in public, and the conclusion I arrived at corroborated by other observers. Most of the patients were under care at the London Ophthalmic Hospital, and the rest at the Metropolitan Free. Before proceeding to examine in detail the value and import of each of the several elements in the physiognomy under consideration, I may remark, that it resembles very closely that which many would consider as typical of struma. Often has it been replied to me by the sceptical, "Well, what you call the physiognomy of syphilis, I should have said was the very ideal of struma." It is, however, only the leucophlegmatic dark form of so-called "struma," which these cases simulate. With "fair struma," as marked by the transparent skin, clear teeth, long silky eye-lashes, the syphilitic facies has nothing in common. Nor do I think that the variety of the strumous countenance denoted by a thick œdematous upper lip, patchy colouring of the cheeks, and a very sluggish circulation, is often found connected with syphilis.

Passing now to consider the character of the stamp impressed by inherited taint on certain organs and structures, for the most part visible, I shall have to mention *seriatim* the skin and its appendages, the teeth, the tonsils and palate, the eyes, the glands, the nose.

And here let it be observed, that inherited disease does not mar the development of organs by any mysterious or latent influence, but by causing a positive and recognisable attack of inflammation at a period when those organs are in very early stages of growth. Thus, if the teeth are found dwarfed and notched, it is because the patient suffered from severe inflammation of the mouth with alveolar periostitis, at a time when the teeth existed as soft pulps only. If the skin look stretched and thin, and wanting in healthy softness, or if, on the other hand, it be thick, greasy, pale, and flabby—and the two conditions are often seen in opposite temperaments—the cause is that in very early life it was the seat of long-continued inflammation. So with the form of the nose. If its bridge be sunk and expanded, it is because, while the bones were soft, the child had severe snuffles, marking periostitis and chronic inflammation of the mucous membrane.

The Skin in these cases may show one of two states; it may either look thin and stretched, or it may look thick, coarse, and flabby. The first is the most diagnostic, requiring for its production a longer continued infantile eruption, but the latter is the more common. In both it is usual and almost constant to see numerous little pits on the forehead, cheeks, lips, etc., resembling those of small-pox, and well nigh invariably there are scars about the angles of the mouth. Very frequently small patches of diffuse psoriasis are noticed about the face, and the skin looks uncomfortably dry. The appendages of the skin are rarely in a healthy state; the nails are stumpy and broken, and show numerous white marks in their substance; the eyelashes are few and ill developed, even if tinea tarsi do not exist; and the hair is thin and dry.

The liability of the skin to certain forms of eruptive disease (I am not speaking of infants, but of children or young adults) is also a valuable circumstance in aid of diagnosis. Whatever form may be originally assumed, if of syphilitic origin, it almost always tends to ulcerate, more or less. To a peculiar form of rapidly ulcerating lupus these patients are particularly prone. I have gone very carefully into the history of several hundred cases of lupus, with the view of determining whether they were of syphilitic origin; but my conclusion has been that, in a very large majority of the chronic forms of that disease, whether exedens or non-exedens, there is no reason to suspect hereditary taint. In those, however, in which the ulceration is rapidly destructive for a short time, and is then arrested, to be succeeded by a supple scar, and with but little tendency to relapse, I have rarely failed to establish a clear diagnosis of inherited disease. These are almost the only cases of lupus which ever came under treatment by rhinoplastic surgery; in the others the disease is rarely so completely arrested as to allow of any such measures. In two patients, whose portraits are now exhibited, the form of lupus to which I have adverted occurred. In one, it destroyed a considerable portion of one ear, and also part of the right ala of the nose; in the other, it eat out a portion of one ala of the nose, and was then arrested by specific treatment, and quickly healed.

The state of the Teeth constitutes one of the most valuable signs we possess, more especially that of the permanent set. Its value depends not only upon its constancy, but on the circumstance that it is impossible that these structures can have been altered in form, etc., by disease acquired in later life. I have had several cases in which, as the patient was between twenty and thirty years of age, it was very possible that the sunken nose, scars at the angles of the mouth, bad complexion, etc., might have resulted from acquired syphilis, but in which the strongly characterised state of the teeth wholly did away with such suspicion. The portrait which I now exhibit, shows tolerably well the state of notching of the incisors, their small size, etc., which are the most reliable characteristics. The casts before the meeting also illustrate these and other peculiarities. Respecting these casts, as well as the portraits, I may here remark that they have been taken only from cases in which a clear and conclusive history had been

(a) I have preferred to allow this paper to stand, without alteration, as it was read to the British Medical Association at its Edinburgh meeting. The portraits (stereoscopic), casts of teeth, etc., which are repeatedly referred to in it, I shall have the greatest pleasure in showing to any one who may feel sufficient interest in the subject to give me a call. Their absence I shall endeavour to supply as far as verbal descriptions can effect the object, in a supplement of illustrative cases to follow the present paper.—J. H.

Digitized by Google

obtained. They show a remarkable similarity in the general type of the teeth. As a rule, the latter are small, rounded or peg-shaped instead of flat, sometimes presenting a broad shallow notch in their edge, at others, so much worn down that this notch is not distinguishable. In the patient their colour, a dirty brownish hue resembling that of bad size, is a very marked character. It is not to be removed by any amount of cleaning. They are very liable to early wearing down, the teeth of a person under twenty often being as much worn down as they ought to be at sixty. This circumstance, their bad colour, notched border, and small size, all point to an imperfect development of their outer layers and of the enamel especially. I have not as yet taken any opportunities for examining the structure of these teeth under the microscope, but intend doing so as soon as I can obtain good specimens. They do not appear to be particularly liable to caries. Irregularities of position, etc., are very common, but not, of course, in any way characteristic. I have seen many mouths in which the shape, colour, etc., marked them most positively as of the syphilitic type, in which they stood quite regularly, and were all sound. The reason why the permanent teeth show more marked features of peculiarity than does the first set, is easily assigned. At the time when the infant suffered from stomatitis, the first set, although not cut, were already formed beyond the reach of damage, while the permanent ones, on the contrary, existed only as soft pulps. Now and then it happens that the attack of alveolar periostitis is unusually severe, so severe as to cause suppuration and the exfoliation of one or more of the crowns of the teeth. This occurrence is, I am convinced, very rare; Mr. Tomes, in his work on Dental Surgery, mentions but one example of it; and I have myself seen but two. It is to be observed that I am speaking not of the early decay or falling out of teeth which had been cut, but of their necrosis and exfoliation during the first week or two of life long before they ought to have shown themselves. With the history of these two cases I need not detain the society: I have jotted down their principal facts on the cards on which the specimens are mounted.

To pass to *the Tonsils and Palate*. I may simply remark respecting the latter, that if it show positive cicatrices, or have been extensively destroyed, the sign is a valuable one in confirmation of the diagnosis. It is, however, not among the more frequent. In young persons the subject of hereditary taint the tonsils are almost invariably chronically enlarged, and as the adolescent period approaches they usually waste away, and become atrophied. These states of disease are, however, so very common in others besides the subjects of syphilis, that we cannot attach any importance to them.

The Eyes.—Acute iritis as a symptom of infantile syphilis, is very rare; but, on the other hand, it almost never occurs during the first year of life independently of such origin (b). If, therefore, there be found in the eyes of a young adult the remains of iritis, either in adhesions or obliteration of the pupil, the history given of which is that they were left by inflammation in infancy, the presumption is considerable that the child then suffered from syphilis. As the subject of inherited syphilis advances from childhood to early adult age, he becomes, however, liable to other much more common forms of inflammation of the eye. These are of the utmost value in establishing a diagnosis. The disease hitherto known as "strumous corneitis," and consisting in the interstitial deposit of lymph in the substance of the cornea, is, I am certain, in a very large majority of instances, of direct syphilitic origin. As I cannot of course extend this paper so far as to adduce the lengthy evidence upon which I make this assertion, I may state that it will shortly be published at length in the *Ophthalmic Hospital Reports*, and also that the investigations respecting it have been conducted at the Moorfields Ophthalmic Hospital, under the observation, amongst others, of Mr. Critchett and Mr. Bowman, both of whom have been quite convinced of the accuracy of the conclusion, and now constantly adopt a specific treatment for this class of cases. It will be noticed in most of the portraits now shown that the corneæ are more or less opaque, and also that the brows are more or less contracted, as if the patient had long suffered from intolerance of light. A form of inflammation of the choroid attended with the deposit of lymph beneath the retina, is not uncommon in the subjects of inherited syphilis. These deposits may be seen with the utmost distinctness by the aid of the ophthalmoscope, and when absorbed leave circular or irregular patches in which the pigment is deficient, and the retina opaque, which are equally easily found. These deposits cause more or less damage to vision, according to the exact part of the retina which is disorganised. Not unfrequently this form of choroiditis occurs in conjunction with corneitis, which latter prevents the ophthalmoscopic examination of the eye.

Respecting the other signs of this diathesis I must be very brief. The head is rarely well formed, the forehead being often more or less protuberant from the effect of slight chronic hydrocephalus in infancy. One of the portraits shows this state in a more advanced degree. There are often nodes on the bones, either those of the skull or of the extremities, and these often suppurate and cause exfoliation of small portions of bone. Chronic diseases of joints of the class usually called strumous are not infrequent. Enlargements of the lymphatic glands under the jaw are also now and then seen. When this occurs, I may own, that I generally find exceeding difficulty in persuading any one else into the belief that the disease can possibly be anything else than "struma," that meaningless term appearing to have linked itself almost indissolubly to these affections. The flattening of the bridge of the nose has been already adverted to. It is a very marked condition in most cases, and constitutes a very valuable sign. A thickened and hypertrophied state of the structures under the tongue, including the ducts, mucous membrane, and connective tissue, is often seen, but is, I suspect, quite as much connected with the remedies which have been administered as with the disease. This observation may naturally lead to a few words respecting the probability of many of the symptoms which I have described having been in reality rather the effects of mercury than of syphilis. In a majority, the mother of the patient stated, that the medical man who had the treatment of the child in infancy had recognised the disease, and we may therefore presume, that in most, mercury had been employed. In several, however, no such diagnosis had been made, and it is probable no specific treatment had been adopted, indeed, I have one or two in which the mothers averred that their children had never taken any course of medicine. Now, as in these, the rôle of symptoms was equally well characterised, we may, I think, hold it as very probable that they were wholly attributable to the disease. Indeed, from the fact that these signs are all of them consequent upon the long existence of one or other of the phenomena of syphilis in very early life, it is plain, that a remedy which cuts short the duration of such phenomena, must tend to prevent rather than to exaggerate their effects. Now, there is no point in the whole range of the therapeutics of syphilis, I might almost say in therapeutics generally, upon which opinion is more unanimous, than, that the use of mercury rapidly and efficiently gets rid of the rash, snuffles, sore mouth, etc., which characterise that disease in infants.

In conclusion, I must beg to remark most emphatically, that it is not by any one symptom that the diagnosis of hereditary syphilis can ever be supported, but by the careful estimation of the entire group. They must be taken together in their relative bearings upon each other. By too great reliance on single ones, however apparently well marked, mistakes of the most egregious character would often occur, while I feel confident, that by the opposite course a very trustworthy conclusion may often be arrived at.

(b) See a paper on this subject by the writer in the July number of the "Ophthalmic Hospital Reports."

AN ACCOUNT OF SOME CASES OF SCARLATINA ANGINOSA,

SUCCESSFULLY TREATED BY HOT PACKING, INDUCING A COPIOUS AND PROLONGED DIAPHORESIS.

By Mr. F. A. BULLEY, F.R.C.S.
Senior Surgeon to the Royal Berkshire Hospital, Reading.

Case 1.—Friday, April 30, 1858.—I was requested to visit Jane A., a housemaid, aged 20, who had been suffering for several days previously from fever; there was dry burning heat of the skin, intense and constant thirst, quick pulse, aching pains in the loins and limbs, with an anxious and somewhat confused appearance of the countenance, and all the other well-marked indications of considerable febrile disturbance.

Digitized by Google

These symptoms had been preceded by coldness of the surface and general chilliness of the body, with a scanty secretion of urine. On the Wednesday previous to my visit, she had begun to feel some uneasiness about the throat, and difficulty in swallowing, which increased so rapidly, that, on the next day, Thursday, she found herself unable to swallow without great pain. There was considerable external swelling of the cervical glands; internally, the tonsils were much enlarged, acutely inflamed, and extensively ulcerated on their surface, the inflammation and ulceration extending, as well as I could see, into the pharynx. There was a constant discharge of mucus, somewhat fetid, from the nares.

To-day, Friday, April 30, all the symptoms enumerated have increased in intensity; the skin is burning hot. Pulse 125; eyes suffused; great and constant headache.

Saturday, March 1.—The characteristic scarlet eruption has appeared over the neck and fore-part of the chest and abdomen; but without any relief to the febrile symptoms, which continue unabated. To relieve the throat she was ordered a gargle of vinegar and tincture of myrrh, hot vinegar and water fomentations externally, and to inhale the fumes of hot vinegar and water diffused about the room.

Sunday, 2nd.—Throat somewhat easier, swallows a little better. The general febrile symptoms continuing unabated, and the eruption not appearing to display itself sufficiently in the extremities, she was ordered to be wrapped up in the hot packing, according to the method more particularly described in the next case (a).

A copious diaphoresis having been shortly induced by these means, she was allowed to remain in it for five or six hours, when the wrappings were gradually and carefully removed. At the end of this time her pulse had fallen from 125 to below 100, her headache had almost disappeared, a gentle moisture bedewed the skin, and, after expressing herself as greatly relieved by the sweating, she fell into an easy undisturbed sleep, and slept for several hours.

The burning heat of the skin has altogether left her. She has little or no thirst; skin moist and perspiring.

She feels somewhat weak from the effects of the packing. To take strong beef-tea constantly during the day: she was ordered for common drink to take two teaspoonfuls of vinegar in a tumbler full of cold spring water, for the purpose of keeping up the diaphoresis, and an ordinary saline draught at intervals during the day.

The future progress of this case may be thus briefly stated. The inflammation and swelling of the throat gradually subsided under the use of a mixture of honey and water with tincture of myrrh inhaled from Dr. Harwood's inhaler; the sloughs subsequently became detached from the tonsils, exposing a superficially ulcerated surface underneath. The burning heat of the surface never returned, a gentle perspiration remained constantly upon the body; the pain in the loins left her after two or three days, and the secretion of urine returned: on the fifth day after the application of the hot packing, her appetite for solid food was returning, and on the sixth day, or about the tenth from the first accession of the febrile symptoms, it had completely returned, and she might in every respect be said to be quite convalescent from the disease. It may be as well to mention that no desquamation of the cuticle ensued on convalescence.

Case 2.—July 4, 1858.—I was requested to visit Ellen K. a very delicate-looking child, aged 7½ years, who had been attacked with scarlatina.

The characteristic eruption had appeared the day before I saw her: it was more particularly observable over the trunk of the body, but very little displayed upon the extremities, except in a few isolated patches over the wrists and ankles.

It had been preceded by dry burning heat of the skin, which still continued, with constant and severe headache. Great thirst; pulse 130 in the minute; eyes suffused; occasionally severe paroxysms of coughing, and some difficulty in her breathing; great anxiety of countenance.

On examining the throat I found the tonsils very much enlarged, especially the left, and for the most part covered with a thick light-coloured tenacious slough; the portions unoccupied by the slough were of a bright red colour, apparently in a state of intense inflammation. She had the greatest difficulty in swallowing anything at all solid. Externally the cervical glands were swelled, and extremely tender to the touch.

As I had frequently had occasion to observe the beneficial effects of a copious and sustained diaphoresis in the treatment of the various forms of scarlatina, she was immediately submitted to this mode of treatment, which was carried out in the following manner.

Her body having been immersed in tepid water for about half a minute, at 75° Fahrenheit, she was laid, dripping, upon a coarse sheet previously a little warmed, which was then closely wrapped round her, more particularly about the neck, to confine the heat generated by the process.

This coarse sheet had been previously laid upon two blankets in the bed, and now these blankets were brought over in the same manner as the sheet, thus closely enveloping the body. Over these primary envelopes, other blankets to the number of eight or ten were laid until she could no longer bear the superincumbent weight. In about twenty minutes after the application perspiration began to appear upon the face, and on examination shortly afterwards it was found that the whole body was bathed in a copious diaphoresis, in which she was compelled to remain for about five hours, when the envelopes were carefully and gradually removed; the sheet which had formed the immediate envelope to the body was found to be completely saturated by the perspiration of the patient. When the patient had been entirely removed from the wrappings, and placed in a dry warm bed, she expressed herself as feeling much better, her pulse was diminished to 90 in the minute, her headache and thirst had become greatly relieved, and her body continued in a comfortable moisture throughout the remainder of the night.

On my visit next morning, I found that the same gentle perspiration had continued, her breathing had become much more easy, and she had scarcely any thirst; the eruption was rather more vivid than before the packing; her throat was still swelled externally, but certainly not so much so as before the application; internally, the inflammation was not so vivid, but the sloughs were still as adherent as before; for this she was ordered to take lemon water ice in small quantities during the day, with, occasionally, small pieces of rough lake ice, which appeared to afford her great relief. For ordinary drink she was ordered to take a weak mixture of brown vinegar and spring water, as a simple diaphoretic. To have strong beef-tea, cold, frequently during the day, and to take a saline draught, with small doses of the chlorate of potash, two or three times daily.

Flannel cloths steeped in hot vinegar and water to be kept constantly applied to the outside of the neck and throat.

It would be tedious to follow the progress of this case to its successful termination; suffice it to say, that from the period of the discontinuance of the sudatory process, which I have described, the little patient never experienced any return of the dry burning heat which had previously affected her, a gentle moisture constantly suffused her skin, her thirst gradually ceased, and her appetite for nourishing food returned; in the meantime, the external swelling of the throat subsided; internally, the sloughs became separated, and exposed a healthy surface underneath, the tonsils gradually assuming their natural healthy appearance.

On the fourth day she took a mutton chop, with a quarter of a pint of bitter ale, with a relish; on the sixth day she was well enough to sit up; and on the eighth day from the first accession of the symptoms, as she appeared to have in every respect completely recovered from her disease, with the exception of the debility to be expected after such a severe attack, she was removed into the country, where she has completely recovered her health and strength.

No desquamation of the cuticle had followed the disappearance of the scarlet rash.

Case 3.—I have not myself had an opportunity of testing the efficacy of this mode of treatment in the anasarca which sometimes follows scarlatina; but my friend, Mr. Winter Dryland, the resident Surgeon of the Reading Dispensary, who has recently had a considerable number of cases of scarlatina under his care, has given me the particulars of a case of this kind, in which its effects were so immediate and striking, that he thought it right to inform me of the facts, and has kindly permitted me to publish them.

A little child, aged six years, had apparently recovered from a somewhat severe attack of scarlatina, when, about a

(a) In this case, however, the patient's body was not immersed in tepid water; but thick pads of folded household flannel, wrung out of very hot water, were placed upon the chest and abdomen previous to the packing.

Digitized by Google

fortnight after its apparent convalescence, it was suddenly attacked with symptoms of anasarca of the limbs; great prostration soon followed; the secretion of urine became diminished; a difficulty of breathing ensued, indicating, at least, the commencement of effusion into the cavity of the thorax, the dyspnœa gradually but perceptibly increasing. In this emergency Mr. Dryland thought he would resort to the treatment of hot packing, which was accordingly carried out in the manner described in the foregoing cases. By this means a copious diaphoresis was shortly induced, in which the little patient was kept for five or six hours, during which time, owing to its previous exhaustion, and the additional debility produced by the process, it was found necessary to supply it frequently with small quantities of warm brandy-and-water to prevent its sinking. At the end of this period, Mr. Dryland, who had carefully watched the patient throughout the whole of the process, observed that the great difficulty of breathing had partially disappeared, and, in some respects, the anasarca of the extremities; to use his own words, "there was an obvious diminution of the swelling of the extremities on the removal of the packings," and from this moment, under the judicious use of chalybeate remedies, the child gradually recovered from the attack, and was shortly afterwards quite convalescent.

Remarks.—It would be difficult to explain exactly the *ratio medendi* of the diaphoretic means employed in the foregoing cases. In the generality of instances, it would seem to act by subduing the inflammation of the skin which attends this disease, which, like the inflammation of all other secreting organs and tissues, prevents its performing properly, or even at all, its healthy secretory functions. This suspension or arrest of its natural functions causes a greater quantity of blood to be thrown upon other organs of secretion, especially the kidneys and tonsils, and the glandular apparatus of the intestines, which thus, in turn, become congested and inflamed, and after a time also lose their secretory power, ultimately becoming disorganised from the continuance of the congestion. Thus, in the end, in the worst cases of this disease, all the excretory functions become suspended, and the patient dies, to all intents and purposes, poisoned by his own blood.

It was to modify and, if possible, to remove this primary inflammation of the skin, and to prevent its secondary operation on the other organs of the body, that I was induced to adopt the treatment I have described, with what success may be partially judged of by the details of the foregoing cases, selected from a large number of others treated in the same manner during the last fifteen years; and I have the satisfaction to remark that, during this period, I have never lost a single patient from this disease, however malignant the case might appear to be, which has been treated in this manner.

Something may also be due to the eliminatory powers of the prolonged sweating process employed, and from the manner in which I have found it act in other kinds of fever, in which I have extensively used it, I believe it possesses the faculty of eliminating whatever poison there may be in the disease from the system, at least to an equal degree in scarlatina. The rapid manner in which the febrile symptoms have subsided under its use, and the absence of their return in many cases, have led me to this conclusion, and I have no doubt that its good effects may partly be attributable to this power, combined with its more immediate action upon the skin, as I have described.

The medicinal treatment employed in these cases was almost of a negative character; ice, in small pieces, frequently swallowed, seemed to afford great relief to the throat. The beneficial effects of ice in these cases have long been known to the Profession in assuaging tonsillary inflammation; but children of tender age frequently object to it in a rough state, and I have therefore generally substituted for it either lemon water, or strawberry ice, from the confectioners, which I have generally found the little patients take with pleasure, and even avidity.

A weak diluted solution of vinegar and water was administered as a common antiseptic drink, sweetened and rendered palateable by a small quantity of sugar. Vinegar taken in this way appears to act gently upon the skin, and keeps up a modified continuance of the diaphoresis produced by the packing. My friend, Mr. Baker Brown, has, I believe, lately published a pamphlet on the use of acetic acid in scarlatina, attributing some very remarkable effects to its medicinal use; but I have not yet had an opportunity of reading it, and, therefore, cannot say to what particular mode of action he refers its remedial superiority. I can only say, that I have used it for a long time dietetically in the manner I have mentioned; and have every reason to feel satisfied with its good effects.

CASE OF EXTRA-UTERINE PREGNANCY.

By PARKE P. LATTEY.

Extra-uterine pregnancy being of very rare occurrence, and the symptoms of its existence being necessarily of a very doubtful character, I have forwarded for insertion in your journal the history of a case which has just occurred in my practice, should you deem it worthy of publication.

On Tuesday, the 25th of May, 1858, I was sent for to visit Mrs. —, a patient of the Paddington Dispensary. She is 27 years of age, and has been married about two years; she miscarried three weeks prior to last Christmas, being then about nine weeks pregnant. She considers herself now nine weeks advanced in pregnancy. Having gone the previous day (Whit-Monday) with her husband to the Crystal Palace, she was much tired, heated, and more or less crushed by the great numbers who crowded in the building; and attributes her present attack of severe pain in the lower part of the abdomen, etc. to the above causes.

She is rather tall, of a clear complexion, good looking, with light brown hair and eyes. She complains of constant vomiting, and a severe bearing down pain in the region of the womb, extending to the lower part of the spine and thighs; the pain is not constant, and is not increased by moderate pressure; pulse natural; the breasts are well developed, and at times painful; some blue veins are easily traced out over them; and the areola around the nipple is well-defined and dark. For the last two months she has felt nausea, and at times vomiting, mostly of a morning; the bowels, which are usually costive, have been more confined of late; she has also a frequent desire to pass water. I had no hesitation in considering her pregnant; and as she miscarried at a similar period six months back, in conjunction with her present attack of severe bearing down pain, etc. I feared she was about to miscarry again. There has not been any show as yet. She has menstruated twice since the miscarriage in December. I enjoined the recumbent posture, with effervescing draughts, combined with an opiate, etc.

May 26.—Less pain and sickness; she is able to keep down a little beef-tea and arrow-root; the pain still of a bearing down character, but there is no discharge; bowels not acted upon since Monday 24th; to have an aperient dose of rhubarb and epsom salts, etc. as she could not keep castor oil down.

27th.—Bowels have acted very well; vomiting and other symptoms not so severe.

28th.—Has taken for the last three days the following mixture:—

℞. Sodæ sesquicarb. ℈ss., ether chlorici, tinct. hyoscy. āā ℥ij., tinct. aurantii, ℥iij., aquæ ad, ℥x. M. ℥i. 4tis horis. e. ℈j. acid tartar.

To have a mild aperient of compound rhubarb pill and henbane extract at night, in order to keep the bowels acted gently upon: she cannot keep castor oil down.

From this date to June 11th she was upon the whole more comfortable, although the sickness would at times be very severe, and also the pain in the hypogastrium, accompanied by constant desire to pass urine. Upon two or three occasions she expressed herself as feeling quite well, but next day I would find the symptoms as urgent as ever. She continued the effervescing draughts, and the bowels act with the aid of the pill. This day she was seized with excruciating pain in the hypogastrium, which continued for several hours more or less severe; and the vomiting was as bad as ever; nothing but the effervescing doses remain upon the stomach. Up to this time there has been no discharge from the vagina; pulse 90 and soft.

Upon making a digital examination to-day, the uterus feels distinctly enlarged, and the os is exceedingly painful when touched by the finger; the walls of the vagina not painful when pressed upon; there is no unusual feeling about

Digitized by Google

the os uteri, it is soft to the touch. Hot fomentations to be applied to lower part of the stomach, which is not tender or painful when pressed upon or handled in examination.

June 14.—The day after last report she was much better, the pain in the hypogastrium having nearly disappeared; the sickness also being trifling; and she continued better until this day, when the pain and sickness again returned with violence.

I regarded her case as one of irritable uterus, and recommended her to keep apart from her husband, moreover as she informed me that coitus for the last two months gave her extreme pain. Has felt occasionally a beating in the lower part of the abdomen, and considers herself pregnant.

30.—It would be nearly a repetition to give an exact statement of her symptoms for the last fortnight, they being almost a recurrence of the old ones, with the exception that the pulse was increasing steadily in frequency, now numbering 130, and becoming also much less in volume and more compressible. She has also lost much flesh, the features have become more sharpened, and anxious in expression; the skin begins to assume a yellowish tinge, and the bowels more or less distended with flatus, which she is endeavouring constantly to eructate. The bowels also are becoming more difficult to act upon. Injections of castor oil, epsom salts, fœtid tincture mixed with a pint or more of gruel, were now had recourse to to get a more decided action upon the bowels, as a feeling of fulness and dulness in the right iliac fossa indicated probably an accumulation of fæcal matter in the colon at that part of its course. The injections were seldom retained above a couple of minutes, and only brought away a very little loose fæcal matter, etc. which sometimes gave great relief. Beef-tea with wine, etc., to be taken freely.

July 1.—She was last night seized with all the symptoms of a gall-stone trying to pass through the duct. She is decidedly jaundiced; has severe pain in the epigastrium, vomiting up effervescing draughts, and everything she swallows; mouth parched, tongue brown at the edges, extreme restlessness, and crying out with the intense pain at the epigastrium; pulse 135, small and compressible; no sleep for the last thirty-six hours; pain has left the lower part of the abdomen for the last three or four days; the bowels are more distended. A digital examination indicates an increase of fulness in the pelvis, os very tender, and swollen, but soft.

℞. Pulv. opii, gr. i., hydr. chlor. gr. ij., in pilula 4ta., q.q. hora.

The effervescing draughts to be continued, with two drops of the dilute hydrocyanic acid to each dose. Brandy and water, or wine and water, in addition to her beef-tea. A blister to be applied to the scrobiculus cordis. The injections to be used night and morning, if she could bear them, as of late they caused her much uneasiness, without any fæces, or a very trifling quantity, being brought away.

Evening.—No relief; to have the following mixture:

℞. Magnes. sulpat. ʒvi., aquæ menthæ ad ℥vi., tinct. hyoscy. ʒi. ℥ss. 3 horis; repet. inject. et pilul.

2nd.—The vomiting and pain at the epigastrium unremitting. She retained the epsom salt mixture, and the opium and calomel pills. The skin more deeply tinged; pulse 140; tongue dry, and inclined to be brown; urine scanty, and of a deep yellow. Brandy and wine, with the beef-tea, to be continued. She vomits up nearly everything she takes, including pills and medicines. Her cries are heard through the house, as the pain at the præcordium is agonising and incessant. Extreme restlessness, tossing herself about, and constant eructation.

3rd.—Little or no change, the urgent symptoms continue.

4th.—No amelioration.

5th.—Feeling her case getting daily worse, I called in the attendance of Dr. Markham, who is the consulting Physician to the Dispensary.

Upon careful examination, both of the vagina, abdomen, etc., Dr. Markham considers that there is a tumour in the pelvis, which by its pressure upon the colon has given rise to the obstruction in the bowels. He does not think she is pregnant.

To continue the effervescing draughts; turpentine injections, and opiates, to relieve the pain. Brandy or wine, with beef-tea, etc., to be continued.

10.—Since last report there has not been any improvement—on the contrary, she is losing ground daily, and the distressing vomiting and pain at the epigastrium continue as severe as ever; at times she will vomit up nearly a wash-hand basin full of bilious-looking matter, mixed with the nutriment and medicines which she takes. This is the only means of relief she feels eases the distended state of the bowels and epigastrium. Is still hopeful of recovery.

Met Dr. Markham again to-day. He can, upon examination, distinctly recognise the presence of a tumour in the pelvis, both through the vagina and the rectum. He gave no positive opinion as to its nature, considered that it was not within, though attached to the womb, and probably, extends to the right iliac region, where a certain fulness and dulness upon percussion is elicited. Dos. ol. riccini c. t. opii. Dr. Markham recommends that the consulting accoucheur of the Institution should see her, as it is in his department more exclusively. I accordingly wrote to Dr. J. H. Bennett, of Grosvenor-street, but he was out of town.

17th.—Met Dr. J. H. Bennett. He confirms Dr. Markham in considering it a case of *tumour* in the womb. He can feel the tumour through the walls of the vagina firmly fixed in the pelvis, which he failed to raise in any degree with the finger. Does not think pregnancy exists.

Ordered some croton oil pills, to endeavour to get some action upon the bowels, which have not acted for the last fortnight. Within the last three days, the vomited matter consists of the contents of the bowels, being most offensive to herself and those around her. Jaundice and emaciation increase. Pulse 140; tongue dry, and brown at the tip and edges, with a white centre. Her cries are distressing, and she now eagerly desires death to relieve her from her misery.

Dr. Bennett does not think he can do anything, so is not coming again.

From this period up to her death, which took place on the morning of the 23rd, there was little or no change in her state, excepting that she became weaker and weaker, the pulse becoming more and more frequent, the bowels remaining unacted upon; the urine becoming more and more scanty, and more deeply tinged with bile. Her moans are heard night and day all over the house. Within the last fortnight she has had only a few minutes' sleep at intervals. There had not been any return of pain in the hypochondriac region since the epigastric pain commenced. Within the last ten days the tympanitis has increased considerably, the intestines and bag of the stomach being distinctly delineated. She died apparently gradually exhausted from pain and want of nourishment and sleep.

23rd.—*Sectio Cadaveris*, 14 hours after death.—I was unable to obtain permission to make the examination until too late in the afternoon to request the attendance of either Dr. Markham or Dr. Bennett, should they have liked to be present. My son and the nurse only were present with me; the latter to prevent the removal of any portion of the deceased.

The body was deeply jaundiced and very much emaciated, in fact, a complete skeleton; rigor mortis moderate; the bowels can be easily traced from their extreme distension. On dividing the linea alba and opening the abdomen down to the symphysis pubis, the peritoneum became exposed, with the intestines bulging through; the former was quite destitute of fat, and was almost blackened in appearance, as were also all the intestines; they appeared as if they had been steeped and become saturated with a strong decoction of coffee; their structure was softer than natural, but otherwise they appeared in their usual state; they were quite empty except of flatus; the peritoneum appeared to have become torn and shreddy; there were no adhesions between the bowels or with the sac of the peritoneum. Upon passing the hand into the pelvis, blood to the extent of about two pints issued freely out, large clots being intermixed with it; it was tolerably bright, and appeared to have been effused but recently. In lifting out the clots and fluid blood, a male fœtus, partially decomposed, was removed, to which was attached an umbilical cord, about twelve inches long, and which umbilical cord I readily followed up to a placenta, firmly adhering to the right iliac fossa and iliac margin. Having divided the cord and removed the fœtus (which measured over seven inches, the head being about the size of a large walnut), I traced the cord carefully up to the placenta, which latter I found to be rent, and partially loosened from the surrounding place. The colon at this point appeared fixed and immovable. I was able without much difficulty to remove the whole of the placental mass, which might be about one pound and a-half in weight, and of ordinary thickness and appearance.

Digitized by Google

I could not decide when the rent appeared to have been made with any certainty, but it looked recent. I next examined the ovaries and both Fallopian tubes, tracing the latter to the womb. The right ovary, which was much congested and lacerated, was evidently the place where the fœtus was developed. I traced both Fallopian tubes into the womb, they were perfect throughout their course. The womb I carefully examined, and passed my finger through the os, but could discover no rent. It was about the size of a large pear, certainly much larger than usual. There was nothing in its cavity, and it appeared healthy in structure. I could not discover any tunica decidua, which is said to be formed sometimes during extra-uterine pregnancy. The pregnancy being ovarian does not, I think, admit of a doubt. I regret I could not make a preparation of the parts, but no portion was allowed to be removed.

53, Cambridge-terrace, Hyde-park.

A CASE OF BRIGHT'S DISEASE OF THE KIDNEY,

WITH GOUTY DEPOSITS IN THE TUBES, CYSTS, ETC.

WITH REMARKS,

By J. H. STALLARD, L.R.C.P.S., etc.

Physician to the Great Northern Hospital, and Physician to the St. George's and St. James's Dispensary.

George Stark, aged 45, painter, employed chiefly in the decoration of gin-palaces, became an out-patient of the Great Northern Hospital on the 29th of May, 1858. He is accustomed to drink largely of gin and stout, but he is rarely intoxicated. He has suffered much from gout, which first attacked the great toe in the year 1851. His appearance is pale and waxy, and he has dropsy of the face and body generally. His present illness commenced with a severe attack of gout in October, 1857, since which time, languor, loss of appetite, dyspnœa, and general dropsy, have gradually increased. He has taken only a few gout pills, and he still continues to superintend work, and was himself at work last week. He has no pain, but the least exertion brings on severe dyspnœa. His pulse is 100, small and feeble; the skin cold and moist; the tongue large and foul; bowels costive; urine reported abundant; passed frequently during the night, when it is usually pale and clear. In the daytime it is more scanty, and occasionally turbid. He was ordered a saline aperient, and to bring his urine for examination.

June 2.—A small sore having formed upon the leg, a large quantity of fluid has exuded, and the dropsy has much diminished. He feels extremely weak, and his perspirations are excessive. He has passed thirty ounces of urine in twenty-four hours; it is pale. Specific gravity, 1006, highly albuminous, and contains numerous epithelial casts. He was ordered tr. ferri sesquichlorid ℳxv., acid. nitric. dil. ℳxx., ex aquâ menth. ter die.

5th.—The sore upon the leg has ceased to discharge, and the dropsy has greatly increased. It appears that notwithstanding serious remonstrances he has continued to go about, and that he yesterday drove twelve miles in a light cart. His countenance is now highly congested, and the secretion of urine has almost ceased. A few hours after reaching home he was seized with sudden and severe dyspnœa, and it became evident that effusion into the chest and pericardium was rapidly advancing. He received temporary relief from the application of a large blister, and from the constant exhibition of stimuli, but he sank gradually, and died on the morning of June 9.

Post-mortem twelve hours after death.—The body was excessively swollen, and the surface perfectly pale. A very large quantity of fluid was present in all the serous cavities. The pericardium was inflamed, the opposing surfaces being covered with a thin layer of recent lymph. The lungs were healthy. The heart weighed sixteen and a half ounces; it was equally hypertrophied throughout, the left ventricular walls being about two and a half times thicker than the right. The valves were healthy and competent, and the arterial orifices normal. The foramen ovale was open, about half an inch in diameter, and in no degree valvular. There was a well-formed clot of fibrine extending from the right ventricle into the branchings of the pulmonary artery. The liver was large, dense in structure, and at the central part it was light in colour, and slightly hard and rough to the touch. The intestines were not minutely examined. The kidneys appeared rather small, but were of normal weight, the left weighing five ounces, the right four and a half ounces. The capsules were slightly adherent, and the cortical portions were much granulated. On the surface of both kidneys were several cysts, and two particularly of considerable size. On dividing the kidneys numerous smaller cysts were seen, and in two cases the straight tubes were visibly dilated throughout their whole length. When microscopically examined, the tubes were found everywhere choked with epithelium. In the mammary portions particularly, and in one or two spots near to the cortical structure, but nowhere in it, there were seen numerous white spots, which consisted of beautiful crystals of urate of soda. The crystals had apparently been deposited within the tubes, and in one case a small mass of the crystaline matter had dilated the tube, but more generally the tube appeared obstructed by the deposit. The small mass above noticed gave distinct indication of being composed of uric acid by the murexide test.

Examination of the cystic fluid.—About a drachm was carefully collected from the larger cysts. It was of a brown grumous character, and presented under the microscope the usual granular matter, with numerous granular bodies, which I have hitherto regarded as cells filled with granular nucleoli. Their nature is, however, doubtful, because having been dried and heated in Canada balsam, they have not lost their form, but appear exactly like nodules of urate of soda. The nature of these bodies requires further investigation. The cystic fluid, which was very faintly acid to test paper, was diluted with half an ounce of distilled water and boiled. By this means large flakes of albumen were thrown down, which was separated by filtration. A solution of nitrate of baryta and barytes water was now added, and the precipitate, which was considerable, was again separated by filtration. A drop of nitric acid was now added, and the liquid was heated with a few drops of nitrate of silver solution, in order to throw down the chlorides. The filtered liquid, which was now free from sulphates, phosphates and chlorides, and in which no trace of albumen could be detected, was then tested with a solution of the per-nitrate of mercury, and the bulky white flocculent precipitate of urea, with peroxide of mercury, was at once and copiously thrown down, leaving no doubt of the presence of urea in the cystic fluid. The small quantity of fluid to be examined, and the presence of albumen and other salts, render the isolation of urea extremely difficult, by the ordinary method of examination by evaporation *in vacuo*, etc. etc.; but it appears to me no possible objection can be taken to the above method, if sufficient care be observed to free the liquid from albumen, phosphates, and sulphates in the manner described, "and to add a slight excess of nitric acid, which, while it prevents the deposition of a precipitate from ammonia, does not materially interfere with the production of the insoluble compound of urea with peroxide of mercury."

Remarks.—This case presents several points of interest.

The Heart.—Although an open state of the foramen ovale is, in its lesser degrees, of very frequent occurrence, yet according to Dr. Peacock "there is rarely complete patency except when the heart presents other serious defects in its conformation (a)." In the present case it was entirely patent, and there was no other congenital malformation. The patient had never suffered from cyanosis, or any other affection of the heart, at least so far as I could ascertain. This is in accordance with the experience of Rokitansky, who states that patency of the foramen ovale is very generally not manifested by any symptoms during life, unless it occur in connexion with some anomaly of the arterial trunks (b). Cyanosis does not depend upon a mere admixture of arterial and venous blood, but rather upon obstruction and overcharging of the venous system, which was probably prevented in this case by the equal and general hypertrophy of both sides of the heart.

The Cysts in the Kidneys.—The nature of these cysts, so frequently observed in Bright's disease, is still a subject of dispute. Mr. Simon, and most of the German pathologists,

(a) Dr. Peacock on Malformations of the Heart, page 79.

(b) Rokitansky, Patholog. Anatomy, Sydenham Translation, vol iv. page 14.

Digitized by Google

regard them as abnormal developments of epithelial germs; while Dr. Johnson believes "that they are merely dilatations of the uriniferous tubes, resulting, probably, from obstruction of the lower part of the tube, and a consequent impediment to the escape of their contents (c)."

In discussing the nature of cystic growth, Rokitansky alludes to these formations in Bright's disease as affording the best illustration of its progress, and he regards the granular cells as the nucleus which grows up into the cyst (d); but the observation that these granular masses retain their form after being heated in Canada balsam, would seem to show that they are not nucleolar, and render it necessary that their chemical nature should be more closely investigated. With regard to the contents of these cysts, they are acknowledged to be very various. Dr. Johnson states that the fluid is simply serous, while Mr. Simon believes that they remove from the blood urinary matters; and he states that he has twice discovered xanthic oxide to form a considerable portion of their contents (e). Crystals of cholesterine are almost always present, but it is pretty certain that they are formed secondarily from decomposition of the original contents, especially when these are of a fatty or bloody nature. In other cases the fluid consists of altered blood, and there can be no doubt, from the experiment I have detailed, that it may also contain true urinary matters, of which urea is the chief. The variable contents of the cysts, and the doubtful nature of the granules they contain, militates very much against the idea of their origin from an abnormal but specific cell-growth, while it appears to me that the whole is explicable by the theory of obstruction. That the tubes may be obstructed is an undoubted fact, and their subsequent dilatation is also admitted. Should this occur at an early stage of the desquamative disease before the epithelial covering of the tubes is entirely destroyed, we should expect to find the cysts filled with urinary salts, together with albumen, or blood derived from the congested malpighian tufts. When, however, the obstruction occurs at a later period of the disease, when the desquamation is complete, and the tube has assumed the character of a serous membrane, we should anticipate that the dilated tube would contain only a clear serous fluid. In conclusion, I must observe that the above considerations are offered with a full knowledge of the impossibility of arriving at any positive conclusion in the present state of our knowledge, and with the view chiefly of directing attention to the necessity of making new observations upon the contents of these cysts.

The deposit of urate of soda in the straight tubes and their probable obstruction by this substance in gouty disease of the kidney is extremely interesting, but is not noticed in the works of Drs. Todd and Johnson. Dr. Garrod showed me a similar preparation in a case where the size of the kidneys was greatly diminished.

12, Welbeck-street, Cavendish-square.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GREAT NORTHERN HOSPITAL.

GANGRENE OF THE LEFT PECTORAL MUSCLES AFTER AN INJURY TERMINATING FATALLY.

(Under the care of Mr. GAY.)

E.C., aged 30, an employé on the Great Northern Railway, was admitted on the 3rd of February. He is a small and somewhat spare man, but proportionally muscular; of temperate habits, accustomed to hard work, and seldom out of health; his disorders having been, for the most part, cold attended with rheumatism.

A fortnight ago he fell from a height of seven or eight feet on his back. He continued at his work for a week after the accident, but was then obliged to desist on account of stiffness in his left arm, and some swelling of the corresponding infra-clavicular region. He consulted a Medical gentleman, who deemed the swelling to be emphysematous; but notwithstanding the most judicious treatment, his general as well as local symptoms rapidly became severe, and at length he was brought to the Hospital.

On admission he was found to be in a very exhausted state. His countenance was anxious, the eyes suffused, the breathing somewhat laboured, the tongue foul, the urine scanty and high-coloured, the skin hot and dry, and the pulse quick and feeble.

On examining his person, the mark of a recent bruise was observable from the scapula to the ileum on the left side; but the bruise had obviously not been severe. Below the left clavicle there was a large swelling, occupying the region of, and corresponding in size and somewhat in shape with, the great pectoral muscle, and resembling very much in appearance an advanced chronic abscess. There was, however, no evidence of fluctuation to the touch, the swelling being simply hard, rather "boggy," and somewhat painful. Hot fomentations and poultices were applied; and the care of the poor fellow's constitutional symptoms confided to the able care of Dr. Handfield Jones. During the four following days his symptoms improved; the breathing became more tranquil, and the fever almost entirely subsided.

By the 5th the swelling had considerably increased; and the skin over the lower edge of the pectoral muscle had become inflamed, as though from the formation of matter below. Still the swelling had a "boggy feel;" giving no decided evidence of fluctuation in any part. As there was some doubt as to the presence of matter, Dr. Jones introduced a fine sharp-pointed syringe deep into the tissues, and drew up a very small quantity of pure pus. Mr. Gay thereupon made a free and deep crucial incision below the edge of the muscle, which gave exit to a considerable quantity of blood, but to very little pus, and that without any diminution in the size of the swelling. Poultices were applied constantly.

On the 7th day hæmorrhage took place from the puncture, which required ice and constant pressure for its arrest. On the 7th a small quantity of bloody pus exuded, but with no relief to the swelling. Up to this time the patient's general health had been going on favourably; but on the following day a severe rigor ushered in an attack of inflammation of the left lung; the tongue became dry and brown, and the pulse feeble and quick. The swelling now became generally very painful, and the skin over it assumed an erythematous appearance. The chest could only be examined from behind, consequently the condition of the heart could not be ascertained. It was necessary to administer stimuli; and a blister was applied along the lower part of the chest behind. On the 9th day his symptoms had not materially improved. On examining the swelling a distinct sense of fluctuation was discovered at a point a little to the right of the nipple: and Mr. Price accordingly made an opening into it. A considerable quantity of fœtid pus came away; but still the size of the swelling was not materially diminished. From this time the swelling extended into the axilla, and the patient rapidly sank. He died on the following, the tenth day from that of his admission.

The post-mortem examination, made in the presence of Drs. Leared and Coote and the late Mr. Statham, revealed the most unexpected and unusual changes. The two pectoral muscles on the affected side had perished in their whole extent, and were found converted by gangrene into a greenish, pulpy, and offensive mass, infiltrated throughout with fœtid pus. Every portion of the muscles, even to their attachments, had become involved in the change; but the structures adjoining them on all sides were unaffected in any way, with the exception of the axillary vein, which was plugged up through its entire length by a firm clot.

The pericardium was honeycombed throughout by recent lymph, and contained a considerable quantity of serum. The lower lobe of the left lung was severely inflamed, as was the pleura in this situation. Such is a correct but brief account of what Mr. Gay deems an almost, if not quite, unique case. Gangrene of muscles is mentioned in Pathological works: but although, as it was in this case, it may be attended with fatal consequences, it does not appear to have received much especial attention: and this, perhaps, owing to the comparative infrequency of the affection. It would seem, however, from a report of a case by Mr. Hacon, in the 5th vol. of the "Pathological Transactions," that the pectoral muscle has been known to become

(c) Diseases of the Kidney, page 320.

(d) Rokitansky, Pathol. Anat., Sydenham Translation, vol. i. page 221.

(e) Royal Medico-Chirurgical Transactions, vol. xxx. page 153.

Digitized by Google

the seat of swelling and purulent deposit, attended with contiguous pleurisy, and, even from this comparatively slight disorder, to terminate fatally. In the case referred to, the intercostal muscles and diaphragm were also the seats of purulent deposit. There was a remarkable agreement between the two cases; the one now recorded differing from Mr. Hacon's in the greater severity and extent of the morbid changes both in the tissues permanently, as in those secondarily implicated. In both the patients were young, 30 and 35; and the duration of the complaint was nearly the same. In both, needles were introduced to a considerable depth into the tissues, and traces of matter observed on their withdrawal; but on making such incisions as would most easily allow the escape of deep-seated matter, none followed. Mr. Gay thinks there is every reason to apprehend that the pectoral, and perhaps the respiratory muscles generally, have a peculiar aptitude to become the seat of inflammatory action; and certainly the history of the cases now referred to would naturally lead to the conclusion that such affections are of a very grave order. But for Mr. Hacon's case, some doubt might have been entertained as to the relation of the clot in the axillary, and portions of the contiguous veins, in the last case, to the terminal changes. There can now be no hesitation in referring the gangrene to the severity of the inflammatory action, and the clot to changes in the blood, either immediately before or after death; at all events, to changes which occurred as a consequent, and not as a cause of the death and disorganisation of the muscular tissue.

CASES ILLUSTRATING THE TREATMENT OF SPINA BIFIDA.

ROYAL MATERNITY CHARITY.

Case 1.—LARGE SPINA BIFIDA—PUNCTURE—BURSTING OF THE TUMOUR—DRATH.

(Under the care of Dr. BARNES.)

May 11th, 1858.—A full-sized male child born yesterday. There is a tumour extending from the upper part of the sacrum to the dorsal vertebræ, about two inches and a half in diameter. The circumference is formed by a projecting ridge or roll of skin. The covering of the tumour does not present the appearance of skin, but of a thin membrane. The tumour is irregular, presenting elevations and depressions; and in colour and form resembling a knot of congested piles. The spinous processes of all the lumbar vertebræ seem deficient.

On the following day the sac became distended with serum to the size of an orange.

On the 14th, the distension had increased, and threatened to ulcerate the sac, which was highly inflamed and excoriated in patches. The sac was now punctured, and two ounces of straw-coloured fluid escaped. On the 15th, the sac had filled again; it was so tense that on the 16th it burst. After bursting, the child was frequently convulsed. On the 17th, I witnessed a fit. The arms were stretched out forwards, and rigid. The child cried as if in pain and terror, and there was a little foam from mouth. The mother thinks the legs have been powerless from birth.—18th. Died after repeated convulsions, which were limited to head, arms, and trunk. The legs seemed paralysed. No autopsy.

Note.—We shall be glad to receive the particulars of any cases of Spina Bifida which may have recently been under treatment either in London or Provincial hospitals, in order to incorporate them with this series. It is intended to conclude the series in the course of a few weeks by a general summary and comments.

HOSPITAL NOTES.

SYPHILITIC DISEASE OF THE TESTICLE.

There is at present a case of abscess around one testicle, with syphilitic enlargement of the gland, under Mr. Wordsworth's care in the London Hospital, which presents some peculiar features. By rapid ulceration of the scrotum, the whole of the organ has been exposed, and is now seen as a mass of ovoid shape, and the size of a child's fist, pendant in a most unhealthy looking wound. It is not easy to say, whether the tunica albuginea have given way or not; there is, however, no tendency to the production of fungoid granulations, the whole surface being indeed covered with greyish, shreddy slough. The cord also is exposed in its lower two inches, and like the testis, is coated over by grey, sloughy, false membrane. The other testicle is somewhat enlarged and hard, as if in the first stage of syphilitic sarcocele. The history given is not a very satisfactory one. The man, whose age is thirty, and who has the appearance of being in fair health, states, that he had chancre and bubo six years ago, and was then salivated. Since then he has never had any suspicious symptoms. The affection of the testis commenced, he says, in consequence of a blow received eight months ago. The inflammation was acute at first, but afterwards lapsed into a chronic state, leaving the gland much enlarged and heavy. The abscess by which the present condition of things has been produced, only began to threaten about three weeks ago.

There can be little doubt, as well from the prior history as the characters of the ulceration, and the coincident enlargement of the other gland, that the disease in this case is syphilitic. It is, however, certainly very rare for such a condition to be induced, a much more common termination being, as is well known, a limited abscess, and the subsequent protrusion of a fungoid mass of flabby granulations. We shall watch its termination with much interest.

TREPHINING FOR ABSCESS ON THE BRAIN.

It is matter of common remark how very rare are examples of that form of cerebral abscess associated with Mr. Pott's name, in which a localised collection of pus is found immediately beneath a part of the skull in which an injury has been received. A very interesting instance of it has recently been treated by Mr. Dumville, in the Manchester Royal Infirmary, the particulars of which are very briefly as follows. A healthy girl, aged 18, was admitted on account of a scalp laceration caused by machinery. A portion of the frontal bone on the right side, the size of a crown piece, had been laid bare. She was perfectly sensible when admitted, and during the three weeks following no unfavourable symptoms occurred. At the end of that time several slight rigors occurred, and she complained of headache and nausea. Subsequently she got worse, had convulsions and repeated rigors, and gradually lapsed into a state of insensibility. Six weeks after the accident her condition appeared to be quite hopeless, unless relief could be afforded by operation. She was perfectly comatose, and could not be roused; respiration slow, and pulse languid. No paralysis of special parts had occurred by which to infer as to the probable location of the compressing fluid; it was therefore determined to trephine at the injured spot. The bone having been removed no pus was found between it and the dura mater, but the latter appeared thicker and whiter than usual. Mr. Dumville now proceeded to examine the edges of the opening with the probe, and while doing so at the upper and back part fortunately opened the abscess. A fine jet of most offensive pus spurted out a considerable height. Improvement in the character of the respiration was almost immediate, and within a short time sensation had returned. Her subsequent progress was uninterruptedly good. The discharge of matter continued for some time, and two fungous growths sprang up from the brain, one of which was destroyed by pressure, and the other excised. Mr. Dumville felt no doubt that the abscess had existed beneath the dura mater, and not between that membrane and the bone. Two months after the operation the girl left the Hospital, quite well in every respect.

This case is well worthy of being borne in mind, as an instance of life having undoubtedly been saved by the timely use of the trephine. It would not be easy to find a case in which it might with more certainty be asserted, that death must have followed had the precise measure adopted not been had recourse to.

MUSCULAR IRRITABILITY AFTER DEATH FROM CYANIDE OF POTASSIUM.

Majendie held that after death from hydrocyanic acid the muscles were usually but little sensible to the influence of

Digitized by Google

electricity; but his opinion has been controverted by other observers. A case occurred in St. Thomas's Hospital, a few weeks since, bearing upon the question, and the particulars of which have been mentioned to us by Dr. Clapton, one of the resident Medical Officers. A woman, the wife of a photographic artist, was brought in apparently lifeless, with the account that she had poisoned herself by drinking a solution of cyanide of potassium, used by her husband in his occupation. The accident had but just occurred, and the friends were clamorous that something should be done for her resuscitation. Although quite hopeless of any good effect, Dr. Clapton as a placebo determined to try galvanism. The most frightful vigorous contortions were the result. The muscles of the face quivered, and those of the back and extremities were thrown into such powerful action that the corpse was raised into the sitting posture. It appeared indeed that there was an excess rather than a reduction of muscular susceptibility. It is probable that great differences may be observed in the effect of these poisons upon different individuals. It is well known that the most opposite states with regard to proneness to decomposition are produced in different persons killed by lightning, and it may well be supposed, even if facts had not already proved it to be so, that a similar wideness of range may be allowed to other fatal influences. In medico-legal cases, it is very important to keep this circumstance clearly in memory.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, SEPTEMBER 11.

LUNATICS AND LUNATIC ASYLUMS.

The daily periodical press has been placed of late in the position of those unfortunate individuals who are unable to face their creditors, being what is called "hard up for matter." The bi-monthly mail has ceased to bring highly exciting news from India, the noise and stench of the Cherbourg cannon have rolled away, and the vapouring of Gallic Colonels is almost forgotten. The upper ten thousand have fled to their country houses, to their rustics, their partridges and their deer; and London is a desert. Ten thousand have been subtracted from its 3,000,000, and "there is not a soul left in London," to use the language of Mr. Jenkins. Stagnation has, consequently, been reigning amongst journalists; but when just at the last gasp for a breath of novelty, up comes to their pens one of a most encouraging nature—a highly dramatic subject—one of public and of private interest—that touches the feelings of every individual—in which every family of the country is more or less closely interested—the subject of Lunacy, and the treatment of Lunatics. Each incident connected with this topic must excite deeply the human sentiments; the terrible nature of the disease itself; the pain and affliction which it brings upon the individual and his family; the miseries it entails in the future, hanging over the head of the lunatic's offspring the ever-dread consequences of hereditary taint; then the necessary conclusion, which is at length forced upon the family, that the lunatic must go into seclusion, and be separated from his home and his belongings; the hopes and fears, and positive mental tortures which the family too often undergo before this last conclusion is submitted to;—these are all fine parts of a terrible drama, which is, or may be, played out under the eye of any one of us.

But the play is not yet finished. The wretched being is separated from his home; whither does he go, and who are now his guardians? This is the stage of the tragic scene which the public have been called upon to contemplate by the aforesaid hard-up press. The occasion offered well; and it was well seized upon. First, a tale full of disgusting particulars came upon the ears of the people; then it happened also, that a lady, celebrated by the classical name she bears and other notorieties, was publicly mingled with the thing; and scarcely was the ink that told these tales dry, before other cases, and one made spicy by the pen of a practised litterateur, added its quotum to the general sum of public outcry.

Now, we are not surprised, considering the nature of this subject, and considering the quality of the facts concerning it which were thus brought to the notice of the public, that a very great degree of general indignation should have been excited throughout the country. But what we are surprised at in the matter is this,—that the press, which pretends to be the instructor, guide, and monitor of the public mind, should, in a question of this kind—instead of carefully examining the facts before it—instead of estimating at their real value the meaning and the sense which they legitimately bear—should have thrown itself into the noisy mêlée, and hounded on the already over-wrought minds of an unthinking people. This proceeding, we feel bound to say, smacks more of the panderer's than of the instructor's art, and indicates a degree of looseness hardly creditable either to the knowledge or the morality of many of our daily and weekly contemporaries. Reduced to its simple terms, this is the logic and style of argument which has been used by them:—Because, say they, one mad doctor is a scamp, all mad doctors are scoundrels; because in one "Retreat" scenes of gross iniquity have been perpetrated, every private madhouse is a den of iniquity. And the conclusion they come at is, that the whole race of men who keep these houses must be exterminated, and their dwellings razed to the ground. This is the way in which our modern sages would reform abuses. A few years ago, in accordance with their logic, every prison in the country should have been pulled down, and the governors of all our jails treated as little better than murderers, because infamous cruelty was found to have been practised, as every one will remember, at one or two of those establishments.

But some of the less violent of the press are willing to admit that, notwithstanding all the horrors which they see in the treatment of the insane, the present position of the lunatic is as different from what it was thirty years ago, as black crime is from moderate virtue. The "chains, stripes, dark and dismal cells, howlings, absolute solitude," yes! tortures of the most fearful kinds have all disappeared. Not even one solitary "strait waistcoat" is to be found in asylums where thousands of lunatics are confined. Dancings, concerts, conversaziones, public worship among the insane, have replaced all these things. It is admitted, then, that our large *public* lunatic asylums are models of perfection,—admitted by those who treat mad Doctors with scurrilous terms;—but who made these models? Who but these very mad Doctors? To whom is the country indebted for relieving it of such a horrible stigma as the torturing of the afflicted; at whose feet does humanity lay the palm of merit? At whose but at those of the mad Doctors, whose wholesale abuse on the occasion we are now writing of is a disgrace to the press? This is justice with a vengeance, or a shameful exhibition of ignorance on the part of those with whom ignorance

Digitized by Google

is a crime, to accuse that very body of men of brutality, selfishness, and cruelty, who actually struggled and fought with the public,—yes, and with this very press too,—in order to free the Lunatic from the chains and tortures of what was once his madhouse. *Then* the mad Doctors were called silly and crotchety.

And what is the case made out against our system of Lunacy management? No human system is perfect, every one readily admits; to reform and better existing Institutions capable of improvement in furtherance of humanity's cause, is the business of the wise teacher; and we could have applauded the press, if, instead of indiscriminate and insensate and passionate abuse, it had entered into the subject with the calm spirit of a legislator seizing upon the occasion for discussing the management of our present system, and pruning and improving where the thorns and briers required the hook and the knife. If the present system is bad, it is only what the public, through its Legislature, has made it. Are those who take charge of the insane to be abused because they act in accordance with the law of the land, especially designed for their guidance?

Now what has come out from the recent investigations in the shape of a charge against Lunatic Asylums is this: That amongst some hundreds of Superintendents of Lunatic Asylums, *one* Superintendent has been convicted of gross brutality. It has not been proved that any person has been improperly deprived of his or her liberty; and it is to be hoped that the verdict of the jury in Mr. Ruck's case will teach a lesson to those who have been so free with their abuse against mad Doctors. In this case, *with all the pressure of public indignation to back a verdict*, six out of eighteen jurymen declared that gentleman even now incapable of managing his affairs; and we should be glad to know whether any of the jury, in any of the cases here referred to, would like to be shut up in familiar intercourse for a week with the individuals whom they have proclaimed to be *compos mentis*. The counsel on these occasions naturally fling a joke or two at the Doctors, because they cannot give a substantial definition of insanity; but they should remember that the Twelve Judges of the land —the quintessence of its collective wisdom—a few years ago tried their hands at a definition of the term—being requested so to do by the House of Lords—and completely failed! In fact, then, with the exception of the case above referred to, there is no proof whatever that any person has been unjustly treated by Lunacy Doctors. And even though a person who has been previously treated as a lunatic may be declared sane by a Commission, this is no proof that such person was not originally most properly placed under restraint.

The fact is, that the public, and the educated public too, are in all matters connected with Medicine, grossly ignorant; it may be truly said of the bulk of them, that they love deception in this matter rather than truth. What can be more insensate than to accuse mad Doctors of receiving sane persons into their houses, because a person who has been in a lunatic asylum, comes before a jury in an apparent state of mental soundness? Is it not an every day occurrence in the history of Lunacy to see the same man raving at one moment, and during a lucid interval of greater or less duration, calm, collected, and to all appearance perfectly sane, and of good mental capacity? But of facts like these—of all the facts of lunacy—the public take no heed. We have as much respect for a jury of Englishmen, as an Englishman should have; but from what we see of the results of Lunacy Commissions, we assert without hesitation, that it would be infinitely to the advantage of humanity, if the sane or insane condition of a man were judged of and decided by a responsible body of lunacy doctors. With all their crotchets and differences, we are satisfied, that in a question in which matters of so delicate and scientific a kind are to be weighed and resolved upon, half-a-dozen Physicians skilled in the ways of lunatics, and responsible before the public, would much less likely be deceived than an ordinary jury; and would more surely do justice.

Passing from all this extraneous abuse, let us now calmly ask, whether many modifications might not be introduced into our present Lunacy management, with great advantage to the system,—whether there are not some parts of it which require alteration? Admitting the righteousness of Public Lunatic Asylums, the *Times* asserts, that there ought to be no *private* lunatic asylums at all—that the treatment of all lunatics ought to be *public*, free, and above-board; but to sustain such a proposition is simply waste of time and ink, and the *Times* does as good as to confess it. Even the Thunderer can't write down human nature; and wealthy and high-placed human nature will, the whole Press notwithstanding, prefer concealing from public gaze and investigation many of its weaknesses and sorrows—and most assuredly this one, above many others. *Private Asylums*, then, are absolutely necessary; and let us consider the objections made to them. They are mere mercantile speculations, we are told; the owner likes to keep his house full, and therefore is not particular as to the state of the wits of those he admits; and whom he once admits he is in no hurry to let go free again; indeed, some who come to him sane, are, by a process of his, rendered in a few weeks permanently lunatic, and therefore his welcome guests for life. Now it is certain that these arguments are, in a great part, things of the invention, drawn from the idea of human nature in its more degraded and villanous condition, supposing that man will commit any atrocity to attain that common end of his—money. The arguments are all unsupported by evidence; and we may just say, in passing, that considering the number of these establishments, and the many thousands of individuals who are incarcerated in them, the very absence of all evidence on this point is *primâ facie* very strong evidence in favour of their general good administration. Surely, if the atrocities laid at the door of private Asylums had any semblance of truth, some of them must have been brought to light through the intervention of the friends of the patients—unless we are to suppose, that in the majority of cases the nearest relatives of the lunatic, as well as his doctor, are all in a league of conspiracy against him. And what can be more ridiculous than the arguings of certain journalists, that because a person (as Mrs. Turner) is declared sane by a jury at one period, it is right to conclude that "it is proved to be possible for a sane person to be subjected to the horrors of a private madhouse for six months!" etc.

But every one will be ready to admit that all private asylums should, for very obvious reasons, be subjected to the most rigorous superintendence which the Legislature can bring to bear upon them; and we certainly feel bound to admit that in our opinion this style of surveillance is not exercised over them at the present moment. The visits of the Commissioners are too few and far between, and yet are not like angels' visits, *unexpected*; indeed, it is impossible this should be otherwise, for the proper inspection of the numerous asylums in this country is quite beyond the powers of the present staff of Commissioners. One of the most important duties of a Lunacy Commissioner, in our opinion, should be to ascertain the state of mind of the lunatics inspected by him. Now, under the existing arrangements, this duty is not properly performed, and for the reason above assigned. The public has a right to be assured that no person shall be under restraint one day longer than the nature of his case requires; and this assurance can only be derived from a knowledge of the fact, that every lunatic throughout the kingdom is examined periodically by a recognised and responsible authority appointed by Government, having no professional connexion with the district under his superintendence. More than this, no person should be, in the first instance, permitted to remain longer under restraint than a week, without

Digitized by Google

being visited by a Government official. This plan would assuredly prevent the chief abuse possible in private lunatic asylums; but it would involve, as a matter of course, a great increase of the number of Lunacy Inspectors.

Another point worthy of consideration, refers to the mode in which a person is consigned to an asylum. Is the present system sufficient to prevent any abuse of the liberty of the subject for base and villanous ends? We cannot but think that it is, provided there was a Lunacy Inspector to do his duty, as prescribed above; but we admit that it is capable of much improvement. The *Times* thinks, that "any unprincipled person whose interest lay that way, might bribe a couple of Doctors of no consideration in the Profession, and the patient is trapped;" but, unless we, who have been for twenty years intimately acquainted with the Profession, are labouring under a complete delusion, the *Times*, with all its knowledge and power, would find it no easy task to pick up those two facile villains, who seem, in its opinion, to be common articles, purchaseable in any Medical market. The Apothecary of to-day, we beg to say, is not the Apothecary who attended the families of the Montagues and Capulets. If the observation of the *Times* has one shade of justice in it, let us hear on what it rests. We have a right to assume, that as no conspiracy of this kind has ever, as far as we know, been even hinted at in this country under the present system, that such an insinuation, to say the least of it, involves a shameful calumny cast gratuitously at the Profession. To perform this *easy* task of getting a sane person into a madhouse, there must be at least five or six different people in the conspiracy. First, the friends of the person; then two unconnected Medical men; then the Superintendent of the asylum, and his assistants; then the Lunacy Commissioner and the visiting Justices. And our journalists believe this kind of conspiracy is an every-day occurrence! We must do them the justice, however, to say that they exclude the Lunacy Commissioner and the visiting Justices from participation in the guilt. "When the Commissioner sees him for the first time—the man is mad."

That the Certificate of Lunacy is sometimes carelessly signed, as a matter of form, we cannot doubt; and it therefore might be desirable that at least one of the Medical men signing the Certificate should be appointed by Government, and therefore responsible before the public for a proper performance of this duty. At the same time, we are bound to say, that we believe the present system contains in it a most certain safeguard against the possibility of such a conspiracy as that suggested by the journals of the day; and our belief is strengthened by the fact, that the proof of this trapping of the sane is totally unsupported by any kind of evidence. The conspiracy is, in fact, a mere paper clap-trap,—a conspiracy against truth and the sense of the public.

It is evident also that justice requires as strict surveillance over Lunatics who are under restraint in their own families, or in the families of others, as in the case of public and private asylums. And this is a kind of restraint which especially requires the consideration of authority, for it is one of a delicate nature, and one which, more than any other, perhaps, is capable of being turned to a bad account. We have no doubt that when our Lunacy system is overhauled, which it will be in the approaching Parliamentary Session, that this particular will be duly cared for.

The weak parts of our Lunacy system seem to be—want of control over single patients received at unlicensed houses, and want of efficient inspection of licensed houses. The first can be strengthened by an amended law, the second by the appointment of a staff of inspectors sufficiently large and independent to enforce the observance of their own regulations, and ensure obedience to the law. Every licensee of a Lunatic Asylum should be a duly-qualified Medical practitioner, and there should be at least one resident licensee in every asylum. The powers of the Commission should be enlarged and extended over the whole kingdom. Their authority should be as great over pauper and public as over private asylums. District Medical Commissioners, or a mixed jury of laymen and Medical men, should investigate all cases of insanity, and families should be *compelled* to take proper care of insane relatives. With less than this the country will not, and ought not to be satisfied. More is not demanded by anything which has lately thrown light upon Lunatics and Lunatic Asylums.

THE WEEK.

We have alluded more than once to the absurd piece of false economy attributed to Sir Charles Trevelyan, by which the meteorological observers who contribute to the returns and reports of the Registrar-General, are refused copies of these reports. Fifty-one of these gentlemen sent a remonstrance to the Registrar-General, but without effect. Major Graham says:—

"One shilling and fourpence being the entire annual expense to be incurred in purchasing my four Quarterly Returns in which the meteorological observations are published, the Lords of the Treasury hope that the expenditure of that small sum in each year will not deter the observers from continuing their useful labours, when they are made acquainted that their being deprived of the receipt of these publications gratis is only part of an extensive system by which their Lordships hope to effect a very considerable saving in the public expenditure."

Was there ever such a preposterous reason offered for a foolish action? To save *fourpence per quarter* each observer is to be deprived of a return to which he had contributed a report which had cost much time, much labour, and some hard cash. It would be difficult to find, except in the records of the Irish Famine Relief Fund, with which the name of Sir Charles Trevelyan is also indissolubly connected, any parallel case of injudicious economy. The observers have memorialised the Lords of the Treasury. If unsuccessful there, they intimate that "we cannot, in justice to ourselves, make laborious and expensive contributions to any State paper which is afterwards withheld from us unless subscribed for."

According to a parliamentary report just issued, it appears 449 Judges of various grades and denominations, throughout the United Kingdom, receive annually £534,467 from the public purse. This is irrespective of Attorney or Solicitor Generals, Lord Advocates, revising Barristers, and many other limbs of the law, who likewise all have a pull, more or less strong, at the British exchequer. Compared with such money statements, very different figures would be supplied, were an analogous return procured in reference to Medical officials. With the exception of Commissioners in Lunacy, Lord Chancellor's Physicians, the professional adviser of the Board of Health, and a few more not overpaid appointments, it would soon be seen how seldom Medical men obtain any portion of the imperial revenue. The legal profession often draw numerous and very great prizes paid by the State; while her sister of Medicine is far less fortunate, and rarely touches the consolidated fund, of which the former class are such large recipients. The contrast, to say the least, is truly remarkable.

The attention of the Profession is again called to the use of chloroform, in consequence of another death attributed to it at Towcester, full details of which will be found in another column. We really think that a more uniform method of administering the agent should be adopted; and that such a method should be enforced by the teaching of those who

Digitized by Google

are authorities on this subject. We always understood from Dr. Snow, that the administration of *pure* chloroform was a hazardous experiment, and that to prevent its being inhaled in too concentrated a form, that is, not mixed with a due quantity of atmospheric air, it should be diluted with an equal bulk of alcohol. Now is it, or is it not true, that such dilution removes or diminishes the risk attending the use of chloroform? This is a point which ought to be decided, and if found to be correct, the practice of dilution should be universally adopted.

Social morality in Scotland appears, in certain particulars, to be undergoing a retrograde development. We some time ago referred to the circumstance that the consumption of spirits, despite of Mr. Forbes Mackenzie's Act, had latterly increased enormously in that country, and consequently drunkenness and the diseases resulting from it. Some lovers of their native North have denied the truth of the statement; but it keeps its ground as correct nevertheless. We now find, also, that the Scotch Registrar General reports, and confirms the melancholy fact, established by the return for the first quarter of the present year, that the proportion of illegitimate births in Scotland is very high. The southern counties are, next to the north-eastern, the worst in Scotland in this respect, and the stewartry of Kirkcudbright stands at the head of the black list for the second quarter of all the counties of Scotland. The proportions for the first quarter were:—Dumfries, 15·7 per cent.; Kirkcudbright, 14; Wigtown, 8·4. For the second they are: Dumfries, 12·2; Kirkcudbright, 15·9; Wigtown, 9·6. The favourable contrast shown in Wigtownshire is attributed to the fact, that there are no hiring-fairs for farm servants held there. This, and other circumstances, indicate that social improvements in the way of cottage-building, etc., are highly required in these places.

Dr. McWilliam has been gazetted this week as a Civil Companion of the Bath. Better late than never. Though tardy, this recognition of his great public services is a very honourable and distinguished one, for the Civil Order is far more of a *personal* distinction than the military, and one far more rarely awarded. The story of Dr. McWilliam and his brother in science—the only able-bodied men in the fever-stricken steamer—steering and working the vessel down the Niger, is a story which will live in the history of Medicine,—and will serve hereafter to enrol our newly-decorated brother among the "Great Ones of the Past."

The Commissioners of the Inland Revenue Department, some of the rooms of which are papered with green paper, having heard it reported through Dr. Halley, that the arsenic contained in the paper was prejudicial to the health, ordered their Chemical Manipulator, Mr. Phillips, to look into the matter and report upon Dr. Halley's statement. Mr. Phillips's report, which is printed in the *Journal of the Society of Arts*, is conclusive in solving the question in the negative in one way, at all events. He says that the arsenious acid (from the green arsenite of copper) cannot be volatilised from the surface of such paper except at a very high temperature. "It is probable that persons may have been affected by inhabiting rooms papered with arsenical hangings, not because arsenious acid has been volatilised, but from the improper and frequent sweeping of the walls, by which minute portions of arsenite of copper might be detached from those portions of the surface which were not glazed, and, becoming dispersed in the air, might be inhaled. This source of danger may be obviated by a little management in the cleaning of a room, and caution in the selection of a paper having but little of its surface unglazed." This is certainly a new conclusion, that it is improper to dust your room through fear of being poisoned. Mr. Phillips's report seems to us exactly to negative his conclusion. If arsenite of copper does form in fine particles on the surface of green paper, what on earth is to prevent their being gradually blown or brushed off, dispersed through the apartment, and so inhaled?

The three hundredth anniversary of the Jena University has just gone off with great *éclat*. The young Royal couple of Prussia presented three marble busts of Hegel, Fichte, and Schelling. The Grand Duke Constantine presented to the library a splendidly-bound copy of "Lavater's Letters to the Empress Maria Feodorovna." It seems that the Emperor Paul once made a tour in Switzerland with his wife, *incog.*, under the name of Comte du Nord, and there became acquainted with the physiognomist. At the commemoration there tottered in an old student from Holstein, aged 90, leaning on his son, aged 60; he took his degree in 1792, and could find no co-disciple living amongst the assembly.

Mr. Snape, Dentist to the Chester Infirmary, informs the public and the Profession through the *Times*, that he has lately "extracted 150 teeth from people of all ranks, of both sexes, and of every age, and the testimony of each has been most satisfactory," a current of electricity having been passed through the tooth to be extracted.

"Some persons said they experienced pain, but not so much as usual; others, that they felt no pain whatever. Some patients have said they were conscious of the pull, but the customary pang was absent. The exclamations of many after completion of the operation have been, 'Oh, how very delightful!' 'How very nice!' 'How very wonderful!' etc. One gentleman, who was rather sceptical, after having a tooth extracted, said, 'Well, I would not disbelieve a man now if he told me he had learnt to fly.' Feeling desirous of getting as satisfactory evidence as possible, I persuaded my youngest son, who is not fonder of having his teeth drawn than other boys of his age, to have a temporary molar tooth removed, in order that he might be able to tell me what he thought of it. As soon as the tooth was out he exclaimed, 'That's the thing! It will do, papa!'"

Mr. Bridgman, of Norwich, furnishes the following account of the *modus operandi*:—

"The apparatus for the purpose is extremely simple, and consists principally of the common electro-magnetic machine used in medical electricity, a single cell and pair of plates constituting a Smee's battery, and a small electro-magnetic coil with a bundle of wires for graduating the strength of the current. One end of the thin wire conveying the secondary current is attached to the handle of the forceps, and the other end of it to a metallic handle to be placed in the hand of the patient. The instrument touching the tooth completes the circuit, and the current passes instantaneously.

"The wire attached to the forceps should be made to pass through an interrupting footboard, so that the continuity of the wire may be made or broken in an instant by a movement of the right foot of the operator. The advantage of this arrangement is that it allows the instrument to be placed in the mouth without risk of producing a shock in coming in contact with the lips, cheeks, or the tongue, which would interfere with the quiet of the patient.

"A hole drilled in the end of the left handle of the forceps, and the end of the wire tapered to fit rather tightly, allows the substitution of one pair of forceps for another with scarcely a moment's delay."

The following is a most instructive lesson, which if rightly read and put in practice by men powerful in army matters, would produce excellent results in respect to the sanitary state of the soldier. Inasmuch, however, as the lesson is taught by the East Indian army school, it is possible that

Digitized by Google

it may meet with little favour amongst Her Majesty's K.C.B.'s :—

"The experiment of encamping the East India troops at Chatham has been attended with such satisfactory results that it is the intention of the authorities during another summer to form there a camp for each battalion on an extended scale, and to place a still larger number of the troops of the line under canvas. From the periodical reports made to the authorities by the Medical-officers doing duty at the camp it appears that the per-centage of sickness among the troops encamped has decreased in a surprising degree when compared with the numbers on the sick lists quartered in the barrack-rooms. This is to be accounted for from the fact that the most stringent rules and regulations have been laid down by the military authorities, and most scrupulously adhered to, to enforce order, regularity, and cleanliness in every portion of the camp. Every description of noxious matter is at once removed to some distance from the camp, and the proper remedies are applied to prevent its tainting the surrounding atmosphere. Nearly all the operations of the troops are performed in the open air, the tents being reserved almost exclusively for sleeping apartments. A large portion of ground has been set apart at each camp as a kind of playground for the troops, and even this trifling concession has been attended with advantage, for it has been ascertained that there is less disposition on the part of the troops under canvas to remain absent after the appointed hour for their return to camp in the evening than among those quartered in barracks, while many spend their whole evening in various games on the ground provided for them, who would otherwise resort to the low beer-houses and public-houses which abound in Chatham. In order to prevent the soldiers suffering from damp each tent is provided with a number of small portable iron beadsteads, elevated a few inches from the ground, of a kind made expressly for use in camp. Each man has one of these to himself, the number being apportioned to the size of the tent. The arrangements for cooking for the troops have undergone considerable improvement, the new ovens and baking places which have recently been erected enabling the whole of the food for the camp to be cooked with the greatest ease and facility. It is, perhaps, to be regretted that means cannot be adopted to prolong the existence of the camp until the season is somewhat more advanced, as there is no doubt that the troops infinitely prefer living under canvas to being compelled to take up their quarters in overcrowded barrack-rooms.

It remains for some enterprising Ehrenberg, or paulo-post future Pritchard, to minutely describe the characters and customs of that great genus—the book-worm. We are on familiar terms with our entozoa; and the anatomy of the worm which "fits our clay to fertilise the soil," is as accurately known as that of the worm of the still. But the book-worm; the *helluo librorum;* the picker-up of unconsidered literary trifles; the *chiffonier* of quaint thoughts; the speculative gold-digger in the fields of literature; ranks among the undescribed genera of the class *vermes*. There is, however, one particular variety, which has so singularly increased of late years as to have become almost a nuisance. They seem to devote their whole energies to the profitless labour of demonstrating that there is nothing new under the sun; that the dark ages were brilliantly illuminated by the lights of science; and that the injured Irishman of the jest-book had just grounds for complaint against those confounded ancients who stole his ideas. One genius makes a "note" from a tawny manuscript of fabulous antiquity, to prove that the steam-engine must have been employed by the Egyptians; and another learned quidnunc gravely propounds a "query" as to whether the good red wine of France was not subtly described in that line in the sixth book of Lucretius, "Quod in primo quoque *carmine claret*." The sins of the children are visited on "the fathers;" and the respectable old gentlemen who wrote ponderous folios, with their grim countenances as frontispieces, are accredited with a foresight and acumen more complimentary than correct. None of these philosophers of the turned-head school have as yet demonstrated that the wonderful art of Photography was known to the ancients; its most recent and valuable application for the purposes of pathological illustration may stimulate some enthusiastic admirer of fossilised literature to announce such discovery. For we should not wonder were some learned pundit to decide that the Greeks knew all about the heliographic art and its professional application; since they combined in the person of Apollo the guidance of the sun and celestial control over Medical matters. We may well be jealous of any such inference. It is to Englishmen we are indebted for nearly all the modern discoveries in the science of Photography, and to an English Medical man that we owe its first application to Pathology, for the perpetuation of those interesting but evanescent appearances so often revealed by the dissecting knife, but which are usually only described in feeble terms, and lose their distinctive form and colour before the most skilful artist can limn or model them. To Dr. Diamond, of Twickenham House, we are also indebted for the first application of Photography to the illustration of the phases of insanity;—with what success our readers may judge by comparing those lithographic copies from his pictures which have from time to time appeared in this journal with the much-admired illustrations of Esquirol. In the general advance of the art of Photography Dr. Diamond has been the pioneer-in-chief, and he was the first to practically apply it as auxiliary to other sciences. And it is but a fitting and graceful compliment which has been recently paid to him by his election as Secretary to the Photographic Society and editor of the journal,—this being the first occasion on which the members of that body acknowledged their inability to produce a "negative." We are empowered to state that communications from the Profession in reference to Photography will always receive attention in the journal, and information will be willingly afforded; for your true man of science is never a niggard of his knowledge. Without any professional vain-glory, we may add the name of Dr. Diamond to the numerous examples of great success in the collateral sciences achieved by members of our Profession, proving how much

> "Learning is but an adjunct to ourself,
> And where we are, our learning likewise is."

MEDICAL TITLES.

We extract the following remarks on Medical Titles from an analysis of the Medical Act which has appeared in the *Morning Post*, a paper which is believed, in Medical affairs, to represent the opinions of a late editor of the *Association Medical Journal*. Our own view has been already expressed, that according to the 27th clause, the precise form of the register must be left to the decision of the General Council :—

"Clause 16 in connexion with schedule D is at present exciting intense anxiety throughout the medical profession, from a notion which has got abroad to the effect that they give to the council a discretionary power of bestowing and withholding 'titles.' We think that this anxiety is needless. To enable our readers to decide this question for themselves, we shall give the facts and considerations upon which our opinions are founded. In the first place, we crave special attention to the clause and the schedule as they appeared in print in the Bill at two stages of its progress, as contrasted with the form in which they stand in the printed Act.

CLAUSE 16 AS IT STANDS IN THE ACT.

"'The general council shall, with all convenient speed, after the passing of this Act, and from time to time as occasion may require, make orders for regulating the registers to be kept under this Act as nearly as conveniently may be, in accordance with the form set forth in schedule (D) to this Act, or to the like effect.'

Digitized by Google

SCHEDULE D AS IT STANDS IN THE ACT.

Name.	Residence.	Qualification.	Title.
A.B.	London	Fellow of the Royal College of Physicians of	
C.D.	Edinburgh . . .	Fellow and Member of the Royal College of Surgeons of	
E.F.	Dublin	Graduate in Medicine of University of	
G.H.	Bristol	Licentiate of the Society of Apothecaries	
I.K.	London	Member of College of Surgeons and Licentiate of the Society of Apothecaries	

"The entire cause of the anxiety to which we have referred is the blank column of the schedule headed with the word 'title.'

"Our conviction is that in the printing of the Act the fourth column of the schedule has been allowed to remain in blank through a misconception on the part of the Clerk of Parliament of the manner in which the clause was amended by the House of Lords on the bringing up of the report of the committee. In the bill as altered by the Lords, and as it was reported, the clause and the schedule stood thus:—

CLAUSE 16, AS 'REPORTED' TO THE LORDS.

"'The general council shall, with all convenient speed after the passing of this Act, and from time to time, as occasion may require, make orders for regulating the registers to be kept under this act, as nearly as conveniently may be in accordance with the form set forth in schedule (D) to this Act, or to the like effect, *and by such orders from time to time direct what titles shall be entered in the fourth column of such register, so as to distinguish the rank or class of each registered person, as indicated in the judgment of the general council by the qualifications in respect of which he is registered, having regard to the requisites for obtaining such qualifications.*'

SCHEDULE D AS 'REPORTED' TO THE LORDS.

Name.	Residence.	Qualification.	Title.
A.B.	London	Fellow of the Royal College of Physicians of London.	Physician.
C.D.	Manchester . .	Fellow of the Royal College of Surgeons of England.	Consulting Surgeon.
E.F.	Bristol	Licentiate of the Society of Apothecaries, London.	Licentiate in Medicine and Surgery.

"The erasure from clause 16 of the words which we have italicised, and the erasure of the fourth column of schedule, were, looking at their relation to each, both intended to stand or fall together. Their erasure was resolved on when the report was brought up, but in place of the pen having been carried through the entire fourth column, it was by accident carried through all save the word 'title.' The editor of the Act has, probably from an excess of caution, allowed the column to stand in blank. Parliament, we apprehend, by omitting the italicised portion of clause 16, evidently intimated a wise disinclination to meddle with the complicated and vexed questions of 'medical titles,' conceiving that a register of 'qualifications' was all that was really required by the majority of practitioners and by the public. Parliament never could have intended to assign a duty and a power to the Medical council of necessity involving it in a chaos of confusion and controversy. There is nothing either in the schedule or in the Act explaining what is meant by a 'medical title;' and, indeed, in the only places in which the term is used it seems most distinctly to be employed as synonymous with 'qualification.' The difficulty of assigning a single 'title' to a practitioner holding many different qualifications would be great; and if he was to have a title for each qualification the 'titles' column would be an absurd and not altogether harmless summary of the 'qualifications' column. Supposing the latter plan—the only just plan to be adopted—the official register would frequently present a most delusive aspect. To explain this statement we subjoin half-a-dozen names, with appended qualifications from Churchill's 'Medical Directory.' They illustrate only a few of the difficulties with which the council will have to grapple should we be wrong in supposing that column 4 exists only *per incuriam* and as an erratum:—

Name.	Residence.	Qualifications.	Titles.
C. Hastings.	Worcester.	M.D. University of Edinburgh.	Graduate in Medicine.
Ed. Murphy	London . .	M.D. University of Dublin, and Fellow of the Royal College of Surgeons of Ireland.	Graduate in Medicine and Consulting Surgeon.
R. P. Cotton	London . .	Fellow of the Royal College of Physicians of London.	Physician.
J.Y.Simpson	Edinburgh.	M.D. University of Edinburgh, Fellow of the Royal College of Surgeons of Edinburgh, and Fellow of the Royal College of Physicians of Edinburgh.	Graduate in Medicine, Surgeon, & Physician.
C.H.Dunhill	Cranbrook.	Licentiate of the Apothecaries' Society, Member of the Royal College of Surgeons of England, Extra-urbem Licentiate of the Royal College of Physicians of London, and M.D. of the University of Aberdeen.	Apothecary, Surgeon, Physician, and Graduate in Medicine.
J. S. Beale .	London . .	Member of the Royal College of Surgeons of England, and Licentiate in Midwifery of the same.	Surgeon, and Licentiate in Midwifery.

In the College of Physicians of Edinburgh there are two classes of Fellows—the "resident" and "non-resident." The "non-resident" have no collegiate privileges. Are the two classes to be undistinguishable on the register?

"Sir Charles Hastings, of Worcester, though one of the physicians of the infirmary of that city, and a gentleman who practises only as a pure consulting physician, would not appear in the 'titles' column as a physician; and Dr. Dunhill of Cranbrook, who practises as an 'apothecary,' would be registered as a 'physician,' in addition to his other titles. Dr. Cotton (a), who has no medical degree, registers as a 'physician.' Dr. Simpson, Professor of Midwifery in the University of Edinburgh, the most eminent accoucheur in the world, has no 'title' to register as a licentiate in midwifery; although Mr. J. S. Beale and others, holding a trumpery certificate from the College of Surgeons of England, can do so. Dr. Murphy, another accomplished physician and accoucheur, has strictly no 'title' either as physician or licentiate in midwifery, although he is a Doctor of Medicine of Dublin, and the Professor of Midwifery in the University College, London.

"The delusive character of register of titles, if published with technical accuracy by the council, is palpable, and the difficulty which that body would experience in making the fourth volume of schedule D anything else than delusive to the public and exasperating to the Profession, appears to be really insuperable. The register cannot fail to mislead the public and exasperate the Profession if the 'titles' column of schedule D be left open and unexplained. We do not know, however, by what expurgatory process the blank column is to be got rid of. We nevertheless cannot for a moment doubt that it exists through negligence, and not through design. In certain quarters an opposite opinion has been hazarded. Some, with semi-seriousness, maintain that the Parliamentary patrons of quacks, to avenge themselves upon the Medical profession, for their pertinacity in obtaining the legislative separation of 'qualified' and 'unqualified' practitioners, cunningly contrived to shut up the former, like the Kilkenny cats in the saw-pit, to fight among themselves about distinctions and titles, till nothing was left but a vile caudal appendage, or a shocking cannibal tail. It remains to be seen whether the 4th column of schedule D exists as a remediable erratum, or as a bolster of the old exclusive rigour of the system of grades, in defiance of that general change in manners which has abolished the essential social distinctions between the wearers of cocked hats and round hats."

(a) A non-graduate Physician (such as R. P. Cotton) is by courtesy generally styled doctor.

Digitized by Google

REVIEWS.

An Essay on Physiological Psychology. By Robert Dunn, F.R.C.S.E. Pp. 94. London: 1858.

This Essay has already appeared as a series of papers in the pages of the *Psychological Journal*. The author exhibits an extensive acquaintance with his subject, and some of the cases and post-mortem examinations which he adduces, throw much light upon several of the disputed points in the physiology of the brain. Mr. Dunn, while offering some original views upon the functions of the nervous apparatus, does ample justice to most of the authors who have laboured in the same field of investigation.

Transactions of the Medical Society of King's College, London. Vol. II. London: 1858.

The second volume of these Transactions fully maintains the character of the first, and is very creditable to the alumni of King's College. The subjects discussed possess much general interest, and are of a very varied character. One article, on the modern treatment of gunshot wounds of the thorax, and another, on the scurvy in the allied armies in the Russian campaign, we have already noticed as deserving peculiar notice, from the fact that the authors, Mr. Lawson and Mr. Bird, write from personal experience. Another article, on some of the more common affections of the choroid and retina, by Mr. Parkinson, is illustrated by some very well-executed coloured engravings.

Conversations on Natural Philosophy. By Mrs. Marcet. Thirteenth edition. London: 1858. 8vo, pp. 504.

The earlier editions of this justly popular work quite succeeded in explaining familiarly the first elements of Natural Philosophy to very young pupils. In this thirteenth edition the subjects of Heat and Electricity have been introduced from the author's "Conversations on Chemistry." Careful revision and explanation of the latest discoveries enhance the value of the work, and render it, in its present form, a very complete exposition of the rudiments of Natural Philosophy, well suited to juvenile comprehension, and admirably adapted to assist the parent in the grateful task of home education.

Outlines of Astronomy. By Sir John F. W. Herschel, Bart. K.H. etc. Fifth edition. London: 1858. 8vo, pp. 714.

The distinguished author of these "Outlines" characterises his work most accurately as a *work of explanation*. A great portion of it is clearly intelligible to readers whose mathematical knowledge is very limited; but other portions are not *elementary*, "in the sense in which that word is understood in these days of light reading." Many new articles have been introduced in this edition, bringing it up to the present state of knowledge of a science which has made very rapid progress during the last few years. Some new speculations as to the habitability of the moon, the origin of the sun's heat, an estimate of the annual expenditure of this heat, and some curious views on the secular variation of our climates, will especially interest our readers. No well-educated gentleman of the present day can be altogether ignorant of the elements of Astronomy; but many wish to know something more of the science; and to them we can earnestly recommend a careful perusal of these Outlines.

The Aquarian Naturalist: a Manual for the Sea-side. By T. Rymer Jones, F.R.S. London: 1858. 8vo, pp. 524.

The author of this manual has hit off very successfully the difficult mid-path between "elementary shallowness and scientific technicality." Such efforts to popularise without emasculating science form a pleasant feature in the literature of our time. Professor Jones is one of the most intelligible and agreeable of these workers in the field of education. He interests while he instructs, and his descriptions often rise to the level of true poetry. It would be unjust to Mr. Tuffen West not to commend the very admirable life-like plates by which the work is embellished.

Humble Creatures. The Earthworm and the Common House Fly. In Eight Letters. By James Samuelson, assisted by J. B. Hicks, M.D., Lond. London: 1858. 8vo, pp. 78.

The object of the authors has been to display, in two of the humblest of animal forms, those remarkable characteristics which "render them interesting to the naturalist, and to show that the mechanical contrivances with which they are supplied are far more deserving of our attention than the instruments constructed by the hand of man after their model." The authors have fulfilled their task well, and have taught their readers, in the anatomy and natural history of the worm and fly, to see "stedfast unity of purpose, eternal wisdom in design, and boundless power in execution." Such writers as these, by attracting general attention to the study of Natural History, must exercise an influence for good upon national education and popular taste.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON REDUCTION OF CHRONIC INVERSION OF THE UTERUS.

(By Professor WHITE.)

Dr. White, obstetrical Professor in the University of Buffalo, in this paper relates two cases in illustration of the possibility of reduction a long time after inversion of the uterus has taken place. In one of these the reduction was effected under the influence of chloroform, eight days after the inversion had taken place: but the woman, 19 years of age, and excessively reduced by the prior hæmorrhage, died two days after, the examination revealing no cause of death beyond the excessive anæmia. He calls attention to the position adopted in this case as much facilitating manipulations. The woman was laid across the bed, her pelvis resting on its edge, and each foot being supported in the lap of an assistant. The operator placed himself on his knees between the patient's limbs, a position long maintainable without great fatigue, admitting of free movements, and giving complete control over the patient's pelvis.

In the next case, occurring in a woman 30 years of age, to which he was called in consultation, the inversion had existed for nearly twenty-five weeks, the patient having become much reduced by repeated hæmorrhage. The patient was brought under the influence of chloroform, but the introduction of the hand was at first difficult, owing to the firm contraction of the parts. The entire body and neck of the organ being at last grasped, great benefit was obtained here as in the other case from passing a rectum bougie to the fundus, in order to assist in making pressure. This pressure was firmly and uninterruptingly maintained until the operator's strength was well nigh exhausted, when, just as the attempt was about to be relinquished, the reduction was felt to be gradually taking place. The patient was watched by two practitioners during the night, who alternately maintained the bougie within the uterus by means of gentle support, the instrument being kept in as a matter of precaution until next day. The operation was performed on the 12th of March, and, according to the latest report, April 22, no doubt could be entertained she would completely recover.

Dr. White states his conviction that well-directed pressure upon the fundus, if continued long enough, will, in all cases, where there are no adhesions, result in reposition, no matter how long the period that may have elapsed. He knows of a case in which the inversion occurred sixteen years since; and since no obstacles to reduction can be discovered by careful examination, he feels confident that an attempt would succeed. "In relation to the manner in which reduction was effected, it may be well to say one word. There can be no doubt that the os first commenced to yield and pressed down upon the intra-vaginal hand, which inclosed the entire uterus and the upper extremity of the bougie, keeping them in contact. This part gradually dilated and passed down upon and over the neck, which in turn dilated and doubled down upon itself. The fundus did not perceptibly dimple, or was not reflected upon itself during the operation. The

Digitized by Google

organ was too firm and the cavity too small for any depression to be made upon the walls of the fundus. In recent cases, on the contrary, judging from one restored within an hour after delivery, and even in that of eight days' standing, it seems to be returned by doubling in or dimpling of the fundus, and using it as a wedge to dilate the neck and os. In recent cases, much assistance may be rendered by opposing the upper extremity of the uterine tumour, with a hand placed over the hypogastrium. That the administration of chloroform lessens the shock to the nervous system, occasioned by the operation, seems highly probable; but it is by no means certain that it renders the reduction any more easily accomplished. Nor am I able to arrive at any satisfactory conclusion relative to the influence exerted by the local application of the belladonna."—*American Jour. of Med. Science, July*, pp. 1-24.

TESTS FOR ADULTERATIONS OF MEDICINAL SUBSTANCES.

(By Dr. SQUIBB.)

Dr. Squibb having had much practical experience in the preparation of officinal substances for the United States' navy, believes that advantage may attend the publication of a few simple tests of their purity, requiring little time, skill, or apparatus for their application.

1. *Ether.*—A strip of unsized paper, or a clean glass rod, dipped into the ether and allowed to dry for a moment or two, will, by the odour it gives, afford evidence of the less volatile impurities it commonly contains. There usually remains a somewhat aromatic, slightly pungent odour, that is not hurtful in the more dilute ether used for common medicinal purposes, but the disagreeable oily odour often found is more objectionable, while really good ether should leave no odour whatever. The ether used for inhalation should leave no foreign odour whatever. The strength of ether is less easily ascertained; but with a little practice, and having a good specimen for comparison, a very satisfactory estimate may be found in the slowness or rapidity of its evaporation from the palm of the hand. Ether for inhalation should give off bubbles of vapour rapidly at the temperature of the palm. A thin test tube, containing the specimen, should be grasped firmly for a minute or two, and then the ether should be stirred at the time of observation.

2. *Hoffmann's Anodyne.*—Two drops of officinal compound spirit of ether, stirred into a pint of water, give to the mixture a distinct oily surface, and the peculiar fruity, aromatic odour of the heavy oil of wine free from the odour of ether and alcohol. Sixty drops render the water decidedly turbid; while, with four fluid drachms, a scanty precipitate of minute oil globules occurs after a few minutes standing. The fruity, apple-like odour is characteristic of the chief anodyne ingredient, the oil of wine, and is entirely wanting in the ordinary commercial article; and without this oil the preparation is a stimulant antispasmodic. With the oil it is a highly valuable anodyne antispasmodic, particularly adapted to nervous irritation and hysteria. The liquid universally sold is a residue of the ether-making process, containing varying proportions of ether and alcohol, with a little etherole or light oil of wine; but in no instance of the many examinations made by the writer, has any true heavy oil of wine been found.

3. *Spirit of nitric ether.*—Two or three fluid drachms of good sweet spirit of nitre, not more than seven or eight months old, plunged, in an ordinary test tube, into water heated to 164°, will boil pretty actively; and, if fresh, or if well preserved from light and air, no matter what its age, it will boil actively in water at 156°. From the fact that this, among other liquids, may be heated far above its boiling point without ebullition, it becomes necessary to drop a few fragments of broken glass into the test tube with the spirit, after the latter has been heated and while still held in the water. Again, the formation of small gas bubbles around the fragments of glass, which occurs, as a fine effervescence, at any temperature above 140°, in any spirit that contains hyponitrous ether at all, must be distinguished from true ebullition, in which the bubbles are much larger, and form, as they successively reach the surface, beads around the edge of the liquid—this latter only occurring at the temperatures named. The preparation should not be quite colourless, but of a pale straw tint, and it should effervesce very slightly on the addition of carbonate of ammonia. When slightly acid the ammonia is the best corrigent, as the salts formed are therapeutically similar. The officinal preparation is a solution of five per cent. of hyponitrous ether in alcohol, while in commerce it is rare to find it containing more than three per cent., and in a great majority of cases it is below two per cent., and often in a proportion too small to be detected except by the odour. It thus happens that the physician who prescribes it for its diuretic or diaphoretic effects is disappointed, so much alcohol being substituted; and the preparation is falling into consequent disuse.

4. *Chloroform.*—When equal volumes of chloroform and colourless concentrated sulphuric acid (or the strong commercial oil of vitriol) are shaken together in a glass-stoppered phial, there should be no colour imparted to either liquid, or but a faint tinge of colour, after twelve hours standing. Nor should there be any heat developed in the mixture at the time of shaking it first. All particles of dust, cork, or other organic matters must be excluded, or colouring will be produced; and if at the end of twelve hours the acid be only faintly tinged, it may be attributed to some such accidental cause. If, however, then or sooner it has become yellow, brown, or any dark colour, the chloroform should be rejected. If warmth takes place on first shaking the mixture, it indicates an admixture of alcohol. One or two drachms of chloroform, spontaneously evaporated from a clean surface of glass or porcelain, or from clean, unsized paper, should leave no odour. Commercial chloroform will generally turn the acid brown in two or three hours, and will often render it black and tarry-looking within two or three days; while with chemically pure chloroform there is absolutely no reaction within many days.

5. *Calomel.*—The most common and injurious contamination is corrosive sublimate, which is easily detected by shaking a drachm or two in a test tube, with distilled water, and, when the water has become clear, adding a drop or two of liquor ammonia. This will precipitate the sublimate, and render the water cloudy.

6. *Iodide of Mercury* is often irritant and harsh in its action, owing to contamination with biniodide from faulty preparation. This is detected by rubbing a little of the iodide in a mortar with strong alcohol, and leaving it a few minutes to dry. The evaporation of the alcohol leaves the red iodide as a border to the iodide around the pestle, and in this way a minute contamination is detected.

7. *Mercury with Chalk* has of late been often found harsh and irritating in its action, owing to faulty preparation, a portion of the mercury becoming oxidised, instead of being simply comminuted. To detect the peroxide a drachm or two should be treated with an excess of acetic acid filtered, and then a few drops of hydrochloric acid added to the clear solution. If the preparation be good, only a slight precipitate of insoluble subchloride will take place, from the small quantity of acetate of suboxide formed. If the preparation be old or badly kept a pretty copious precipitate results. The clear solution is again filtered or decanted off this precipitate, and liquor ammonia is added. If the preparation is contaminated by the peroxide it will be thrown down in the form of white precipitate.

8. *Blue Pill* may also contain the oxides of mercury, and thus lose its mild character. They may be detected in the same way as in the mercury with chalk.

9. *Iodide of Potassium* is occasionally contaminated with carbonate of potassa, to the extent of impairing its medicinal power. This is easily detected, by adding lime-water to the solution of the iodide, when carbonate of lime will be precipitated, rendering the mixture cloudy.

10. *Bitartrate of Potassa* frequently contains much tartrate of lime, which may be detected by stirring a few drops of liquor ammonia into a mixture of a few grains of the specimen in two or three drachms of cold water. The ammonia renders the otherwise insoluble potassa quite soluble, while it has no immediate effect on the tartrate of lime. If then a portion remain undissolved after the application of this test, it may be regarded as an impurity.—*Ibid.* pp. 15-21.

EXCERPTA MINORA.

Preserving Fluid for Microscopical Preparations.—M. Pacini strongly recommends the following fluid for the preservation of blood globules, nerves, ganglions, the retina, and all the soft tissues, which keep their form and appearance while they become hardened: perchloride of mercury 1,—chloride of

Digitized by Google

iodine (*chlorure iodique*) 2.—glycerine (at 25° of Baumé) 3.—and distilled water 113 parts. The mixture should stand for two months, and then 1 part of the liquid is to be diluted with 3 parts of distilled water and filtered.—*Bull. de Thérap.* tome 55, p. 74.

Uva Ursi, as an Obstetrical Agent.—Dr. Beauvais strongly recommends the substitution of this for the secale cornutum, being as efficacious, and far more innocent in its operation. In ordinary delayed labour he gives grs. xv. in infusion every hour; but when rapid effects are desired, as in metrorrhagia, a decoction of 4 drachms to a quart of water should be employed, in divided and frequent doses. In hæmaturia, incontinence of urine, menorrhagia, etc. he has found a syrup, made of 90 parts of the leaves to 1000 parts of sugar, and 9·8 of boiling water, a good preparation.—*Ibid.* tome 54, p. 69.

Chlorate of Potass in Mercurial Salivation.—As the results of what has been published in France upon the subject, and of the cases that have occurred in his own practice, M. Laborde comes to the following conclusions: 1. The chlorate exerts a real curative influence in mercurial stomatitis. 2. Moreover, it possesses a certain prophylactic or preventive action, permitting the prolonged use of mercury without salivation being induced. 3. In medium cases of stomatitis it has not required to be administered beyond four days; but in serious cases eleven days use of it has been necessary. 4. Its good effects almost always begin to manifest themselves by the second or third day. 5. In cases of medium severity, the dose of 60 to 75 grains per diem has proved sufficient; and increasing this does not seem to exert much influence, except perhaps in very bad cases. 6. It is equally efficacious used as a gargarism; but it seems to be especially adapted in this form for the more purely local accidents, as gurgival tumefaction, pathological coloration, ulceration, etc.—*Ibid.* p. 120.

GENERAL CORRESPONDENCE.

DISEASES OF PERU.

LETTER FROM DR. ARCHIBALD SMITH.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is nearly twenty years since I published in the *Edinburgh Medical and Surgical Journal*, No. 143, vol. liii., the first of a series of papers embracing "the whole Geography, or Distribution of Diseases in the climates of Peru;" and more recently I have cursorily treated of the same subject in the *Edinburgh New Philosophical Journal*, for January, 1858.

My long sojourn, not only on the coast, but also in the interior of Peru, afforded me an opportunity, not often enjoyed by my professional countrymen, of writing from actual experience of a permanent residence in all the climates from the shores of the Pacific to the crest of the Eastern Cordillera of the Andes, on the western side of which stands the mining-town of Corro de Pasco, at the elevation of above 14,000 feet, by barometrical measurement. Here, men from all parts of the civilised world, or at least, of Europe and America, meet in pursuit of its hidden treasures; and Corro Pasco is probably the highest inhabited town of from five or six to fifteen or sixteen thousand souls, upon the face of the earth. I state the population as it was when I myself resided there in 1826, and, as I believe, with little difference it still continues to be,—the fluctuation in the produce of its mines always regulating the rise and fall of its inmates. The dreariness and discomfort of the wet season in this climate can hardly be conceived by those who did not visit it as it was under the Spaniards. But now, the comforts of coal fires, chimneys, and glass windows, introduced by the English Pasco Peruvian Mining Company of 1826, have become general, and render this naturally inclement region of the Andes a paradise, compared to what it was at the close of the War of Independence, when it was first opened to English enterprise and capital. In October of last year, you did me the favour to publish in your pages a letter from me on the "Typhoid Fevers of the Andes;" and at present I hope you will find room for the following observations on the "Veruga of the Andes." This disease does not appear to be known to British Nosologists, and as a small contribution to Medical Geography, may not be found unworthy the attention of some of your readers.

I am, &c.

ARCHIBALD SMITH, M.D.

2, Manor Place, Edinburgh, 12th August, 1858.

VERRUCA-ANDICOLA.

(From the *Gaceta Medica*, of Lima, for April 15, 1858.)
Translated from the original Spanish by
DR. ARCHIBALD SMITH.

The locality in Peru wherein the verruca most abounds, is generally allowed to be the village of Santa Ulaya, which is situated in a hot valley a few leagues to the east of Lima, and in the province of Huarachiri.

This disease, as described by Dr. Thomas Salazar, of Lima, in his inaugural thesis of 30th March, 1858, appears under two special aspects, which he designates by the names, tubercular and globular. The tubercular form is characterised by four periods: 1st. the invasion; 2nd. the eruption; 3rd. the hemorrhagic stage; and 4th. the desiccative. Besides these, the globular form has a fifth period, or that of ulceration; and is further distinguished, in its commencement, by subcutaneous tumours, which, in progress of time, take on the pedunculate character, and ultimately fall off.

The following cases drawn up by Dr. Manuel Oriosola, of Lima, illustrate these two forms, as thus distinguished.

The Tubercular Verruca: Observation 1.—Diego Casas, a native of Chile, 34 years of age, of a lymphatic temperament, and white race, entered the Hospital of San Andrés on the 30th of January, 1857. He relates, that he was for three months working certain silver mines in Huamantanga, previous to his coming to Lima. Three weeks after his arrival, the verugas began to appear, being preceded by pains which extended from the loins to the feet; and on the fifth day of the eruption he came to Hospital. The distribution of the verugas was very unequal in the upper part of the neck, in the arms, as well as in the feet and legs; and always following the course of the extensor muscles, scarcely ever that of the flexors. In the right eyelid there was a most notable one adherent to the edge, having its length four times larger than its width. Its form was peduncular, somewhat cylindrical, and rounded at its apex. Those on the extremities were more flattened, reddish, and of a corneous aspect. To the touch they seemed to be solid, but when scratched with a needle (as the patient frequently did) there escaped a small lenticular body, gelatinous, transparent, of about four lines in size, which, on being exposed to the air, dried up, and left behind on the paper that received it nothing but a grey stain. Viewed through the microscope, this substance was seen to be formed of a cellular tissue, which appeared to contain in its network plastic lymph. The excrescences did not always need to be scratched to give vent to their contents, for the epidermis giving way spontaneously a small hæmorrhage would supervene, and thereupon desiccation. But the patient, anxious to hasten the march of the disorder, seldom failed to scratch or tear at them as I have mentioned. The remedies used in this case were baths, decoction of sarsaparilla, or maiz, with antimonial wine. The patient left Hospital cured on the 30th of June, 1857.

The Tubercular Verruca: Observation 2. — Encarnacion Enriques, native of Arequipa, 23 years of age, of a sanguine temperament, robust constitution, of the Ando-Peruvian race, and by occupation a tailor, was admitted into the Hospital San Andrés the 21st of July, 1857, labouring under an eruption of verugas. This patient says, that four months ago he was in Santa Ulaya, and that while there he experienced pains in the extremities, which increased on motion, and felt as if his bones were broken. The pains increased over night; and he told me that the eruption first began with great itching, and became visible in the fore-arms and lower part of the legs, under the form of small drops of water, which, in proportion as they grew, assumed a red colour (a).

(a) In another case of this form of Verruca-Andicola, described by the same able Physician, Oriosola, the eruption began in a brilliant or transparent point, and while some made no progress from this abortive state of development, the greater number of the "tumorcitos," or little excrescences, increased in size; and in their progress were first transparent, then rose-coloured, and after that red, and ultimately opened and yielded more or less hæmorrhage.—The Translator may be allowed here to remark, that the race or caste to which the patient in verugas belongs, may probably influence the character of the eruption. For instance, the cases of this disease attended by himself were in persons of European origin. In these, the warts were never colourless like water, but at top looked red, and of the

Digitized by Google

To-day, 8th of August, the patient has all his limbs covered with verugas of different sizes—from a mere point to the dimensions of a chick-pea; the greater number are reddish, semispherical, of a horny appearance, and hard to the touch. When they have attained their full size they are covered with a whitish membrane, become softish, and the friction of the under linen is sufficient to occasion hæmorrhage, for the most part small in quantity, but in some instances sufficiently alarming, so that it has required the application of concentrated chloric-acid in order to restrain it. Seeing that the verugas unfolded themselves in succession, some terminating as others began, I was able to observe their course with great facility. Several commenced like a shining point, and without further progress became stationary; others, though of full growth, yielded no blood, and disappeared by absorption; and, lastly, the remaining ones (whether spontaneously, or whether in consequence of their itching, the patient was led to scratch them both with his nails), discharged blood more or less abundantly, after which they dried up and were eliminated. In this patient, as in others, was seen the tendency shown by the verugas always to predominate in the line of extension; their paucity on the trunk; on the hand they occupied the back of the metacarpals, and of the digital articulations. In the palms of the hands and soles of the feet the eruption appeared under the form of rose-coloured specks, which hardly elevated the epidermis, and had no tendency to hæmorrhage.

This patient was allowed the decoction of sarsaparilla for eight days; afterwards he was treated by emollients up to the 6th of August, when the emetic wine with decoction of maiz, were administered to him. On the following days, hæmorrhages were observed to be frequent, the eruption became very abundant, and was attended with much itching, which made the patient scratch himself freely, and this gave rise to the development of an impetiginous eczema, complicated with the verugas. This incident demanded the application of general warm baths; and the patient, who had come to Hospital in a robust condition, became very thin; but under the treatment pointed out, the eczema and verugas both disappeared, and he left the Hospital cured about the middle of November, 1857.

The following observation, being No. 5 of six cases related by Dr. Oriosola in the *Lima Medical Gazette* of April 15, 1858, may serve as a specimen of the more rare form of veruga, above characterised as "the globular form."

Manuel Flores, 21 years of age, of lymphatic temperament, robust constitution, native of Arequipa, and of the Ando-Peruvian race, entered the Hospital of San Andrés July 18, 1857. The patient informed me that, on June 11 of the present year, tumours, about the size of a pigeon's egg, and resembling one with which he is actually affected, began to show themselves. The existing tumour is hard and moveable; the skin which covers it is not adherent, and appears natural. Besides the tumour he has others in different stages of progress, and therefore at a glance I have been able to ascertain the march followed by these tumours. In some the skin which covers them suffers no alteration, in others the skin is reddish and violet-coloured, and in some it finally ulcerates. Comparing them, it is seen that they appear at first under the shape of a small subcutaneous elevation; at a later period these contract adhesions with the skin, which now changes colour, softens, bursts open, and then gives exit to pus and blood, thus constituting an ulcer. In others, the tumour, without allowing outlet to its contents, grows larger, expands, and assumes a pedunculer form. The skin which surrounds this pedicle becomes distended, and by it the tumour seems strangulated, at the same time that it is covered with a grey, blackish covering, which appears to take its origin from the concretion of a fœtid humour—as offensive as that emitted from the sore backs of our mules. Over and above these tumours, there are observable in this subject some verugas of the other (or more usual) form. This patient was put under mercurial treatment until June 22, the day on which he began to take emetic wine in decoction of maiz—a regimen which he continued during the whole month of August. On September 12 he was made to take the iodurate of potash, with which iodine was afterwards associated; and on the 25th of the same month, he returned to the use of the emetic wine in decoction of maiz. The patient left the Hospital greatly better, but not completely cured, November 4, 1857.

For further details the translator begs to refer to the history of verruca-andicola in the *Gaceta Medica de Lima*.

hue of trout-spawn, and were never so pallid nor rough as common European warts. See *Edinburgh Medical and Surgical Journal*, No. 152, and vol. lvii. or lviii., Art. "Diseases of the Intermediary Valleys of Peru."

REGISTRATION OF MEDICAL TITLES.

[To the Editor of the Medical Times and Gazette.]

Sir,—It strikes me that a great amount of alarm has been unnecessarily felt by a large number of your correspondents who hold their qualification from the Apothecaries' Company. They, as I imagine, construe the new Medical Act improperly. The interpretation of the Act is to be derived from the words in which it is expressed, and not from what is supposed to have been the intention of those who framed it. There is a jumble, partly of what the promoters wished, and partly of what was desired by the opposers. Neither section was able to fulfil its desires; and in the compromise agreed upon, in order that the bill might in some way pass, the Medical titles remain for those registering under any qualification just as they were before.

A Doctor of Medicine or a Licentiate of the Hall may dub himself "Surgeon" if he pleases, and *vice versâ*, and he may rest perfectly secure from all the dangers of penalty or prosecution; and, unrestricted by anything, save his own conscience, he may engrave "Surgeon" on his doorplate, and inscribe it on his labels, and represent himself as such to the public. Any man registered may, if he have the vanity to do so, or that he finds it to be to his advantage, assume any Medical title he pleases, as the penalty is attachable only to those not registered.

Allow me to take in review the several clauses bearing on this subject:—

1. Clause xxvii. determines the title of the register. It says, "such register shall be called the Medical Register."

The word "Medical" here used implies, necessarily, all employed in any way in medical practice; hence, Surgeons, Physicians, and Apothecaries come all under one denomination. The law makes no distinction among them, nor does it, by the title, regard any one qualification as superior to the other.

2. Clause xxxii. "allows no [person to recover for Medical or Surgical advice, or for the performance of any operation, or for any medicine which he shall both have prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act."

Here registration is the only requisite for establishing his claim, and if this has been attended to, he may, though only an apothecary, enforce payment for cutting off a man's leg, and for all the medicine, attendance, and appliances such an operation may require.

3. If he be registered, he is in the eye of the law, according to clause xxxiv. "a duly qualified Medical Practitioner," and this is the only title the new Act confers or confirms.

4. Clause xl. that gives so much alarm, just amounts to the above. It means that any one not registered, who wilfully pretends to be a Physician, Doctor of Medicine, etc. can be convicted, and incur a penalty of £20; but it attaches no penalty in any way to the registered practitioner.

In fact, registration gives full scope to any one legally qualified, and neither limits him to any particular title nor any particular practice.

The Act is a law of registration, not a law for conferring titles; and this is evident, as it gives no definition of what constitutes a Physician, or an Apothecary, or a Surgeon.

A Graduate in Medicine of an University, whether Bachelor or Doctor of Medicine, is not a Fellow or Member of the College of Physicians; and will any one suppose that he is not legally and *bonâ fide* a Physician?

The Act confers no titles, except "duly or legally qualified practitioner." Hence, the law can merely require this, and it cannot in any way concern itself about titles that it has nothing to do with.

This I think is a fair exposition of the Act, and I hope it may quiet the troubled consciences of those gentlemen who are legally qualified, and who were rather frightened upon its first perusal.

Stoke Newington. A Subscriber.

Digitized by Google

DEATH FROM CHLOROFORM.

An inquest was held at the Red Lion, Heathencote, near Towcester, before A. Weston, Esq., deputy-coroner, on Saturday last, on the body of William Rush, aged eleven years. It appeared from the evidence of the boy's mother, and of Mr. T. F. Watkins, surgeon, that the deceased had received an injury of the foot some weeks previously, which had resulted in a considerable shortening of the great toe, and enlargement of the corresponding metatarso-phalangeal joint. No surgical aid was called in until a few days before his death. Mr. Watkins was then requested to examine the foot, but in consequence of the boy's screams and resistance, and the acute pain caused by the slightest manipulation, the examination was not satisfactory. As it was absolutely necessary to decide whether the case was one of dislocation or diseased joint, Mr. Watkins proposed another examination under chloroform, to which no objection was offered, the mother being made to understand that the boy would be put into a sound sleep, during which the examination might be accomplished without causing him any pain. Accordingly, on Friday (27th), Mr. Watkins called, and having placed the boy on a bed, proceeded to administer the chloroform by inhalation. As the object was merely to secure insensibility to pain during the very short period required for the examination of the foot, it was intended to induce the very slightest state of anæsthesia compatible with the attainment of that object. The handkerchief upon which the chloroform was applied was a stout cotton one furnished by the mother, and two of the corners folded over the part, which was moistened with chloroform, were interposed between the latter and the lips and nostrils of the patient. Though the boy seemed somewhat afraid of inspiring the vapour freely, it caused neither cough, sneezing, nor any sign of irritation of the air passages. Mr. Watkins had himself taken a full inspiration from the handkerchief before applying it to the patient. After an interval of from thirty to forty seconds the desired effect being apparently produced, Mr. Watkins took hold of the foot, but had no sooner done so than the boy sprang up, and screamed lustily, declaring that he would not submit to the examination, and placing his other foot across the affected one, succeeded in preventing it: thus proving that the apparent effect of the chloroform was not real. An interval of two minutes or more was spent in pacifying and re-assuring him, and the handkerchief was again moistened, and placed lightly over the lower part of the face. He evaded the inhalation of the chloroform for some twenty or thirty seconds by first holding his breath, and then suddenly turning his head aside, and taking a full inspiration quite clear of the handkerchief; but on being encouraged he steadily inspired the vapour. After some six or eight inspirations the desired condition appeared to be produced. The pulse had not indicated the slightest disturbance of the circulation, the countenance was perfectly composed, and natural in colour as well as in expression, and the breathing was soft and uniform as in natural sleep. Mr. Watkins, having given the handkerchief into the mother's hand, was again taking the foot, when the patient made two short stertorous inspirations, the chloroform was at once discontinued, but the change from a slight to an extreme condition of anæsthesia became rapidly apparent. The pulse fell at once, and after a very few hurried and feeble beats ceased to be perceptible at the wrist; the lips assumed a livid hue, which almost instantaneously spread itself upwards and downwards over the whole surface, and a small quantity of frothy mucus ran from the mouth. Cold affusion was instantly and freely applied, and the patient was turned over, care being taken to keep his mouth from the pillow. Twice or thrice a succession of short laboured inspirations induced the hope that the heart was resuming its functions. Hot water was on the spot, and flannels taken from it were immediately applied to the epigastrium; but all in vain, for the patient ceased to breathe in about ten minutes. As a last resource, artificial respiration in the direct manner was commenced, and carried on vigorously for several minutes, but without any sign of the re-establishment of the heart's action. In reply to a question from the coroner, Mr. Watkins emphatically stated that he was not using the chloroform experimentally, for that his experience during the late war had made him so familiar with its effects, and the mode of its employment, as to render experiment superfluous, and he had since been in the habit of using it very frequently, and with the greatest advantage in private practice, both in midwifery and surgical cases. In reply to another question, he stated that the habitual presence of two Medical men during the employment of chloroform would be quite impracticable in country districts, more especially in midwifery cases; but at the same time he wished it to be clearly understood that he should never think of attempting, under the use of chloroform, any operation embracing the section or ligature of blood vessels, or in any way attended with danger of hæmorrhage, except with the assistance of another surgeon, whose special business it would be to regulate the anæsthetic condition of the patient. Mr. Farmer, surgeon, of Silverstone, was summoned by the coroner, and examined in order to assist the jury in arriving at a correct opinion with regard to the care employed in administering the chloroform, the fact of Mr. Watkins being justified in using it in this case, and the correctness of the means employed in the endeavours to restore the patient. The evidence of Mr. Farmer on these points was such as to exonerate Mr. Watkins from any imputation of unskilfulness or of want of due precaution, and also to justify the use of the chloroform in such a case. The jury, after a short consultation, found "That the deceased came by his death from the effects of chloroform administered by Mr. R. F. Watkins for the purpose of producing insensibility to pain." Mr. Watkins said he was under the impression that the use of a cotton handkerchief of much stouter texture than the silk, cambric, or lawn handkerchiefs which he had most frequently used, might possibly have prevented the due admixture of atmospheric air with the vapour, and thus the chloroform might have entered the air passages in a more concentrated form than that which was considered perfectly safe, viz. 5 per cent.; and this opinion derives some weight from the report of the fatal case at Epsom on the same day, in which the chloroform is said to have been placed on a "napkin." We have been favoured with the following additional particulars by Mr. Watkins:—

"The only points not gone into, are the strength of the chloroform, and the quantity used.

"The chloroform was from a four ounce bottle which was in frequent use, and occasionally replenished (if that word conveys anything less than absolute filling) from a half-pint bottle in reserve. The latter had been opened frequently, and on the whole had been in use for nearly, or quite two years. A lady for whom I used it last month, in labour, said that the effect was 'very slight, not nearly so perfect as in her former labour,' etc. Other cases too had induced me to suppose that the chloroform was losing its strength.

"In comparison with new chloroform, a bottle of which was opened for the first time at the inquest, its pungency was very slight indeed.

"I nearly got into trouble about not having measured the chloroform in a minim-glass, but the mode in which it was used was,—placing the handkerchief on the opened bottle, and merely turning it up and back again once on the first attempt. By repeated experiments since, with the same chloroform, and same bottle, I find that with measured quantities fifteen minims are lost each time this is done, and with very uniform exactness. Turning the bottle twice, on the same part of the handkerchief, which I did on the second attempt to anæsthetise the boy, results in a loss of twenty minims."

Asthma and Chaff.—"The most severe attack of asthma from which I ever suffered arose in the following way: I suspected my coachman of stealing the horses' forage; in order to ascertain the fact, I one evening went up into the granary, and measured the quantity of oats. During this operation, I was suddenly seized with a feeling of oppression and dyspnœa, that I could scarcely get back to my room; my eyes were half out of their orbits; my face, pale and swollen, expressed the most profound anxiety; I hardly had time to undo my cravat, and throw open the window, without suffocating. Although I am no smoker, I demanded or rather made signs to those around me that I wanted a cigar; of this I took a few whiffs, and the attack was calmed."—*Professor Trousseau, Clinical Lect.*

Digitized by Google

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 2nd inst.:—

DEARDEN, JOHN, Accrington.
MACKENZIE, MORELL.
MORRIS, GEORGE SELWYN, Guisboro', Yorkshire.
WILKES, EDWIN, Salisbury, Wilts.

In addition one gentleman passed his first examination.

DEATHS.

COOKE.—On the 4th inst., at Whitefriars-street, John Charles Cooke, M.D. Aberdeen; M.D. Erlangen; Ext. L.R.C.P. 1838; L.R.C.S. Edinburgh 1835; L.S.A. 1835.

SCALES.—On the 24th June, at Dinapore, of dysentery, William Henry Scales, F.R.C.S., Surgeon of the Madras Army.

PROFESSOR TROUSSEAU considers that he ought to know something about the operation of tracheotomy, having performed it two hundred and fifty times!

"IODINE," says M. J. Bouis, "is always present in rain water, sometimes in the state of hydriodate of ammonia, but more frequently in association with organic matters.

ANOTHER MEDICAL KNIGHT.—Mr. Fisher, Chief Surgeon to the Metropolitan Police Force, was knighted by her Majesty at Osborne on the 3rd inst.

YELLOW FEVER.—According to the latest correspondence yellow fever continued to prevail in New Orleans. On the 21st ult. the deaths from the disease amounted to seventy-eight, and for the week ending that day they numbered 310. The disease had also become epidemic at Charleston, and was carrying off many victims.

A NOVEL REMEDY FOR HOOPING COUGH.—Great numbers of children labouring under hooping-cough now visit the gas works in Preston for the purpose of breathing the exhalations from the gas lime. It is said that all the little sufferers feel considerably relieved, and many are absolutely cured by this simple remedy.—*Preston Guardian.*

SEPOY ATROCITIES.—Dr. Duff has just published a work on the "Indian Rebellion," in which he gives many details of cruelties committed by the rebels. Dr. Duff most truly states that many deeds of cruelty and brutality "of the most loathsome and revolting kind have been purposely suppressed to spare the agonised feelings of distant mourning friends."

Dr. LEVER, of Guy's Hospital, was last week summoned by a reporter before the Southwark County Court, for the sum of 20*l.* 7*s.* Mr. Knight, the plaintiff, it appeared, had been engaged by Dr. Lever to take shorthand notes of his lectures on midwifery. Dr. Lever's defence was, that the lectures had been imperfectly reported. The Judge, however, thought not; and Dr. Lever was cast in the aforesaid sum.

CÆSAREAN OPERATION. — We understand that this operation has been lately performed in the town of Northampton, and with partial success, the child being hearty and thriving, and the mother having survived the operation forty hours. We trust the particulars of this case will be published. We should be glad to hear why premature labour was not induced, or why craniotomy was not resorted to. The Cæsarean operation is at this present time a matter of great interest.

BEQUESTS TO MEDICAL CHARITIES.—The Rev. Richard Dixon, M.A., rector of Niton and vicar of Godshill, in the Isle of Wight, who died in May last, made the following munificent bequests:—£2000 to the Whitehaven and West Cumberland Infirmary. We are glad to see that the custom of bequeathing to Medical charities, so far from falling into disuse, appears to be on the increase. Most certainly true benevolence could not find more fitting objects of care than the suffering poor.

ILLEGAL PRACTICE IN FRANCE.—Le Sieur Alexis Mathieu, a rabbit merchant, to cure one Degris of dropsy, blisters his legs with liquid ammonia. The blisters become large wounds; and Dr. Guichard is called in at last. He states that through the imprudence of the rabbit merchant, he has put the life of Degris in danger; that he has occasioned extensive gangrene of his patient's legs, and made him worse than he was before. Mathieu is declared culpable, and fined fifteen francs. They certainly manage some of their things in France better than we do!

RE-VACCINATION.—M. Laney reports that in sixty men of the French Army re-vaccinated at Toulouse, serious symptoms of a typhoid and erysipelatous nature ensued as a consequence in nine of them. He advises the Minister of War, that in future only a small number of men of a regiment should be vaccinated at once, so that they may not be forced to return immediately to their duty; that only those *de bonne volonté* shall be vaccinated; that the operation should only be performed in spring or autumn, and not in the hot season; that the re-vaccinated should be kept quiet from work for a week.

FOUNDLING HOSPITALS.—The receiving basket for indiscriminate foundlings, which has been successively discontinued in most centres of population throughout France, with sensible moral amelioration, has finally been suppressed at Lyons. Needy and helpless mothers are to be still assisted in nursing their offspring, but unnatural and criminal parentage is to derive no assistance from this quarter. The two most abandoned towns in Europe, where the bastards are almost as numerous as the legitimate children, Vienna, and Gratz in Styria, owe that state of society mainly to Foundling Hospitals.—*Globe.*

PRESENTATION TO MR. HUGH NEILL OF LIVERPOOL.—Mr. Hugh Neill, who has for a large number of years discharged the duties of Surgeon to the Liverpool Eye and Ear Infirmary, was presented with a beautiful testimonial by the friends of and subscribers to the Institution, as a mark of their appreciation of his valuable services. The presentation took place in the Mayor's Room, at the Town-hall, where a considerable number of ladies and gentlemen assembled. The Mayor occupied the chair. Mr. W. Brown, M.P., presented the testimonial, which consisted of a large handsome epergne of solid silver. On one side of the stand there is a bas-relief emblematic of the duties performed by Mr. Neill.

AVIS AUX CHARLATANS.—The Correctional Tribunal of Châlon-sur-Saône, a few weeks back, condemned one Sieur Demomerot to fifteen days of prison, and a fine of 300 francs, for illegally practising the art of Medicine and Pharmacy; the fifteen days of prison were added because this was the amateur's second public performance before the blind goddess who holds the scales. The Tribunal at the same time fined a M. Lefranc fifteen francs for exercising his talents as an *officier de santé* out of the department allotted to him. Le sieur Demomerot is, it would seem, an ambitious individual, and desirous of martyr honours. "In persecuting and condemning me," he told the judge, "you have lifted me up into the *Temple de Mémoire;* the more you condemn me, the wider you open its doors to me." "You are are a robber," answered the judge. "Never! Never! Sir." "I have the proofs in my hand; you are a robber, a deserter, a cheat, a vagabond, and a bullying beggar; and your proper *Temple de Mémoire* is the gaol."

UNION MEDICAL OFFICERS.—The cause of Baker *v.* the Guardians of the Poor of the Billericay Union, which, from the importance of the principle involved, excited very considerable and extensive interest, has received a somewhat more impartial and rational solution at the hands of the Poor-law Board than it did in those of the Judge of the Brentwood County Court, and his honour may learn a lesson which will probably not be without its advantages. In consequence of the pamphlet published by the plaintiff on the subject having been brought to the notice of the Poor-law Board, a correspondence took place between them and the Board of Guardians, and a communication has just been received by the latter containing the following paragraph:—"If the Guardians continue to grant out-door relief to the pauper Mary Cosby under the authority of the 2nd section, article 1, of the general prohibitory order of the 21st December, 1844,

Digitized by Google

on account of her mental infirmity, it will be the duty of the Medical Officer to visit the pauper once a quarter so long as relief is continued to her; and in that case the Medical Officer is entitled to the fee prescribed by sec. 66, 16 & 17 Vict. c. 97."

AN EXTRAORDINARY ARTESIAN WELL at Bourn, is thus spoken of by Mr. Pilbrow, the Engineer:—The boring which supplies the town of Bourn with water is only four inches diameter, and passes through an upper and lower stratum of limestone rock as well as "different strata of earth," though the total depth is only ninety-two feet. I am not aware that in Paris there exists an artesian well of the same dimensions yielding so enormous a quantity of water and throwing it to so great an altitude, and, therefore, in stating that I believed this well to be unequalled in England, if not in Europe, I certainly did not except Paris, as is ascribed to me. I accurately gauged the flow of water in 1856, when I completed the works, and tested it by careful admeasurement as a check, and found it to be at the rate of 567,000 gallons per diem (24 hours). The exact height it rose at the Town-hall was thirty-nine feet nine inches, the level differing little from that of the locality of the well itself. This town is, therefore, supplied with water, under pressure and constantly on, without the aid of engines, pumps, or reservoirs. I introduced a large air vessel only for equalising the flow and pressure. Fire cocks or hydrants being placed on the mains throughout the town, in case of fire, a jet of water is thrown upon any house by its natural force, without the aid of a fire-engine. Thus I think that the good people of Bourn enjoy, not only the most simple, efficient, and copious water supply, but the cheapest and purest.

A FEVER VILLAGE.—Fever has been prevailing in the village of Great Horwood, near Buckingham, to such an extent lately as to necessitate an inquiry into the cause. The number of cases which occurred in the parish up to the 9th of July, whether under the care of the union officer, Mr. Wynter, or under that of Mr. Newham, of Winslow, are 125. The deaths have been eighteen. The population was computed in 1851 at 704, therefore out of every six persons one has already fallen ill, and of those who have had it, one of every seven has died. Not only the numbers of cases of disease from this cause alone, but its hitherto unabated character, and the simultaneous high rate of mortality from other causes, constitute the ground for anxiety. Dr. Acland, Regius Professor of Medicine in the Oxford University, was appointed to examine the cause of this mortality. In an elaborate and carefully written report he says:—"The modes of origin of fever are destitution, bodily and mental depression, contagion, overcrowded dwellings, putrescent animal and vegetable matter, and an insufficient supply of fresh air—or, as it is called, bad ventilation—and we must attribute in various degrees the persistence of the affection to the last four, and especially to bad ventilation. The evil is most grievous in the sleeping rooms. 'We can do no more,' said one admirable woman, 'than keep clean what we have. We cannot get our landlord to give us more air, or make the windows we have to open;' 'women,' he said, 'are best shut up.' Some of the small cottages at Wigwell are models of personal cleanliness and of neatness on the part of the inmates. The fault is not in them, but in their tenements. So offensive do the bedrooms of some become in the rooms where the windows are near the floor that one said to me, 'I often wake in the night stifled, and me and my husband go and sit at the window.'"—*Banbury Guardian.*

MORISON THE HYGIEST.—The following facts regarding this successful vendor of pills we are told may be relied upon:— James Morison was a Scotchman, and a gentleman by birth and education. His family was of the landed gentry of Aberdeenshire, his brother being "Morison of Bognie," an estate worth about £4000 a-year, and some of the finest granite-built mansions in Aberdeen—Morison's Hall for instance—belonged to him. In 1816 James Morison, having sold his commission, for he was an officer in the army, lived in No. 17, Silver-street, Aberdeen, a house belonging to Mr. Reid, of Lowter and Reid, Druggists. He obtained the use of their pill-machine, with which he made in their back shop as many pills as filled two large casks. The ingredients of these pills, however he may have modified them afterwards, were chiefly oatmeal and bitter aloes. With these wo great "meal bowies" filled with pills, he started for London, with the fag-end of his fortune advertised them far and wide, and ultimately amassed £500,000. Mr. Reid was frequently importuned by Dr. Moir, a fellow-student of the late Sir James Macgregor, under Dr. French of Marischal College, to write to the *Times* and expose the whole matter, but he never complied.—*Athenæum.*

VITAL STATISTICS OF LONDON,

Week ending Saturday, September 4, 1858.

BIRTHS.

Births of Boys, 806; Girls, 725; Total, 1531.
Average of 10 corresponding weeks, 1848-57, 1517.

DEATHS.

	Males.	Females	Total.
Deaths during the week	530	509	1039
Average of the ten years 1848-57	672·4	671·9	1344·3
Average corrected to increased population	...	...	1478
Deaths of people above 90	...	..	4
Deaths in 15 General Hospitals	30	17	47

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	..	13	10	16	2
North....	490,396	2	1	20	5	22	6
Central ..	393,256	1	2	15	4	12	8
East	485,522	..	6	26	8	35	7
South	616,585	2	11	36	15	35	7
Total..	2,362,236	5	20	110	42	120	30

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·627 in.
Mean temperature	59·4
Highest point of thermometer	74·0
Lowest point of thermometer	43·3
Mean dew-point temperature	51·0
General direction of wind	S.W.
Whole amount of rain in the week	0·19 in.
Amount of horizontal movement of air in the week ...	1270 miles.

TO CORRESPONDENTS.

Mr. Hildige's paper was received, and shall appear.

Dr. Scott.—Many thanks.

Mr. Square's communication is marked for insertion.

A Candidate.—Assistant-Surgeons are eligible for service in the Indian forces at twenty-one years of age, instead of twenty-two, as heretofore.

Dr. M.—Proofs of all Original Communications are sent to their authors for revision.

The communications of Dr. O. Evans and Mr. Banks were received too late for notice this week.

J. P.—The fee for registration is not *£2 per annum*. The first payment is all that is enacted.

Mr. Dyer has misunderstood the Clause. No unqualified person can be admitted to register.

Philo.—Some approximation may be made to a correct estimate of the relative circulation of different journals from the stamp returns, but the proportionate sale of stamped and unstamped copies varies with each paper. According to the last return the number of stamps issued to the *Lancet* in 1857 was 60,250, and to the *Medical Times and Gazette* 44,725; but it may be remembered that one number of the *Lancet* was distributed gratuitously to the whole Profession. This would absorb about 17,500 stamps, and if this number be deducted from the number supplied to the *Lancet*, it would reduce the number used in the ordinary circulation of that journal to about 2000 below the number used by the *Medical Times and Gazette.*

B. W.—At present many General Practitioners who are not in possession of any surgical qualification designate themselves on their door-plates, and

Digitized by Google

in the headings of their bills, as "Surgeons." They, as well as all others who use titles to which they have no corresponding qualification, will be liable to punishment under the Act. It is a misdemeanour punishable by fine or imprisonment to obtain registration by false representations; and the unauthorised use of a title will involve the liability to be fined £20 on summary conviction. Clause 40 is quite explicit. It is in these words:—"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

Maw's Patent Feeding Bottle.

This is a very clean, efficient, and cheap feeding-bottle. The tube is of pure tin. It consequently is not liable either to corrosion, or to be acted upon by the milk. It can be kept always bright by merely washing. The nipple is of carefully prepared India-rubber, and this can be had with aperture of various sizes, enabling the fluid either to pass more rapidly, or to be used for food of different degrees of consistency.

Vaccination Certificates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I perfectly agree with everything you have stated, in regard to the mean way in which the Government have behaved to the Profession, respecting the weekly reports of the Registrar-General; but the Profession ought to be reminded, that this is not the only matter in which the Government have been pleased to show their desire to exact work without payment.

Under the recent Vaccination Act, the registrars are required to supply and deliver to all the Medical Practitioners of their district, the books and forms necessary under the Act, without fee or reward.

Now this was done before by the superintendent registrar, who received an annual remuneration for a correct list of the Medical Practitioners in his district; and thus, while the working men are called upon by their time and labour to supply the information for *nothing*, the Government have exercised the paltry economy of stopping the supply to them of the record of their information; yet the Registrar-General has had an addition to his salary of £200 a-year, which certainly ought to have been given to Dr. Farr.

I am, &c.

Pimlico, Sept. 7, 1858. A Surgeon.

College and Hall.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Your correspondent L.S.A. doubtless has many fellow-Licentiates who felt as he did, when they read the brief suggestion made by a former one, signing himself L.A.C. I do not think, however, that any man taking an impartial view of the matter, would exactly sympathise with the feelings of your other correspondent, who signs M.R.C.S. and L.S.A.; and one would imagine that he had to grind and cram for his double qualification, seeing that he so readily assumes that L.A.C. had to do so fifteen years ago for his single one. L.A.C. does not propose that the Hall men should be designated Members, but Licentiates; and considering that the Hall qualification was, previous to the passing of the Act, the only legal one, and that the man in possession of it was at full liberty to call himself Surgeon, and to practise Surgery, I do not believe that many of his fellow-Licentiates, fortunate enough to possess the membership of the College also, would envy him the more modest title suggested. If, however, the College could now grant it without examination, it might probably be willing to institute one for all Medical men now in legal practice, and to bestow upon the successful candidate the title of L.R.C.S. Perhaps the Hall, following the example of the College, would admit to examination any Surgeon legally qualified, and grant unto him a licence to practise Medicine.

Many reasons might be named why every Practitioner should be able and entitled to practise each branch of the Profession. Patients themselves in some cases of emergency would not be able to decide upon which Practitioner their case required. Supposing, for instance, a country resident, requesting the attendance of an Apothecary living some two or three miles from him, in the middle of the night, under the belief that he has inflammation of the bowels, is assured that he has an hernia, and that the first thing to be done is to attempt to reduce it, should the patient be submitted to the trouble and delay of sending for a Surgeon probably living as far off? In cases also calling imperatively for bleeding it is evident that the Medical man must act the part of the Surgical; and if a man must *be* a Surgeon, why may he not *call* himself one?

I would, in conclusion, hint at the position of the L.S.A. when compared with that of the man who can call himself what he likes, and who is permitted to practise indiscriminately because he was in practice before the passing of the Apothecaries' Act.

I am, &c.

L.S.A. of Four Years' Standing.

Vegetable Substitutes for Human Milk.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Allow me to say a few words with reference to some of the remarks contained in Mr. Lobb's letter on the above subject, which you published last week, wherein Dr. Routh is accused of "compromising with the farinas."

I will just say, *en passant*, that I did not think any one could be found to question the value of opinions that are the result of much patient research and unwearied devotion to the subject which this gentleman is pursuing scientifically, and practically carrying out for the benefit of his fellow creatures.

Now from my own experience—which is far from limited—I am quite convinced that some sorts of farinaceous food may be used with the greatest benefit: it is in cases—which are, indeed, too common—where they are injudiciously employed, that they become injurious.

I believe that if used either as an adjuvant, or as a corrective, great advantage might be gained—where the milk may be deficient in nutritive quality, or where an undue amount of acidity may be present. Doubtless the practical knowledge Dr. Routh has acquired during his careful investigation of this interesting matter, has led him to "compromise with the farinas," as Mr. Lobb describes it.

As to the milk question, the adulterations and tricks practised by milk-sellers have been very ably exposed in the papers previously published by Dr. Routh; which is all that can be done to remedy such dishonest dealings, short of legislation.

I am not writing to defend Dr. Routh, which he would little thank me for, considering it is a matter—if worthy—in which he would take up the gauntlet for himself; but I am anxious to vindicate the "farinas," which Mr. Lobb has so unsparingly attacked. Has he ever fairly tested them? I think not. He has taken up the prejudice against them with which they are so generally regarded.

It is a very common thing to hear it affirmed by men whose opinions ought to carry weight and influence with them, "that there is no substitute for human milk equal to cow's milk."

We know that no artificial feeding can at all compare with the natural process, *i.e.* the mother's breast. The question as to which kind of artificial food is best for the infant must depend on many circumstances, affecting both the food and the child; and the feeding must be considered and carried out in relation to both. I refer to locality; food being very different in quality in different places; and again to the various constitutions of children (a), as well as the varying health at different periods in the same child. Thus the very complicated question, "What food is proper for an infant?" cannot be determined by any arbitrary dictum based on the broad principles of scientific theory. I believe that if in a family of ten children the same sort of food and the same system of feeding were to be adopted for all, though success might attend the experiment in one or two cases, the result would prove prejudicial in the majority.

My letter has extended much beyond the limits which I originally prescribed for it; but the subject being one of such great importance and interest to your readers, will, I hope, prove sufficient excuse.

Brighton, September 6. I am, &c. M.A.B.

(a) I should not omit to name here, an inability, peculiar to some children, to digest milk, or diluted milk, alone; and perhaps the purer—that is, the richer the milk, the greater the difficulty that is experienced on this point. This is attributed by many Medical men to a sort of idiosyncrasy in some individuals; but I do not think such cases by any means so exceptional as they are generally considered to be.

COMMUNICATIONS have been received from—

Dr. Scott; Dr. Giraud, Calcutta; Mr. Square, Plymouth; Dr. Graily Hewitt; Secretary, General Board of Health; Dr. Buchanan; Dr. Barrett, Ewell; Mr. Keeling, Epsom; Mr. Talbot; Mr. Shaw, Chatham: Mr. Jones; Mr. Hopley; Registrar General; Mr. C. Goodall; Mr. W. J. Hunt; Mr. G. H. Green; Dr. McCheyne; Mr. J. Evans; Mr. T. Radford; Mr. W. Oliver; Mr. J. Allen; Dr. J. Hunter; Dr. Fripp; Mr. Baker; Mr. Dyer; Mr. Windsor; Mr. Watkins, Towcester; Mr. Spencer Smith; Mr. Kenny; Mr. Stephens.

APPOINTMENTS FOR THE WEEK.

September 11. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

16. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

17. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operation will take place on Saturday (this day) at 2 o'clock:—

Abscision of the eye-ball. By Mr. Hulke.

St. Mary's Hospital.—The following operation will take place on Wednesday next, at 1 o'clock:—

Vesico-Vaginal Fistula. By Mr. I. B. Brown.

Digitized by Google

For Infants.—The British Feeding

BOTTLE (registered) may be placed in any position without the Food running out. The supply can be regulated by a stop-cock; being electroplated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

By W. T. COOPER, Pharmaceutical Chemist, 26, Oxford-street, London. Price 7s. 6d., or free to any Railway Station, 8s. 6d.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 28s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET, Corner of Railway-place, London.

Wines from the Cape of Good Hope.

20s. per Dozen.—PORT, SHERRY, MADEIRA, MARSALA, &c. &c., of the first growths only. Any two samples forwarded for 12 stamps.

The "Lancet," 5th June, 1858, states:—"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. GILBEY, of 357, Oxford-street. We are thus enabled to correct some very erroneous impressions which have got abroad in respect to these wines—namely, that they are themselves adulterated, and that they are used for adulteration. This is by no means the case, except in some rare and exceptional instances. On the contrary, we have proved these wines to be both genuine and wholesome, while their moderate price is a great recommendation."

Opinion of the "Medical Times," and Dr. Letheby and Dr. Hassall's Analysis sent on application.

The UNIVERSAL BRANDY, Pale or Brown, 15s. per gall. or 30s. per doz.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London, W., and 31, Upper Sackville-street, Dublin.

DR. DE JONGH'S

Light-Brown Cod Liver Oil.—This

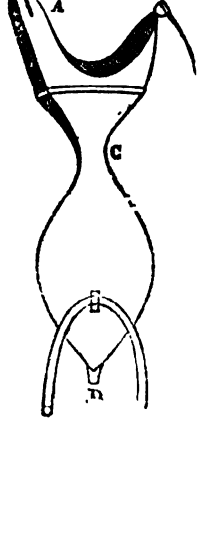
pure, transparent Light-Brown Cod Liver Oil is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied only in bottles, capsuled and labelled with Dr. De Jongh's stamp and signature, so that the Faculty may rely upon a Genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON, W.C.

Half-pints (10 ounces), 2s. 6d.; Pints (20 ounces), 4s. 9d.; Quarts (40 ounces), 9s. Imperial Measure.

*** *A Liberal Discount to the Profession.*



Walters' India-rubber

URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
16, MOORGATE STREET,
LONDON,

Agent for BECKWITH'S PATENT JACQUARD STOCKINGS.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONISED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, London, W.

				s.	d.	
6 and 8 oz., any shape, plain, or graduated			..	8	0	per gross.
3 and 4 oz.	ditto	ditto	..	7	6	do.
½ oz. Moulded Phials	..	..	..	4	6	do.
1 oz.	ditto	..	..	5	6	do.
1½ oz.	ditto	..	..	6	0	do.
2 oz.	ditto	..	..	7	0	do.

A remittance not required till the goods are received. Packages free Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

in the PURCHASE of

NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
½ oz. graduated in 3 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Condy's Patent Fluid contains nascent

Oxygen, which is NATURE'S DISINFECTANT, for instantly and permanently removing all unpleasant smells. It has no smell—is not poisonous—will not stain when diluted—may be used for purifying water for drinking. Its colour prevents the possibility of mistake in use. It is recommended by the General Board of Health, &c. &c.

Sold by the Trade in bottles, at 6d., 1s., and 2s. each, or at 5s. per gallon.—1 gallon mixed with 200 gallons of water, makes a strong disinfecting fluid, costing one farthing per gallon.

MANGANATE or PERMANGANATE of POTASH as ESCHAROTICS.

[illegible] Second Dépôt, 97, Fleet-street, London, E.C., whence samples of 1 dozen ½-pints, or ½-dozen pints, or ¼-dozen quarts of the Fluid, and 4 oz. or upwards of the Manganates or Permanganates, will be forwarded, carriage paid, to any part of the kingdom, at the retail prices, on receipt of stamps for the amount.

This is notified, in case of any difficulty in obtaining either of these substances through the usual sources.

Wholesale of the Patentee, Battersea, Surrey, S.W.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE ON CONCUSSION OF THE BRAIN.

(*Continued.*)

But, if it be absolutely necessary that we should examine the heart in all cases of instantaneous death after an injury of the head, no less is it necessary that we should also look to the upper cervical vertebræ and corresponding part of the chord.

And, if we leave unexamined the heart and the cervical part of the spinal marrow, what right have we to assume that instantaneous death has been the result of simple concussion of the brain, without any trace of injury?

A man fell from a height of about forty feet, and died instantaneously. There was an extensive injury of the head; but this was not enough to account for instantaneous death. There was also a dislocation of the atlas on to the occipital.

Now, here is a case in which there was instantaneous death with an injury of the head; but there was also dislocation of the atlas. Had not this been detected, would not the death have been attributed to the injury of the head, and to that only?

The following is a case admirably illustrative of this very point. Death in this case was not instantaneous; but death was, at first, and this it is which makes the case so remarkable, thought to be dependent upon simple concussion of the brain.

In the year 1843, a man about 30 years old, was admitted into the Hôpital St. Antoine, having fallen from a great height on to the pavement. He was collapsed, and in a state of perfect insensibility. There was no paralysis, neither were there any spasms of the muscles. In this state he remained for some hours and then died. The head was examined. Not a single trace of injury was detected in any of the cranial contents. Everything was perfectly healthy. The case was set down, by all those who had seen it during life and were present at the examination, as a case of death from simple concussion of the brain. It fortunately happened, however, that Dr. Deville, in going round the wards, heard the result of the examination, and thought it advisable that the spine should be looked to. He proceeded at once to the dead-house, laid open the spinal canal, and there found a most extensive extravasation of blood, completely filling up this canal in its whole length, and extending upwards, even beyond the point where the spinal marrow had been cut across, when the brain was taken out.

Had it not been for Dr. Deville, this case would have been handed down to us, among the others, as one of death from simple concussion of the brain.

And now, with all this before us, are we not justified in stating that the doctrine of fatal concussion, without apparent lesion of the brain-substance, so long admitted in our schools, is not borne out by the existing evidence?

Such a conclusion differs, I know, widely from that which we find so prominently put forward in some of the text-books of Surgery generally used in our schools: "That concussion often proves fatal, and that very suddenly, without any unnatural condition, either of the cerebral substance, or of the vessels of the head."

I can only say that for years past I have been seeking for a case of this kind, and that I have never yet met with one. And to this let me add that Mr. Cæsar Hawkins, who, for a long series of years, has devoted himself especially to the study of everything appertaining to injuries of the head, and to whom I am largely indebted for whatever knowledge I may possess of this most difficult subject, has never met with a case of fatal concussion without appreciable injury of the brain or intra-cranial vessels. It does indeed seem strange, if simple concussion really often proves fatal, that neither Mr. Cæsar Hawkins, nor myself, should ever have met with such a case at St. George's Hospital, where every fatal injury of the head, and they are not a few, has, with scarcely any exception, been carefully examined for many, many years.

And this leads me now to the doctrine of concussion with appreciable lesion of the brain-substance.

After describing lacerations of the brain, extravasations of blood on its surface, and in connexion with the membranes, accompanied or not by fracture, Dr. Bright proceeds,—"To which of these, or whether to any of them, the symptoms of concussion are to be ascribed may be a question. What then is the immediate state of brain producing the symptoms of concussion? Of this, we can only judge from the nature of the injury traceable when death occurs; and, as that often happens without the concussion having been so severe as to prove the immediate cause of the fatal result, we have sometimes an opportunity of investigating these early appearances; and almost the only appearances which can be considered peculiar are the minute lacerations of the brain and vessels, which occur both on the surface, and deep in the mass; and we are led to conclude that the violence done to the brain, if it does not always go to the length of producing these appearances, has at least such a tendency, and that it is this rupture of the brain, or an approach to it, with some consequent congestion in the vessels which gives rise to the peculiar symptoms of concussion."

These views of Dr. Bright on concussion of the brain were published in 1831. His first case, however, bears the date of 1829.

In the same year, that is, in 1829, M. Chassaignac met with a case presenting, in the most marked degree, the appearance of small specks of extravasation referred to by Dr. Bright.

A young sailor fell into the hold of a ship, and was at once carried to the Hôtel Dieu, at Nantes, where he died a few minutes afterwards, with well-marked symptoms of concussion of the brain. There was no fracture of the skull, but numerous specks of extravasated blood were found disseminated over the surface of the brain, as well as deep in its structure in several places. The vessels of the brain were gorged with blood, and minutely injected.

This case was published, for the first time, in the year 1842, and in his comments upon it, M. Chassaignac there remarks that "minute, miliary extravasations of blood may perhaps give rise to symptoms resembling those of concussion." Be it remembered that in this, M. Chassaignac refers only to those cases in which miliary extravasations are disseminated throughout the cerebral mass, diffuse contusion of the brain-substance, in fact; and purposely excludes cases where the contusion is limited to circumscribed patches.

And such too are the opinions which have been expressed, within the last few years, by M. Nélaton. It is to M. Sanson, however, that M. Nélaton ascribes the merit of having first pointed out the appearances above referred to, as connected with concussion of the brain. M. Nélaton does not refer to any of this surgeon's published cases or works, but thus proceeds, "Sanson, who, it is well known, studied with a kind of predilection everything appertaining to injuries of the head, first pointed out an alteration of the brain substance, which he showed us several times, in examining the heads of patients who had presented all the symptoms of simple concussion of the brain. The alteration alluded to, consists in minute extravasations of blood, of the size of the smallest pin's head, disseminated in the substance of the brain. Since our attention was directed to this point, we have succeeded in finding, under similar circumstances, these small miliary extravasations, which might be mistaken, unless on our guard, for drops of blood oozing from the vessels when the brain is sliced. But such an error is easily avoided: in the first case, the minute speck of extravasated blood may be picked out with the point of a knife; in the second, the speck is one of fluid blood which may easily be wiped away, and then another speck may be made to appear by gently squeezing the brain. Great care doubtless is necessary in searching for a lesion of so delicate a nature, but it seldom escapes the notice of him who patiently removes the pia-mater, and then divides the brain-substance in thin slices. This lesion exists both on the surface, and in the centre of the brain. It shows itself

Digitized by Google

both on the point corresponding to the blow, and in the neighbouring parts, as well as in those more or less distant. Such specks of extravasation are sometimes numerous, and, at other times, they are but few in number, so that not more than 5 or 6 can be detected in the whole cerebral mass." "Now, if we bear in mind," remarks M. Nélaton, "that the alteration which we have just been describing is also constantly found in contusion of the brain, may we not be justified in looking upon concussion as a slight degree of contusion? We do not mean to say that these minute specks of extravasation must necessarily exist in every case of concussion. A contusion might rupture some of the nervous fibres without tearing any of the vessels; and then it must be borne in mind that we only have the opportunity of examining the morbid appearances peculiar to concussion in the most severe cases. The slighter ones recover."

Another eminent French Surgeon, Blandin, in commenting, in 1842, upon one of these cases of concussion without fracture of the skull, but with disseminated specks of extravasated blood in the substance of the cerebrum and cerebellum, comes to the conclusion that there is no difference whatsoever between concussion and contusion of the brain, the two being merely different degrees of the same morbid state, concussion being, as it were, the first degree of contusion. In this, Blandin takes in, as did Dr. Bright, both the circumscribed patches of contusion, and the specks of blood disseminated throughout the cerebral substance.

We find, then, within the last few years several pathologists, whose names stand pre-eminent in connexion with cerebral affections, gradually coming to the conclusion, that in fatal concussion appreciable lesions exist in the cerebral structures. True it is that these pathologists are not all exactly agreed as to the precise lesion: some merely taking the disseminated specks of extravasated blood; others not only taking these specks, but taking also the circumscribed patches of contusion. Still these pathologists agree in stating that some deviation from the healthy structure is to be found in concussion of the brain when it proves fatal.

And to this let me add, that in every case in which I have seen death occur shortly after, and in consequence of an injury of the head, I have invariably found ample evidence of the damage done to the cranial contents. Setting aside the cases of large extravasations of blood upon the surface of the brain, the most speedy death has occurred in cases where specks of extravasated blood have been disseminated throughout the cerebral substance, or where blood has been extravasated into the structure of the pons Varolii.

It is time, however, that I should refer to the important investigations which M. Fano has, within the last three years, been carrying on in reference to the subject at present under consideration.

Having thoroughly sifted the evidence brought forward in favour of the doctrine of fatal concussion without appreciable lesion, M. Fano was led to reject this evidence altogether.

Experiments of various kinds were then undertaken by M. Fano, for the purpose of ascertaining if an animal could possibly be killed by simple concussion of the brain. The experiments, eight in number, were performed upon large animals.

In the first four, the animals died with all the symptoms of simple concussion of the brain, a very few minutes after some heavy and diffused blows had been dealt on the head; and what was found? In all four, a clot of blood extravasated within the membranes, and compressing the medulla oblongata; the brain-substance itself, save in one instance, being perfectly healthy. In all four, there was also a slight fracture of the cranium.

In the remaining four cases, well-marked symptoms of concussion were produced by blows on the head; but these symptoms passed off after a few minutes, and then the animal was killed by other means. Again, what was found? In two instances, blood was found in contact with the medulla oblongata, lying in the sub-arachnoid tissues; but the quantity of blood thus extravasated was small, compared with that found in the preceding cases. In the remaining two cases, no blood whatsoever had been extravasated, and all that was found was great congestion throughout the cerebral substance.

Taking then into consideration the total absence of valid evidence as to concussion proving fatal without appreciable lesion of the brain-substance; taking into consideration that, of late years, several eminent pathologists have found lesions in these cases; taking also into consideration the results of his own experiments, M. Fano comes to this conclusion, "That the symptoms generally attributed to concussion are due, not to the concussion itself, but to contusion of the brain, or to extravasation of blood."

It is certainly curious to observe in these experiments of M. Fano's, how frequently a blow on the top of the head led to extravasation of blood in the region of the medulla oblongata and neighbouring parts; and still more curious is it, that with such an extravasation there should have been no other intra-cranial morbid appearances, not even an extravasation of blood in any other part, save in one instance, where the brain was slightly bruised at the seat of the blow. Such appearances as these, however, differ widely from the appearances observed in our dead-houses. There we do not meet with extravasation so uniform in their appearances; there we do not meet with extravasations thus limited to the base of the brain; and, above all, rarely do we meet there with one lesion alone.

With us, indeed, the great difficulty has ever been the complexity of the intra-cranial lesions, several different lesions being constantly found together. Extravasations of blood diffused on the upper and under surface of the brain; patches of circumscribed contusion in different parts of the cerebral structures; specks of extravasated blood disseminated both on the surface, and in the deeper parts; how rarely is it that we do not find some of these lesions co-existing at one and the same time! And this it is which must ever make injuries affecting the human brain one of the most perplexing studies with which the Surgeon can have to deal.

Nevertheless, it will be well for us to bear in mind that M. Fano found blood extravasated around the medulla oblongata, and the neighbouring parts in the four instances in which the animals died within a very few minutes after injury.

In some of the most speedy deaths which I have known occur after injuries of the head, blood has been found extravasated in the structure of the pons Varolii, but I cannot say that I have ever seen a case, in the human subject, where blood has been extravasated in sufficient quantities in the sub-arachnoid tissues at the base of the brain to produce compression of the medulla oblongata, unaccompanied by other very severe lesions.

Hitherto, we have been considering only those cases of concussion which proved rapidly fatal; but what appearances does the brain present when the injury has not been of so severe a nature, and where the patient has survived for some few hours?

In such cases as these, where death has not taken place until a few hours after the accident, whether there be any actual lesion or not of the brain substance, you will generally find intense congestion throughout the whole of the cerebral structures, so much so, that upon slicing the brain innumerable blood-points may be seen everywhere thickly studding both the grey and the white substance.

Such are the appearances mentioned by Morgagni in the case of Hœnel, where the patient survived an accident some twelve hours. This extensive congestion is also noticed by Dr. Bright. And here two of M. Fano's experiments come in as most valuable ones, inasmuch as the animals were thoroughly stunned for some few minutes; they then came to again, and were killed by other means within a minute or two after recovery. And the only morbid appearance noticed about the brain was an intense congestion of its vessels, permeating both its structures.

(To be continued.)

THE GREAT TRIAL between the Allopaths and Homœopaths was commenced; but at the request of Barrister Paul Andral was put off to next month. "This advocate is son of the famous Doctor Andral, unquestionably the leading man in Paris. Emile Ollivier is retained for the infinitesimal side. The disciples of Hahnemann are numerous and influential in Paris. Their leading Doctor is Leon Simon."—*Globe.*

DEATH FROM SEA SICKNESS.—Mr. John Dwyer, the architect, died on the 31st of August last, at the Lord Warden Hotel, Dover, one hour after landing from the Calais steamboat. He had suffered very severely during the passage over the Channel; and on landing was seized with a pain in the heart.

Digitized by Google

ORIGINAL COMMUNICATIONS.

HISTORY OF A FORCEPS CASE.

By ROBERT LEE, M.D., F.R.S.

Fellow of the Royal College of Physicians, Obstetric Physician to St. George's Hospital.

At 10½ p.m. on Monday, August 23, 1858, I was requested to see a lady, aged 40, who was stated to have been in labour since the Saturday morning. "The head on the perinæum; the pains have gone off; she looks well, but the pulse is 120, and there has been no progress during twelve hours. When the membranes gave way not precisely known." At 11 p.m. pulse rapid; no pain whatever. The head pressing upon the perinæum—the external parts partially dilated. An ear under the symphysis pubis readily felt. There was a peculiar fœtor in the discharge from the vagina. Auscultation was employed, but the sound of the fœtal heart could not be heard. Had I been absolutely certain that the child was dead, I would not have applied the forceps, although it was a favourable case for delivery with the forceps. The movements of the child had been but little felt by the mother during the day. I applied the blades of the forceps readily, and got the head nearly in the world, when the perinæum appearing to be in great danger, I took off the blades, and by slight pressure with the fingers on the sides of the head in place of the blades, I easily extracted it. A bloody fluid escaped from the mouth and nose. The skin of the abdomen was peeling off. It must have been dead at least two days. The labour had commenced at 4 a.m. on the Saturday morning. It went on all the Saturday, Sunday, and Monday, till Monday night at 11 p.m. It was the first child.

Two ounces of chloroform had been given during the Saturday and Sunday. Once the patient was nearly insensible. On inquiring why this had been done the Medical attendant stated that he did not approve of it, but the patient insisted upon having it. She informed me that a lady of her acquaintance was attended by "a chloroform Doctor," and that she had, in consequence of this, contrary to the advice of her Medical attendant, insisted upon taking it. It appeared almost certain that if he had not yielded to the wishes of his patient, she would have placed herself in other hands.

I observed to Dr. —, after the delivery with the forceps of a child that had been dead two days, that it would be most important in cases of protracted labour, if any means could be discovered by which the life or death of the child could be determined with absolute certainty. The method of treatment in many cases would be regulated by this. Had I been certain in this case that the child was dead, I would not have delivered with the forceps, but by craniotomy.

Since the occurrence of this case I have applied the stethoscope over the anterior fontanelle immediately after birth, but the pulsation of the arteries of the brain were not heard. I tried the instrument recently invented by Dr. Alison, but this was equally unsuccessful.

The 12th chapter of M. Mauriceau's Second Book is entitled, "Les signes qui font connoitre que l'enfant est vivant ou mort dans la matrice." He was fully aware of the importance of the subject, and among other expedients recommended by him to ascertain the fact with certainty, was introducing the hand into the uterus to feel whether there was any pulsation in the arteries of the umbilical cord, or in the artery at the wrist. "Et si mettant la main dans la matrice, on trouve l'enfant froid," says M. Mauriceau.

"A sense of coldness in the abdomen," is one of the symptoms enumerated by Dr. Merriman as among those which are useful "in proving that the fœtus has been dead in utero for several days or even weeks." Among the "signs of a dead child," the eleventh mentioned by Smellie is "a coldness felt in the abdomen."

I felt curious to know whether the temperature of a dead child during labour was different from that of a living child, for during labour the fact could readily be ascertained. I soon found that the temperature of a living child immediately after birth was 98°. In a case of twins, the feet presented. I measured the temperature of the feet and thighs before the nates were expelled, and the heat was 98°. After the expulsion of the breech, the thermometer was introduced into the anus, and the heat was 98°. After the birth of the child I found the temperature of the axilla, mouth, and head the same. I ruptured the second bag of membranes, and when the head was expelled, but not the body, I put the thermometer in the mouth, and it was 100°. The heat of the mother's mouth and vagina was 98°.

I have not had an opportunity of ascertaining what the temperature of a dead child is, either before, during, or after delivery. I have not been able to obtain any information upon this point, and months may pass away before an opportunity presents of doing so. I wrote to Dr. John Davy, who has devoted great attention to animal heat, but from the following note it will appear that Dr. Davy has not directed his attention to the temperature of the fœtus when dead. In his account of some experiments on animal heat, published in the "Philosophical Transactions," in 1814, he states that he found the heat under the axilla of a child just born 98·5. After twelve hours, 99°; and after three days the same, during the whole of which time it appeared in perfect health. On eight other children of the same age similar observations were made. In two instances of weak infants, the temperature one hour after birth was found not to exceed 96°, which is two degrees below the standard heat of man in a state of health; but then respiration was still languid, and the next day the heat of the axilla had risen in one to 98·5, and in the other to 99°.

Lesketh House, Ambleside,
Sept. 10, 1858.

My dear Sir,—I have never had an opportunity of making the observations to which you refer. I should suppose that the dead fœtus would have its temperature as nearly as possible the same as that of the uterus. The subject certainly is deserving of inquiry, especially in your practical point of view, &c. I have, &c.

J. Davy.

The temperature of the fœtus in utero must depend upon its own circulation; when this ceases, will the temperature continue the same as before, 98°?

WHAT IS "CHANGE OF TYPE IN DISEASE?"

By W. O. MARKHAM, F.R.C.P.L.

Physician to St. Mary's Hospital.

What is the meaning of the term "Change of Type in Disease?" It has struck me, in thinking over the answer that should be given to this question, that different persons attach a very different sense to it, and that many who make use of it, not unfrequently do so without holding any very distinct or definite idea of the term. It would therefore be well, perhaps, to dwell for a moment on this point, and to endeavour to discover what is the real and proper value which this phrase, "change of type in disease," ought to bear with it. Such a discovery might, I believe, preserve disputants from a great deal of erroneous and superfluous reasonings. I am the more inclined to refer to this subject, because, as far as I know, those who use these now familiar words have not themselves explained the exact meaning which they would infer from them.

The first particular which strikes one on considering this matter is, that the hypothetical change may affix to different objects, viz. to the disease itself, or to the person who is the recipient of the disease, or to both the one and the other at the same time. Now it cannot be doubted for a moment that some writers who use the phrase, mean thereby to convey to their readers the idea, that an actual change has taken place in the nature of the disease itself—in its intensity, for instance, or some other of its attributes; that there is some particular quality in the morbific element which causes it, when it falls upon or enters into the body, to manifest its presence in a different manner at one period from what it does at another. That such was the idea which Sydenham attached to the epidemics he describes, seems tolerably clear. He found that certain of these diseases, even during the course of a single year, so varied in their characters, that a remedy which, as he says, would cure a man in February,

Digitized by Google

would probably kill him in the following October. It is quite clear that he never meant to infer from this, that the constitution—the bodily condition—of the man had undergone, during the interval between those two months, such a change as would account for the difference in the symptoms of the epidemic at those different periods.

And surely when we now-a-days speak of epidemics and their varieties, we hold very much the same notions as Sydenham did about them, in this respect; and we do so, because we find that, during certain years and at certain periods of the year, epidemics act with greater force and violence, and that their influence reaches more extensively through the people, than they do during other years and at other seasons. An epidemic typhoid fever, or scarlatina, for example, may be at one time of the year what is called "mild" in its character, and the patients attacked by them pass gently and quietly through the exacerbation of the fever, and arrive safely at their cure; at another period, and not a distant one, the same fevers may assume what we call a "malignant" form, and then they fall with peculiar violence on their victims, and with very fatal effects; those who recover from them have often a hard struggle for life, and many succumb during the struggle. Now, it is out of all question to suppose, that any changes which the human constitution can have undergone during the short period of time which has elapsed between the visitations of these so different forms of epidemics, can explain the difference in their forms. We trace the change, and in the present state of our knowledge, we are logically compelled to do so, to some peculiarity in the nature of the epidemic, to its intensity or malignancy, as we say metaphorically. These diseases, then, *change their type* quite independently of any change in the constitution of the individual attacked by them; but, of course, they may be likewise influenced by any such change in the constitution.

But it is very certain, again, on the other hand, that writers, when they speak of change of type in disease, and especially in reference to the dispute about bleeding in inflammations, very generally mean to infer thereby, the fact of a change in the human constitution itself: they, as I understand them, mean simply this, that the human body is not now constituted exactly as it once was at some previous period, and that it therefore resents diseases, and the remedies applied for their cure, differently from what it did at that previous period. They do not argue, for instance, that pneumonia is in itself a different disease from what pneumonia was fifty years ago; all they maintain is, that the body in which that inflammation manifests itself has undergone some great change. And the proof of the change is founded on the fact, that whereas, in former days, those who suffered under this inflammation bore bleeding well, but that now men no longer do so.

Thus, then, it appears that there are, as I have started with saying, two very different ideas attached to this term, "change of type;" one idea, supposing that the disease itself is altered in some of its qualities; and the other, that the constitution of the individual in whom it is manifested has undergone a change. And, consequently, any arguments in favour of the theory of a change in type in inflammations, which is derived from a consideration of the different methods of treatment applied at different times to epidemic fevers, cannot have the same value and the same meaning, as those which are founded upon the changes in treatment which pneumonia has undergone in recent times. But authors, and in particular Dr. Christison, argue from the comparison of the effects of treatment of epidemics in past and in present times, that diseases have changed their type, and applies the conclusion to the inflammations of the past and the present times. Epidemic fevers vary in their very nature—this is admitted; but no such distinction has ever been taken in the case of pneumonia or other inflammations. What is asserted in the term—"change of type"—as applied to pneumonia, is, that the constitution of those now subjected to it differs from what it formerly did. It has never been said, that pneumonia, like fevers, possesses in itself at different times a different character. There is clearly then a very marked distinction between the two cases, and this has not been observed by writers on this subject.

Inasmuch, therefore, as epidemic fevers admittedly differ essentially in their nature at different times, having at one time more, and at another less, of an asthenic character, it necessarily follows, that great suspicion must always attach to any conclusions concerning alterations in the constitution of the human body which are derived from a consideration of these fevers, as observed at different and distant epochs. And even in the case of inflammations, is it not also certain, that they also at different times differ in their essential nature, though not in so distinct and well marked a manner as epidemic fevers? We often observe, that pleurisy and pneumonia of one time of the year, or of one year, are much more severe in their character, more asthenic than those of another year, or of another period of it; and surely, to explain this fact, we invoke no change in the human constitution. We do rather, as Sydenham did, seek the change in something *without* the body, in the variable constitution of the epidemic influence. These facts prove the necessity for our having some clearly understood definition of the term—"change of type;" and also shows the great difficulty of our drawing any just conclusions from the comparison of the results of treatment of disease at different periods.

INGUINAL HERNIA OF LONG DURATION REDUCED "EN MASSE."

EXPLORATORY OPERATION—RECOVERY.

By J. C. WORDSWORTH, F.R.C.S.
Assistant-Surgeon to the London Hospital.

Philip Walter Anthony, aged 28, a milkman, was admitted into the London Hospital December 2nd, suffering from peritonitis.

History.—He has had hernia on the right side since he was twelve months old, for which he has worn a truss. The hernia often descended into the inguinal canal, and could always be returned without difficulty till Sunday last, the 30th November, at 9 o'clock p.m., when it escaped in spite of the truss, and he could not succeed in reducing it. He suffered some pain, and sent for a Surgeon, who after some trouble restored it to the abdomen. He was immediately relieved, but unable to sleep that night. On the following morning his abdomen was a little tender over the site of the hernia. Early on the Tuesday morning he began to have much pain and uneasiness in the abdomen, especially near the navel; he took some aperient medicine, but immediately vomited it, and continued to be sick all day: at 8 o'clock in the evening he was sent to the hospital. He then complained of great and constant pain about the umbilical region, especially towards the left side, which was much increased by pressure; not so in the situation of the hernia. He had much thirst, his tongue was coated with a white fur, and was rather dry; pulse small, quiet, 72. Countenance anxious. The abdomen was much distended with flatus, and he complained of frequent eructations. The bowels had not acted since the previous Sunday afternoon. There was no appearance of hernia on the right side, the ring was large, and more defined than usual. Mr. Wordsworth saw him, and ordered a warm bath, to be followed by warm fomentations to the abdomen. Calomel gr. i., opium gr. ¼ every four hours, and an injection of gruel Oj., castor-oil ʒi., to sip toast and water only.

1 o'clock a.m., Wednesday.—The bath greatly relieved him, he was free from pain, and inclined to sleep.

10 a.m., Wednesday.—Better. Countenance not so sunken, he had some sleep during the night, and has passed some flatus, which gave him great relief. The enema was repeated at six o'clock, and both have been retained. No pain in abdomen, and only slight tenderness on pressure. Tympanites increased.

1 o'clock.—The enema repeated at 11·30, but returned immediately, without any fæcal matter.

3 o'clock p.m.—Mr. Wordsworth saw him, in consultation with Messrs. Luke and Curling; he was then vomiting fæcal fluid, and had much hiccough. The case was considered one of hernia reduced "en masse," and an exploratory operation recommended for its relief. Mr. Wordsworth commenced by an incision parallel to and over the spermatic canal, he then laid open the canal itself, as high as the superior ring, on which a protrusion took place of a small tumour from the abdomen, while the patient struggled, and by means of the fingers was still further drawn out. He then divided the structures down to a sac, on opening which, a little limpid

Digitized by Google

serum escaped, apparently from the abdominal cavity, accompanied by the bowel, which was a little congested. A slight dilatation of the neck of the sac sufficed for the reduction of its contents. The wound was dressed with sutures, strapping, and compress, and secured by a bandage, and he was sent to bed, and expressed himself as feeling much better.

7 o'clock.—Much more easy, no pain, pulse 76.

10·30 o'clock.—Mr. Wordsworth saw him and ordered one of the calomel and opium pills to be given. The patient thought from his feelings, that the bowels would soon be open; the tympanites less; pulse 72.

Thursday, December 4.—The bowels operated on freely by an injection containing castor-oil ℥ss., great relief in consequence; pulse eighty-eight, tongue furred; during night was faint and had wine, slept some hours.

Friday, 5th.—Better, countenance cheerful, bowels have been open several times, and has had sleep in the night; pulse seventy-six; tongue cleaner, moist. To take beef-tea and light-pudding.

6th.—Improved much in strength and appearance; wound dressed; slightly inflamed; water-dressing.

23rd.—The wound healed slowly from date last noted, his strength continued to improve, and he was to-day discharged convalescent.

This case (for the notes of which I am indebted to Mr. Mantell, late House Surgeon) is the one referred to in my comments on one published in the *Medical Times and Gazette*, August 28. Here again we perceive the same source of deception as in my last case. I allude to the immediate relief to the patient's sufferings, on the sac, with its contents, being returned into the abdomen. Neither the patient nor his Medical attendant seems to have noticed any peculiarity in the reduction of the swelling. In this case, the hernia never descended beyond the inguinal canal; the sac, therefore, was much more liable to be returned, than when it extends into the scrotum, as in my last case; hence, it is not surprising that the Surgeon, having used only ordinary efforts in its reduction, was led to believe that all was well. Some hours elapsed before he felt a return of the pain, and then not of the ordinary severe character of strangulated hernia. It was again subdued by the warm-bath, and he was enabled to sleep. The following day the abdomen began to be much distended, and several enemata having been administered without producing any action of the bowels, the probability of mechanical obstruction became apparent, and was strengthened by the condition of the canal and non-appearance of sac. In addition to these symptoms, vomiting of a fæcal fluid, and hiccough were added.

These circumstances, together with the history, left little doubt of the nature of the case, and induced us to suggest the propriety of an operation. As might have been anticipated, the intestine did not exhibit signs of much injury; showing that the constriction by the neck of the sac had not been great, and also accounting for the absence of that severe pain which characterises strangulation.

41, Finsbury-square, August, 1858.

ON THE MALIGNANT SORE-THROAT.

By WILLIAM F. SOLTAU, M.B., Oxon.
Physician to the Plymouth Public Dispensary.

"Is there anything whereof it may be said, See, this is new? It hath been already of old time which was before us; and there is no new thing under the sun." So spake the wise man, nearly two thousand years ago; and while daily experience attests the truth of the proverb in the general business of life, it finds itself equally verified in the history of disease. What! nothing new in disease? Does not each day reveal some hitherto undiscovered phenomenon? Where are we to find in the ancient annals of our art any reference to a disease similar to that of Asiatic cholera? Was small-pox or syphilis known to the aborigines of our land? Well, these seem to be pertinent questions, and, at first sight, to be easily answered; but, inasmuch as, to be fairly solved, they must be thoroughly explored, he only can faithfully respond to them who has devoted to the subject on which they bear the time and attention that it claims. Now, for example, let us go back to the Asiatic cholera. It has been maintained by men of high authority in our profession, such as Drs. Copland and Watson that before the year 1817 this disease was altogether unknown in India or Europe, and that the materies morbi first sprung from the jungles of Jessore in that year. Those, however, who have studied the ancient literature of our art, and are fond of consulting its archives, have discovered in the writings of our forefathers passages which lead them to the belief that this disease is of much more ancient date. The late Dr. Chambers published a paper on cholera, in which he cited a quotation from an ancient writer to prove, if we can judge from the array of symptoms detailed by him, that it must have existed at least two hundred years ago.

Another author, Dr. Balthasar Ludovicus Tralles, who, in 1753, wrote on a disease which had fallen under his observation, has recorded a set of symptoms, which the ablest writer of the present day could not have more faithfully portrayed as the great characteristics of malignant cholera. He particularly refers to the absence of bile in the discharges (a hint to us of the present day of the etymology of our nosological vocabulary being framed on the *lucus a non lucendo* principle), to the wonderful amount of fluid matters discharged from the system, the manifest shrinking and diminution of the bulk of the body, so peculiarly characteristic of collapse, the fearful mortality attending the attacks, the rapidity with which they proved fatal, and the general failure of Medical treatment in the stage of collapse. In another section of the work he gives a long account of the secondary fever of cholera. Here, then, is a disorder, which until recently was thought to be of modern date, found faithfully recorded in the writings of our forefathers, and proved to be well known to them; thus cautioning us not to be hasty to pronounce anything new in the phenomena of disease, because it may not before have fallen under our observation. Is it not a fault with us that we consult too little the experience of the great ones of the past, while all-absorbed in the history of the present? Because the increased light of science has dimmed the lustre of many a brilliant theory, yet it has not altered the colour of those phenomena, to account for which these theories were framed. They must ever remain the same; and though for a time we may lose sight of them, yet in what they have been when compared with what they are, as in the revolution of time they reappear, they evince that uniformity and precision in their development, so as to raise the art which treats of them into a science. And yet withal, disease is wonderfully capricious and changeable, for so it must be, as it is the creature of circumstance. Changeable and yet uniform, what a contradiction! Yes, apparently so, but not so in reality. The cause always the same, the effect will follow. Let the former be modified, and the latter partakes of that modification. Hence the ever-varying countenance of disease, and the different phases which it assumes. These thoughts crossed my mind when perusing a very interesting treatise on "Malignant Sore-Throat," written about a century ago by Dr. Huxham, who at that time practised as a Physician in Plymouth. My attention was particularly drawn to it from having recently witnessed some cases of throat-disease in which the most serious symptoms were developed in the course of a few hours, in their rapid progress and termination bidding defiance to all treatment. Children apparently in good health in the morning, seized, ere mid-day, perhaps, with vomiting, or some other symptom of slight indisposition; then would rapidly follow another and another of a graver character, a severe rigor, perhaps, a quickened and feeble pulse, a hot skin, much anxiety of countenance, slight incoherence, and excessive restlessness, each symptom following the other in such rapid succession, that the Medical man, when summoned, would find presented to him the whole system, in its nerves and muscles, fluids and solids, prostrated under the influence of some latent poison, the depressing and devitalising power of which, in many cases, forbad any attempt at elimination. Now it is well for us in emergencies of this sort to hold converse with one another, so as to bring our united experience to bear upon the difficulties which, as individuals, we are unable to master. Where darkness and uncertainty prevail, every ray of light has its value; and as throat-affections have, from their prevalence of late, occupied much of the attention of the Profession, I thought it might not be uninteresting to bring before the readers of the *Medical Times and Gazette*, the very valuable treatise on one of these diseases which has been left us by one of the great ones of the last century. Dr. Huxham was evidently a most careful observer

Digitized by Google

at the bed-side of the patient, and he has with the greatest accuracy recorded every symptom which presented itself to his notice in the rise, progress, and termination, of the disease, leaving a description which, in many of its features, closely resembles the peculiar affection of the throat to which I have already referred, as having been seen by me. I shall now proceed with his account, and when that is finished I shall make a few remarks of my own:—

"Since the publication of my essay on fevers, he says, I have had frequent opportunities of making observations on a disease of the putrid malignant kind, which abundantly confirm my notions of the cause and cure of malignant pestilential fevers; I mean what is called the angina maligna, or ulcerous sore-throat, which has appeared up and down the kingdom for several years, in some places very common, and exceedingly fatal, especially to children. The first accurate account we had of the distemper was from the very ingenious Dr. Fothergill, in 1748. But several of the Spanish and Italian physicians have described exactly such a kind of disease as raging in Spain and Italy in the beginning of the last century. Perhaps the Syrian and Egyptian ulcers mentioned by Aretæus Cappadox, and the pestilent ulcerated tonsils which we read of in Ætius Amidenus, were of this nature.

"From the latter part of the year 1751 to May 1752, it was very common in the town and neighbourhood, especially in the year 1752, and it carried off not only children, but several adults." He first gives a summary of the condition of the atmosphere at the time this disease was prevalent, "that perhaps from it some rational conjectures of the cause and nature of such diseases may be made." Having described the precursory symptoms, he goes on to say, that "some few hours after the seizure, and sometimes contemporary with it, a swelling and soreness of the throat was perceived, and the tonsils became very tumid and inflamed, and many times the parotid and maxillary glands swelled very much, and very suddenly, even at the beginning; sometimes so much as even to threaten strangulation. The fauces also very soon appeared of a high florid red, or rather of a bright crimson colour, very shining and glossy; and most commonly in the uvula, tonsils, velum palatinum, and back part of the pharynx, several whitish or ash-coloured spots appeared scattered up and down, which oftentimes increased very fast, and soon covered one or both the tonsils, uvula, etc.; these, in event, proved the sloughs of superficial ulcers (which sometimes, however, eat very deep into the parts). The tongue at this time, though only white and moist at the tip, was very foul at the root, and covered with a thick yellowish or brown coat. The breath also now began to be very nauseous, which offensive smell increased hourly, and in some, became at length intolerable. The second or third day every symptom became much more aggravated, and the fever much more considerable, and those that struggled with it tolerably well for thirty or forty hours, were forced to submit. The restlessness and anxiety greatly increased, as well as the difficulty of swallowing. There was generally more or less of delirium, sometimes a pervigilium and perpetual phrensy, though others lay very stupid, but often starting, and muttering to themselves. The skin was very hot, dry, and rough; there was very rarely any disposition to sweat. The urine pale, thin, crude, often yellowish and turbid. Sometimes a vomiting was urgent, and sometimes a very great looseness, in children particularly. The sloughs were now much enlarged, and of a darker colour, and the surrounding parts tended much more to a livid hue. The breathing became much more difficult, with a kind of a rattling stertor, as if the patient was actually strangling, the voice being exceeding hoarse and hollow, exactly resembling that from venereal ulcers in the mouth: the noise in speaking and breathing was so peculiar, that any person in the least conversant with the disease, might easily know it by the odd noise; from whence the Spanish Physicians gave it the name of garotillo, expressing the noise such make as are strangled with a rope. The breath of all the diseased was very nauseous, of some inexpressibly foetid, especially in the advance of the distemper to a crisis."

(To be continued.)

SYDENHAM COLLEGE, BIRMINGHAM, has been removed from St. Paul's-square to Summer-lane, opposite the General Hospital, in order to give the Students every facility in attending their Hospital practice.

SACCHARINE TREATMENT OF DIABETES.

By GEORGE CORFE, M.D.

IN page 445 of the *Medical Times and Gazette*, some remarks are published "on Sugar as an Article of Diet in Diabetes Mellitus," by Dr. Bence Jones. This gentleman has reported two cases of the disease in which sugar, combined with bread, or potatoes combined with porter were severally given, and he has furnished your readers with the unfavourable results of such articles of diet. In the first case, bread and potatoes increased the amount of sugar in the urine; when these were suspended the sugar disappeared; sugar was then given, and bread withheld. "This was continued four days, and no sugar occurring, a small quantity of bread was also given; much sugar again appeared." The diet otherwise was animal only. In the second case the results were even more unfavourable. Bread and sugar were given with the exception of two or three days, when the amount of sugar voided was increased thereby; so that instead of any good result being realised, there was some positive injury done from these dietetic experiments with bread, sugar, and beer; the trial, therefore, under the circumstances cited by this gentleman, cannot be urged as a proof of the value or otherwise of sugar as an article of diet in glucosuria. He sums up his observations on such treatment in the following words:—"The analyses of the urine in the two cases I have given, the one in the second stage, and the other in the third stage of diabetes, will show what a diet containing sugar and bread does effect in increasing the amount of sugar in the urine; and from all I have seen of the disease, it is better practice to follow the indications of lessening the amount of sugar in the urine, than to endeavour to cure the disease, as I have known a Homœopath try to do, by a specific of sugar and starch." Permit me to make an observation or two on this line of experimental treatment of an obstinate disease. Dr. Jones must be well acquainted with the several trials which the Continental Physicians have made of the influence of bread in this intractable malady, and of the invariable increase of sugar in the urine whenever this article of diet was taken. Drs. Bouchardat and Sandras in their brochure, "De la digestion des matières féculentes et sucrées," published in 1845, emphatically urged a total abstinence from bread as the best and surest method of reducing the amount of sugar. Bernard (a), Pierry, and Andral have subsequently confirmed this opinion; for while the two latter Physicians (b) ascertained that sugar given alone lessened considerably the glucose tendency, no one who has had any experience in this disease can doubt but that bread and fermented liquors, as porter and ale, etc. promote an increase in the amount of sugar. Bouchardat and Sandras are so decided in their opinion in this matter, that I cannot refrain from inserting the extract entire (c):—

"C'est en déterminant par la balance la quantité de chaque aliment prise par les malades dans les vingt-quatre heures; c'est en mesurant la quantité d'urine rendue dans le même espace de temps; et en fixant la proportion de glucose contenue dans cette urine, que j'ai établi dans mon premier travail sur le diabète la relation entre la proportion des féculents ingérés par les diabétiques et le glucose contenu dans leurs urines. Puisque la soif des malades affectés de glucosurie est en raison directe des aliments sucrés où féculents qu'ils ingerent, le point sur lequel j'ai insisté surtout, et qui, en effet, doit de prime abord frapper l'attention, c'est la relation des féculents ingérés et du glucose rendu dans les urines; c'est la necessité pressante pour les malades atteints de glucosurie de supprimer ou au moins de diminuer beaucoup la somme des féculents ingérés."

(a) Leçons de Physiologie Expérimentale appliqué à la Médicine.

(b) Comptes Rendus, Jan. 1857.

(c) Gazette Médicale, 1857.

Digitized by Google

To the value of this injunction I can bear testimony in many cases that have passed under my notice.

These physiologists have ascertained that, to a given quantity of food, which contains two pounds of fecula, the patients require about fourteen pounds of water to enable them to digest it, and from this amount nearly sixteen pints of urine are voided. In other words, it would appear from their experiments, that the quantity of water that a diabetic patient requires to enable him to digest ordinary bread or starch, is exactly equal to the quantity which we are compelled to add to diastase before this principle can convert starch into sugar.

With these facts before him I would ask, what possible good result could Dr. Jones anticipate from such a system of experimental feeding on starch, as that which he pursued in the two cases he brings forward in his late communication?

It does appear worse than needless, nay, one may add, it is almost unjustifiable to resume these experiments after the signal failure which attended them in the French capital some years ago. Dr. Jones urges us "to follow the indications of lessening the amount of sugar," and yet he administers articles of diet, such as bread and beer, which other authorities, in the treatment of this disease, have repeatedly shown will increase the amount of sugar. With the utmost deference to Dr. Jones, I would suggest to him that he must have added greatly to the derangement of the stomach in both of the cases he adduces, by the injudicious use of yeast in the form of bread and beer, without any vegetable food whatever, and thus have aggravated the disease by the administration of articles well known to induce an excess of sugar, a practice diametrically opposed to the principles enunciated by him in the above quotation.

It often happens that in the progress of a case of diabetes, there will be a temporary suspension of sugar, just as there is often a temporary appearance of this element in the urine of a healthy person who is not suffering from glucosurie. Sugar is eliminated from other organs under disease, as well as from the kidneys in diabetic patients. The "melleous" breath in chronic thickening of the mucous coat of the stomach and small intestines; the saccharine expectoration of chronic bronchitis, and even in tuberculosis; the presence of sugar in the urine of some cases of albuminuria following acute rheumatism, and also in lactation; and lastly, the recent notice of Drs. Gibbes and Johnston of Birmingham, that sugar is present in infantile pertussis and hysteria, all tend to prove that the vice is most probably seated in the pneumogastric nerve.

The temporary disappearance of sugar in Dr. Jones' cases, while under a specific treatment, should not, therefore, be overestimated or construed by him into a proof of the value of any line of diet, unless the collateral symptoms improve also, which was not the case. I have known the urine to descend as low as 1012, and to contain no traces of sugar under the saccharine vegetable treatment shortly to be noticed, and yet the weight has risen in a few days to the former standard, and the sugar has again appeared. There is some analogy here to the temporary or permanent existence of albumen in the urine under other diseases. We are now quite assured that the presence of this element in the urine is not a bare evidence of Bright's disease. In has been found to come away in cases of delirium tremens, puerperal mania, pneumonia, and in some cardiac affections, etc., where we have had no reason whatever to suspect renal disease. Here also, as in diabetes, the specific gravity of the urine must form our main test of any organic change in the kidneys, for while the urine secreted in a fasting condition (urino sanguinis), and that secreted after a full meal (urina chyli), vary considerably in weight during health, they are found to be scarcely altered in specific gravity when secreted by kidneys suffering from unequivocal "Bright's disease." Rayer and Traube ascertained that no sugar existed in the urina sanguinis of some diabetic patients, when they obtained it in large quantities from the urine which had been secreted by the same persons during digestion (urina chyli).

It has often occurred to my mind that of those few diseases which are treated better out of our Hospitals than others, diabetes is one in which far more real good is done in private than in public practice. We are all aware how essential it is to lay down and maintain the most rigid line of dietetics in such cases, and how much more available this curative branch is than the mere therapeutical treatment. Those practitioners who have had extensive opportunities of mingling with the sick poor, know, to their sorrow, the little self-control this class of the community exercise, whenever a craving for some special indulgence comes over them, either in food or in drink; and how frequently some positive benefit afforded by the former is overthrown and undone by the other, in their yielding to a whim or a fancy for some improper articles of diet. On this account, therefore, diabetic patients are, of all classes, the most unsatisfactory to treat in Hospitals; their power of self-denial is so feeble, and they are accustomed at their own homes to give the bridle so freely to their own appetites, that I am persuaded that a large number of such persons in Hospitals, when deprived of bread, will beg or steal this article of diet rather than submit to a total abstinence from fecula, or be compelled to eat diabetic bread (d). Whereas among a better-informed class a few words of advice, explaining our views in that part of the treatment peculiarly dietetic, are oftentimes met by the most attentive execution of the wishes of the Physician.

In Dr. Jones' communication he alludes to a case lately reported by me in the *British Medical Journal*, in which 1 oz. of sugar (it should have been stated barley-sugar), and 1 oz. of honey were given by me daily, and it is added, "he, Dr. Corfe, considers with advantage." In reply to this trite notice, allow me to remind that gentleman that I offered no opinion on the results of the treatment, nor did I venture to express "a belief" about the matter; I adopted the suggestion put forth by Dr. Budd, "not to draw conclusions from single instances." I refrained from any comment, only observing, that "upon a review of 120 cases of diabetes, it had never fallen to my lot to witness such a marked, rapid," and I may now add, abiding, "improvement, by any other line of treatment." As the subsequent facts have never been published, I will put their details before your readers in a tabular form. (See p. 294.)

Instead, however, of following Piorry, Andral, or Dr. Budd's purely saccharine treatment, by the administration of cane sugar only, I resolved on the adoption of a diet into which a large amount of vegetable food should be introduced, and a preference given to that class of vegetables which is known to contain grape sugar, as parsnips, turnips, etc. I confess the treatment was novel to me, but I ventured on it under the gloomy appearances which the case presented in all its urgent symptoms, feeling assured that in a few more weeks the sufferer would, otherwise, be on the verge of the grave. The medical treatment was similar to that of a case of obstinate dyspepsia, the mineral tonic was increased to five grains a dose; a total abstinence from all yeast in fermented liquors, bread, etc. was enjoined as well as tea, and a liberal allowance of claret, rum, coffee, vanilla, chocolate, and hop tea. The amount of sugar was kindly ascertained for me each date of the report by Professor Heisch, by means of an improved Biot's saccharometer. So far, this case and two others, which I will now allude to, were treated differently from either of those under Drs. Jones, Williams, or Budd, as there was no allowance of bread, malt liquor, nor of loaf sugar as in their patients.

In conclusion, I would observe, that if we are disposed to supply the system with that element which a vice in the assimilative organs is deriving from animal equally as well as from vegetable food, if we are assured from long-continued observation, that sugar will be separated under any dietetic treatment, that patients will lose in weight, grow thin, and ultimately sink under the modern orthodox regimen, then I do insist upon the propriety of affording natural supplies of sugar in the form of sweet vegetables, in preference to that artificial administration of loaf sugar, which so soon nauseates the stomach; at the same time, I view it to be a perfectly unjustifiable act, with our present knowledge of the pathology of the disease, to administer yeast in any fermented article of diet, such as bread, porter, ale, etc.

(d) A diabetic patient lately quitted the Middlesex Hospital because we insisted on his confining himself to Camplin's bran biscuits. When he was gone, in his locker were discovered several pounds of untouched biscuits, mouldy, and we have no doubt but that he obtained the ordinary bread surreptitiously from other patients, who are always inclined to commiserato such sufferers, and have been known to lay their bread about different parts of the ward, and direct the diabetic man to go and gather it up.

Digitized by Google

Male, aged 35, treatment by

1857.	Animal Food.	Vegetable Food.	Fluids.	Sugar.	Medicine.	Weight.	Fluids taken.	Urine voided.	Sp. gr.	Amount of sugar per pint.	Remarks.
Nov. 14.	Underdone beef or mutton; eggs; and cheese.	Greens; bran-biscuits.	Coffee, Vanilla, chocolate, whisky.	None.	Creosote 15 minims daily; cod-liver oil and warm baths.	—	6 to 8 ps.	9 pts.	1042	—	This treatment commenced on 14th November, and up to the following date, December 19, not the least improvement took place, the disease was rapidly gaining ground.
Dec. 1.	Ditto.	Ditto.	Ditto.	None.	The same.	114 lbs.	4 ,,	5 ,,	1046	100 grs. to 1000 part, less than 2 oz. to each pint.	Diarrhœa came on with the alteration of the treatment, and the patient lost strength, but he afterwards confessed that about Christmas time he had been to several festive parties, and partook freely of bottled ale, stout, bread and potatoes.
,, 19.	Fat meats, salt pork or ham, fish, poultry, game, sausages etc.	Carrot, parsnips, turnips, spinach, brocoli, cauliflower, celery, sea cale; one of these cooked daily.	Soups, rum and claret instead of whisky.	1 oz. barley-sugar, 1 oz. honey (daily).	Zinc sulp. gr. ij., cinchonæ gr. i., ext. lupuli gr. ij. in pil ter in die, continuing the oil. 5 grs. of carbonate of ammonia in a glass of rum-and-water daily at luncheon	112 ,,	6 ,,	9 ,,	1050	112 grs. to 1000, rather above 2 oz. per pint.	Has strictly adhered to the prescribed regimen.
1858. Jan. 17.	Ditto.	Ditto.	Ditto.	Ditto.	Sul. of zinc increased to gr. iij.	119 ,,	4 ,,	4 ,,	1038	83 grs. to 1000, or about 1½ oz. per pint.	The diarrhœa has quite ceased, and he now perspires freely; can walk with great comfort, and digs in his garden daily.
,, 29.	Ditto.	Ditto; and oranges, raisins, baked apples, pears, quince or orange marmalade.	Ditto.	Ditto.	Ditto.	132 ,,	3½ ,,	3¾ ,,	1032	20 grs. to 1000, or 3 dms. per pt.	Pills give slight nausea, but (he says) they check thirst, and thereby reduce the quantity of urine.
April 11.	Ditto.	Ditto; and a salad occasionally of lettuce, endive, cress, with fresh tarraxacum leaves.	Ditto; hop-tea occasionally.	Ditto.	Ditto; zinci s. increased to gr. v., and cinchonæ to gr. ij.	131 ,,	3½ ,,	3¾ ,,	1030	Only a trace.	"I can now attend to business comfortably. I can walk four miles well. Perspire freely in bed and on exertion."
May 2.	Ditto.	Ditto. N.B.—Has indulged since April 20 in some unfermented wheaten bread.	Ditto.	Ditto.	Ditto.	136 ,,	3½ ,,	3 ,,	1040	42 grs. to 1000, or 6 dms. per pt.	"People think my face is swollen, I have increased so much in size. I find a good substitute for bread in parsnips. Yesterday (May 1) I walked eight miles with more ease than half-a-mile some time back."

Since the above particulars were compiled for the press, I have had two further opportunities of testing the same line of treatment. In the first of these two the disease was in the last stage, and extensive ravages by tuberculosis had already been made in the summit of one lung, notwithstanding the general amendment in both cases was decided in its nature. The thirst subsided, and with it the quantity of urine voided, the specific gravity fell, the skin in both instances lost that intense and painful sense of dryness, the spirits became more buoyant, and up to the present time the treatment is unequivocally telling more favourably than any previous line of practice had done. When the present plan commenced, the amount of sugar was ascertained to be about twelve drachms to each pint.

I would remark that as many patients have complained of the dry, insipid nature of Camplin's biscuits, and some of them have been compelled to give them up, and resort to unfermented bread, I have thought that Martin's receipt for making gluten bread might prove acceptable to those of your readers who have cases of diabetes under their care, especially as the formula has never been published in this country that I am aware of, and perhaps some person may be induced to give it a trial; it is represented to be a very palatable article, though I should prefer the use of it as unfermented bread.

The process was first introduced by Mons. Martin, of Vervins. About 40 parts of water to 100 of best flour are mixed as in ordinary paste making; this paste is left for an hour or so, in order that the gluten may be dissolved; but, if the flour is coarse, it must remain for a longer time, varying from two to six hours. It is now to be washed in order to deprive it of the starch, and to obtain its gluten. A tub, with a wire sieve placed over it (No. 120), should be ready; upon this sieve the baker puts a lump of paste of any given quantity, and water from a perforated tube or a rose attached to a tap, is now made to play upon the paste, which is worked by the hand until the gluten forms into filaments, and the water is no longer milky. From every pound of flour thus treated, a quarter of a pound of gluten should be obtained. The gluten must be used as soon as possible, otherwise it decomposes, and does not knead well; to every pound of gluten, one quarter of a pound of flour must be added, with a little yeast and salt. When the dough is risen, bake it in a moderately heated oven. This makes a very light bread, of an agreeable taste and smell.

P.S.—The improvement remains unaltered.—G. C.
Sept. 8, 1858.

OBSERVATIONS ON THE CLIMATE OF PAU.

By DREWRY OTTLEY, M.D.

Pau, the chief town of the department of the Lower Pyrenees, has for many years been a place of resort for invalids from all parts of Great Britain and Ireland, and yet the character of its climate is so far from being generally known, that a short account of it may not, perhaps, be unacceptable at this time of the year, when invalids, wishing to escape the English winter, are beginning to question their Medical advisers as to whither to betake themselves.

In describing the climate of Pau, it will be desirable to compare it with that of some part of England; and as the climate of Greenwich may fairly represent that of the south of England, and as the data respecting it are easily accessible, I will take this as the standard of comparison.

Mean Temperature.—The following are the means of temperature of the eight months from October to May, the only ones of which I need speak, taken from thirty-five years' observations at Greenwich, and five at Pau:—

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.
Greenwich	50·4	43·6	39·4	36·4	38·8	42·0	46·7	53·7
Pau	56·5	50·4	42·0	41·0	43·7	48·0	53·0	55·0

The above figures show, though not quite so strikingly as a comparison of separate years would do, that while in most of these months the mean temperature of Pau ranges 5 or 6 degrees above that of Greenwich, there is a period of the winter generally of about a month's duration in December and January, when the mean temperature at Pau approaches

Digitized by Google

nearly to that of the south of England. This has been very remarkable in some years, when in January the means have ranged nearly together, while in February they have started far apart, the cold continuing severe in England, while a permanent rise has taken place of 8 or 10 degrees in the mean temperature at Pau.

The daily range of temperature, that is, the difference between the highest and lowest readings for the day and night, is greater at Pau than at Greenwich.

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.
Greenwich	12·9	9·7	8·4	8·4	10·2	12·8	16·2	17·6
Pau	14·2	12·9	11.1	12·2	14·3	14·8	16·3	15·5

Respecting this point of daily range, it seems to me, that far too exclusive opinions prevail. One often sees the small daily range of a climate spoken of as an unquestionable advantage, without any consideration being given as to the causes of this. Now one very frequent cause, especially in England, is a cloudy sky. If the sky be thickly covered with cloud, there will not unfrequently be only a very few degrees of difference between the temperature of the day and night; the day is colder because the sun cannot penetrate to the earth; the night warmer, because radiation from the earth is checked. On the other hand, a bright sunny day with a genial temperature, may be followed by a clear night, when radiation being perfect, the mercury will fall low, and the daily range will be consequently high; but surely there can be no doubt which will be best for the invalid; who, in the latter case, can enjoy his walk or drive at mid-day, while an extra blanket at night, or a fire in his room, will guard him against any inconvenience from the coldness of the night. The above I take to be the real explanation of the difference in the daily range at Greenwich and at Pau, as the following table will also, in part, show.

Cloud.—The amount of this is taken by estimate at fixed periods of the day. A clear sky is marked 0, a wholly clouded sky 10, and intermediate amounts of cloudiness by the intermediate numbers. The following are the mean amounts for each of the eight months:—

	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.
Greenwich	6·8	7·3	7·4	7·6	7·5	6·4	5·9	6·5
Pau	5·2	6·4	7·0	6·3	5·3	5·4	5·9	7·7

The sky therefore is freer from cloud in every month, except May, at Pau than at Greenwich.

Moisture of the Air.—This is calculated from observations taken at fixed periods of the day, of the dry and wet bulb thermometers; the evaporating power of the air, and consequently its dryness, being shown by the amount of difference in the readings of the two thermometers. The following table gives the mean humidity of the air in each month at 9 a.m. 100 would denote the air to be saturated with moisture:—

	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.
Greenwich	0·92	0·94	0·94	0·94	0·91	0·87	0·84	0·79
Pau	0·81	0·85	0·83	0·83	0·83	0·81	0·76	0·77

In each month, except May, the air is found to be decidedly drier at Pau than at Greenwich, and there is, in consequence, little or no fog, and an entire absence of damp in the houses, etc.

Wind and Rain.—Placed between the Atlantic Ocean and the Mediterranean, the climate of Pau is influenced by that of each of these seaboards. The atmospheric currents are mainly in one of two directions, from the south-east, or from the west, including under the latter term due west, and a few points north or south of this. The character of these two currents is very different. Nine-tenths of all the winter and spring rains that fall at Pau, come with westerly winds, whilst the gentle breezes that creep along the mountains from the warm regions of the south-east invariably bring dry genial weather. In summer, thunderstorms with heavy rains often proceed from other directions; but in the winter months, as I have said, rain comes with westerly winds, whilst the easterly breezes bring dry and fine weather. Occasionally, for a few hours, a hot dry southerly breeze, resembling a sirocco, blows in gusts across the mountains, betokening a change of weather from dry to wet: and, on the other hand, when the weather is about to become dry after rain, the wind goes round by the north; but northerly and north-easterly winds are of rare occurrence and of short duration at Pau.

During the first six of the eight months which constitute the season at Pau, south-easterly winds predominate, and one may generally calculate on a considerable preponderance of fine weather. In April and May, however, the reverse obtains, and now when easterly and north-easterly winds prevail in England, the westerly currents get the upper-hand at Pau, and are accompanied by rain. The change is indicated in the foregoing tables by the increased cloudiness and humidity of the air in May and the slight increase of its mean temperature over that in April.

The most remarkable characteristic, however, of the climate at Pau is the general calmness of the air. This is so remarkable as to have struck every one who has spent some time at Pau, and even to have led to some exaggeration in speaking of it. A stiff westerly breeze with rain is not *unknown* at Pau, and those who are ill should then keep at home; but at all other times, the airs are so light, as hardly even to prevent an invalid from taking exercise in an open carriage, and respirators are almost always laid aside.

This question of freeness from wind is often, I think, overlooked in the selection of a climate for invalids, and yet it would seem a very important one; far more important than that of a few degrees more or less of mean temperature, when we consider how greatly the cooling power of the air is increased by rapid motion, and how commonly the power of maintaining vital warmth is lessened in chronic disease. A simple experiment will serve to illustrate the former fact.

In a *windy* morning in April, thermometer 48° Fah., a covered zinc vessel, containing twelve ounces of water at 98°, was exposed for fifteen minutes. At the end of that time the water had lost twenty-three degrees of heat.

In a *calm* morning in January, thermometer 24°, the same vessel of water exposed for the same time lost only fifteen degrees of temperature.

The inference as regards the human vessel at 98° is so obvious as not to require to be insisted on.

The climate of Pau is changeable, and visitors are apt to take offence at this at first; few, however, quit Pau after spending a winter there, without carrying with them a very favourable impression of the climate on the whole. If Pau cannot pretend to the brilliant sunshine of the south of Spain, and of some of the Mediterranean climates, it is, I believe, all the better suited to the constitutions of visitors from England, the climate of which it bears somewhat more resemblance to.

I have endeavoured in the foregoing remarks to convey as correct an impression as I can in a short compass of the climate of Pau.

"Nothing extenuate, nor ought set down in malice."

I will conclude with a very few remarks on the town itself and neighbourhood.

The town contains eighteen thousand inhabitants, is well built, and consists in great part of modern houses, arranged for the reception of strangers. It stands on a terrace of tertiary strata, fifty or sixty feet above the river, a broad and rapid stream, which rising in the mountains to the south-east of Pau, joins the Adour some forty miles to the westward.

A long line of hill, at the distance of a few miles, shelters Pau to the north and north-east, whilst along the southern horizon stretches the noble range of the Pyrenees, the nearest mountains of which are distant about fifteen miles. The interval between the mountains and the town is occupied by picturesque rounded hills of coarse conglomerate, not improbably of glacier formation, whose sides and summits, wooded with oak and chestnut, afford delightful rides, whilst along the intervening valleys are found pleasant drives for those who prefer carriage exercise. The markets are well supplied, and other material comforts are increasingly well provided for by the prudent Bearnais, who are not insensible to the advantages to be derived from the annual migration of strangers to their favoured clime. The watering places of the Pyrenees afford an agreeable refuge during the heats of summer for those who remain over for a second winter; but for information respecting these I must refer to the work of my friend, Dr. Taylor, on the climate of Pau.

Pau, September 6, 1858.

CHESTNUT BREAD.—All over the Limousin territory, the Cevennes, from Poitou to Claremont, and an area as large as a dozen departments, the great staple and staff of life are the chestnut-trees. The nut is made into the only bread tasted by the peasantry besides a loaf made of buckwheat. In so highly civilised a part of Europe, it is not less startling than true that a great part of the population are only removed one step from the acorn gland of primitive simplicity.—*Globe.*

Digitized by Google

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

TWO VESICO-VAGINAL FISTULÆ IN THE SAME PATIENT—OPERATIONS—CURE.

(Under the care of Dr. OLDHAM and Mr. COOPER FORSTER.)

We may fairly write of Vesico-vaginal Fistula, that it is no longer one of the Surgeon's opprobia. By the use of metallic sutures and Dr. Bozeman's shield it would appear that we may henceforward consider apertures in the vaginal parietes as easily remediable as are cases of hare-lip or of club-foot. Notwithstanding an immense amount of labour and ingenious skill which had been devoted to their cure in former years by many English Surgeons, yet the success obtained had been very small prior to the introduction of the two improvements above-mentioned by our American brethren. Cures were very exceptional, failures and disappointment the rule. The condition to be treated was happily too rare in this country to give a large share of experience to any individual Surgeon. To its great comparative frequency amongst the negro women of the United States, must no doubt be attributed in some measure the triumph which our Transatlantic confrères have gained. We say this without in the least desiring to detract from the credit which all will acknowledge to be their due. We have recorded in these reports during the past few years several instances of success by the older methods. In one, about a year ago, Mr. Luke succeeded in procuring perfect union by use of the common silk suture only, and in a second, shortly afterwards, Mr. Paget, by employing the silver wires (but not the shield) obtained a like happy result. Dr. Beck had two successful cases at the Samaritan Hospital, and some other cases occurred in private practice. Successful cases are, however, rare and exceptional. In the future, we confidently trust that we shall have to record numerous cases of cure, or even that they come to be considered not of more interest than so many hare-lip operations would be. At present, however, we are in a transition stage, and we have to put on record this week a remarkable example of success obtained by simple suture.

Mahala P., aged 26, was admitted into Guy's Hospital under Dr. Oldham's care, on June 9, 1858. She was a married woman and the mother of four children at three confinements, her first having been twins. She had enjoyed good health until subsequent to her last lying-in, which took place in the preceding March. Her previous labours had been good, but her account of the last was as follows: On March 15, when about her full time, the waters suddenly broke without any preceding labour pain. This was on a Monday. No expulsion pain followed until Friday. On Saturday evening the Surgeon in attendance told her that the labour was delayed from the loaded state of the bowels, and advised the administration of an enema, which latter acted freely. The pains continued incessant until the following Monday, when as there appeared little chance of the child being born, craniotomy was resorted to. The child had been dead some time. All went on afterwards pretty well up to the eighth day, when she left her bed for a short time. During the night of the tenth day, the bladder gave way, and in the morning she found herself drenched in urine. For some days before this she had noticed the escape of "yellow matter," with burning sensations in the vagina. For the ten weeks next following, she could not retain her urine in the least, and it flowed away constantly. In June, as we have seen, she obtained admission into Guy's.

It was found on examination that there existed two distinct fistulæ communicating with the bladder. Both were a little beyond the last part of the urethra, and entered the floor of the viscus. The larger was of sufficient size to admit the tip of the little finger, the other would not do more than receive a small quill.

On June 18 the operation was performed on the larger one. Its edges having been freely denuded without removing any of the vesical mucous membrane, a single silk suture, introduced by means of a large curved needle, was made to close the wound. The only point in passing the suture worth especial notice was that Mr. Forster was careful to give it a deep hold. The patient was under the full influence of chloroform during the operation. A catheter was subsequently retained in the bladder, and she was made to lie on her face. On the ninth day the suture was cut, and union was found to be perfect. But little incontinence now remained, as the other fistula was of small size. As the bladder filled, however, the dribbling away always commenced, and a month after the first operation nitric acid was applied to the edges of the second opening in the hope of procuring its closure. No good effect was, however, produced, and it was determined to employ the suture.

The second operation was done on August 9. It resembled the former one in every respect, excepting that a silver wire suture was used instead of silk. A single suture alone was necessary. Some difficulty was encountered in attempting to withdraw it on the ninth day, and it was accordingly left in until the eleventh. The union was perfect.

The woman left the Hospital on August 27 in every respect quite well.

It should be remarked that in this case the catheter was retained in the bladder, and the prone posture observed on each occasion during the whole interval between the operation and the removal of the suture. To this precaution the successful result was no doubt in a considerable measure attributable.

LIGATURE OF BOTH FEMORAL ARTERIES FIFTEEN YEARS AGO.

There is now a man in Guy's Hospital both of whose femoral arteries were tied about fifteen years ago. He is now aged about 45, and in good health, having been admitted (under Mr. Bryant's care) on account of a fractured metatarsal bone, and not for any constitutional disease. In 1841 Mr. Morgan tied his left femoral for the cure of an aneurism in the popliteal space, and in 1843 a similar operation was required for a like condition in the opposite limb. He recovered well from both operations, and returned to his work, which is that of a ship's porter. He is accustomed to carry heavy weights on his back, and to walk with them up steps, ladders, etc. He appears to have been of average steadiness as regards his habits, being used to a fair allowance of stimulants. The occurrence of symmetrical disease of the arterial system is usually a sign of very bad augury. Excepting at an enormous premium no Insurance Society would take the life of a man who had just been cured of a second popliteal aneurism, especially if it were known that he intended to go on with his previous occupation. In this instance, as the man is after so long an interval still in good health and without any indication of thoracic or other disease, we can only suppose that the degeneration of the arterial coats was not so general as might have been expected. In all probability the nature of his laborious occupation was very influential in causing the aneurisms to appear when and where they did.

We may note that on neither side can the tibial arteries anterior or posterior be found. There is no thickening or induration of parts in either popliteal space.

FATAL CONSEQUENCES FOLLOWING A SIMPLE FRACTURE OF THE FOREARM.

An illustration of the severity of the consequences which occasionally result from an apparently slight injury occurred the other day in a case under Mr. Bryant's care in Guy's Hospital. On Thursday week an Irish lad, aged 17, of pale and flabby appearance, but not otherwise unhealthy, was admitted with a simple fracture of the left forearm. It was at first intended to have put it up and let him return home, as there did not seem to be any cause for especial anxiety; but there chancing to be several beds at liberty, it was ultimately determined to take him in. There was considerable œdema, but no ecchymosis. The accident had been caused by a blow from the rapidly revolving "jigger" of a crane. According to custom in such cases, the limb was laid on sand-bags, and cold lotions applied, *no splints being used*. Nothing unusual occurred during the first few days. On Monday morning, however, it was observed that the œdema, which had hitherto slowly advanced, had enormously increased during the night, and had extended from the upper arm to the side. He had also been very restless. On Monday he was much worse, the whole arm being tense, brawny and cold. On Tuesday gangrene of the whole extremity was just on the

Digitized by Google

point of commencing, but its progress was arrested by the death of the lad, which took place before noon. The whole duration of the serious symptoms had been but forty-eight hours. Unfortunately, no autopsy could be obtained, and the cause of this so rapid mischief, therefore, remains a mystery. There had been no signs of any internal lesion, nor had any rigors occurred to indicate the existence of phlebitis. On the morning of his death, whilst quite rational, the lad had stated that on waking in the night he had found his opposite arm also quite numb, and on trial it proved to be quite destitute of sensation.

Had such a case as this happened to a country Surgeon in private practice, and had splints been employed, it is not at all improbable that very disagreeable accusations might have been made as to the cause of its untoward result.

INSTANCE OF TRUE VENTRAL HERNIA FROM INJURY.

A man, aged 50, is at present under Mr. Bryant's care in Guy's Hospital, on account of a large hernial protrusion from direct rupture of the abdominal muscles. The injury was caused by a fall from a mast-head, the belly being struck in the fall upon a pump-handle. The man was admitted almost immediately afterwards, and on the right side midway between the iliac crest and the median line was found a tumour evidently consisting of extruded bowel, about the size of a large adult fist. It could not be reduced by any pressure which it was deemed warrantable to make; and as there were no symptoms of strangulation it was deemed best to wait. During the next day or two he had hiccough, but beyond this there was nothing to excite uneasiness. Ice was applied to the tumour, and opium administered by the mouth. He has now been nearly a fortnight in the hospital, and is quite free from symptoms. The tumour may be diminished by pressure, but refills as soon as the hand is removed. It is not intended to attempt anything further for its radical cure, as the aperture is evidently very large. A protecting cupped truss will probably be contrived for the man before he is discharged.

Hernia of the kind exemplified in the above case are exceedingly rare. We never recollect to have seen an exact parallel to it. Three or four somewhat similar will be found recorded in our reports during the last few years in which ventral hernia had followed abscesses, stabs, etc. but none in which it was from direct muscular laceration.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

DETACHMENT OF THE ENTIRE RETINA, AFTER PUNCTURED WOUND OF THE EYE BY A PIECE OF METAL.

(Under the care of Mr. DIXON.)

A lad, aged 17, was admitted on July 17, as an out-patient at the Ophthalmic Hospital, under Mr. Dixon's care, on account of the consequences of an injury to his right eye. He stated that sixteen weeks ago he had been struck in the eye by a chipping of brass, which entered in the front, and remained sticking there until a fellow-workman drew it out. Inflammation, attended by much pain in the globe, followed. There was still great irritability and some aching, the sclerotic presented that peculiar diffused pink colouring commonly seen after long congestion. The globe was now somewhat softened; there was a scar in the cornea, a small anterior chamber, a traumatic cataract, and adhesions of the pupillary margin. The lad continued under observation for about a month, when, as the pain continued, as the sight was totally lost, and as sympathetic irritability of the other eye was beginning to show itself, extirpation was decided upon. The existence of cataract made ophthalmoscopic inspection impracticable; but from the soft baggy condition of the globe, its diminished size, and the history of the injury, and subsequent continued pain, etc. a tolerably confident diagnosis of detached retina had been arrived at. On August 10, the operation was performed by the modern method. No portion of metal was found in the globe; the man's account of the extraction of the whole of the fragment having, no doubt, been quite correct. The condition of the membrane was, however, very interesting. The retina was detached from the choroid in all parts, and formed in its folded up state a band of opaque white tissue, extending from the back of the lens (ciliary processes) to the optic entrance. If the reader will imagine an open umbrella to represent the normal expanded condition of the retina, its apex being fixed at the optic entrance, and will then suppose it to have been closed, he will have a tolerably exact idea of the morbid change in position which this membrane had undergone. The whole of the vitreous humour had been absorbed, its areolar framework being enclosed in the collapsed retina. Between the retina and the choroid was a large quantity of yellow serous fluid, which by the inexperienced dissector might have been mistaken for liquified vitreous. The lens was quite opaque, and its exterior calcified. It easily slipped out of its capsule. If we attempt to unravel the chain of pathological results which had taken place in this case, we must in the first place suppose that the injury caused inflammation of almost the whole contents of the globe. The vitreous body had doubtless itself been inflamed and disorganised prior to its absorption. The effusion of choroidal serum had, no doubt, been secondary on the absorption of the vitreous; had it been primary it would have increased the intra-ocular pressure, and the size and hardness of the globe, which, on the contrary, were less than natural.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

FRACTURE OF THE SKULL—TREPHINING—RECOVERY.

(Under the care of Dr. LUNN.)

John Simpson, aged 31, was admitted May 14, having fallen, while drunk, from a loaded waggon he was driving the previous evening, and the wheel of which passed over his right shoulder.

There was a comminuted fracture of the right scapula, and a compound fracture of the skull, with depression, the wound, about an inch long, being over the left parietal eminence. There were also contusions in other parts of the body.

There was a tendency to coma, and blood had apparently escaped from the right ear; right pupil dilated, but sensible to light, left contracted and irregular; but this eye had suffered a previous injury.

The fracture seemed to be horizontal and very near the squamous suture. Not having passed water the catheter was introduced, and one and a-half pints of urine withdrawn.

Water dressing was applied to the scalp wound, and he was treated with calomel and saline.

He progressed favourably up to the 16th, when he was rather deaf and inclined to be drowsy.

17.—The stupor having increased, it was thought advisable to examine the skull more closely, and at 2 a.m. the wound in the scalp was extended, when a horizontal fracture was seen with the bone below it depressed; there was also a fissure extending upwards from it in a direct line towards the vertex. Two triangular portions of bone were removed with *Hey's saw*, and the depressed portion raised. The wound was then closed, and water dressing applied.

The patient went on favourably; but there was slight paralysis of the right side of the face and upper eyelid. Motion and sensation nowhere else affected. A grain of tartar emetic was added to the saline mixture.

29.—A gradual improvement has taken place. A little deafness continues; but the paralysis of the face is less; wound of scalp healing nicely. An abscess afterwards formed at the upper part of the neck, below the wound of the scalp, and several ounces of healthy pus were evacuated. He continued to improve, though slowly, and when he left the Infirmary on July 26, the wound had been some time healed, and he was much stronger; but slight deafness and paralysis of right side of face remained, though they were both much less than they had been.

Digitized by Google

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 261.—Lamentations of French Apothecaries 300 Years ago.

"Of all states in the world," says Pierre Braillier, "that of the apothecary is the worst; he is the worst paid, made the most servile, and the least esteemed of men. He does not wonder that apothecaries combine other occupations with their calling, for their own is so much trampled down by Surgeons and Physicians, that patients expect to be attended by them for honour's sake: saying (when they are healed), 'What did you send me? herbs:' and that is how the poor apothecaries come to be paid.

"As for the Physician, he is paid on the spot; or if he be not paid he will not return to a place, though he spends nothing but his trouble there; and the apothecary spends much more trouble than the doctor, for he must apply all blisters, clysters, and the like, supply the use of his drugs, his time, and servants, and sometimes gets nothing at all, losing his time, his trouble, and his drugs.

"It is well of Lisset to say that apothecaries sell the virtues of drugs and plants which God has supplied to us gratis, without cultivating them, which they ought not to do, and tell us that it is a great sin against God. I would beg him to take the trouble, he and his friends, to go and look for herbs, flowers, roots and seeds, gums, fruits, etc. and conserve and store them with great care and diligence, pay house-rents, wages, and keep servants, buy the drugs that come from distant lands for large sums of ready money, and then supply them gratis. How could they sell their drugs for nothing, when they will not even furnish a simple visit without being paid, and sell their presence and their words? Yet their visit and prescription sometimes do more harm than good. . . . . I leave you to judge when they have the conscience to take a dollar for feeling a pulse and ordering a simple julep, while the apothecary shall find trouble to get paid two sols, which is the greater thief,—apothecary or physician."

No. 262.—Quinine in Acute Rheumatism.

Can any of your readers, who have lately seen practice in the Parisian Hospitals, give us any information about the use of quinine in acute rheumatism? A case is related by Dr. Martin, of Hôpital St. Antoine, in the *Union Médicale* of the 13th ult., in which this medicine was given. The patient on the sixth day, after taking about two grammes each day, became violently delirious; the quinine was then omitted, his head was leeched, and he became better, the delirium disappearing. The man eventually recovered. Dr. Martin in his remarks says: "One is often asked if the quinine was not the cause of the cerebral symptoms observed." Certainly we, here, should naturally ask the same question. Is it the custom in France to give quinine in acute rheumatism, and if so, for what object is it given? Yours, &c.

W. O. M.

No. 263.—Common Sense *versus* Medical Science of the year 1500.

"Do you not think, that it is a great blunder on the part of Doctors to keep an unhappy patient shut up in his room, the windows close, the bed close, and forbid any one to give him air? When already the poor patient cannot get his breath by reason of his malady, except with a great deal of trouble, you cause him to be furthermore shut up and smothered. See how you blunder: first you rob him of his breath, and render him more melancholy than he would be made by his disease, through the foul odours which cannot escape, which pierce his brain, and aggravate his illness; and if you grant to me, that air aids the expulsive virtue, and that no animals having lungs can live without air, still less can he do so when he is sick,—I should like to ask whether if you were shut up alone for six days in a chamber without air, you sound and not sick (as you shut up your patients), whether you would find it a good thing, and whether you could live as you now do?"—*Palissy.*

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, SEPTEMBER 18.

PROVIDENT DISPENSARIES.

Mr. Becke, coroner for the town of Northampton, and honorary secretary of the Victoria Provident Dispensary there, has just circulated a pamphlet gratuitously, entitled "Provident Dispensaries. Facts relating to the Royal Victoria Dispensary at Northampton, etc." We wish all coroners were men of such good sense; and all secretaries of Dispensaries as assiduous in the discharge of their duties. The Dispensary which has received the benefits of Mr. Becke's supervision has long borne the character of a remarkably successful Provident Institution; and the consequence has been, that persons interested in such institutions very frequently make application to the secretary for information on different points relative to its working. In answer to the numerous inquiries thus addressed to him, Mr. Becke has printed this "Sketch."

It contains, in our opinion, some very valuable information; and we strongly recommend its perusal to those gentlemen who are at present engaged in the attempt of furthering the spread of Provident Dispensaries. It appears to solve, by the practical information it imparts, some of the questions which are still much debated theoretically, relating to the principles on which such institutions should be founded; but which in fact can have no other than a practical solution. Twelve years' successful working of this Dispensary, under Mr. Becke's continued inspection, has enabled him to arrive at some pretty sure conclusions, as to the right way of managing these Dispensaries.

A short summary of the life of the Victoria Dispensary, therefore, will, we think, be found to convey some very useful knowledge to all interested in this particular of social improvement.

The building of this Dispensary was paid for by public subscription; it cost £1000 or thereabouts. After much debate, the governors decided it should take the form of a Provident Dispensary. At first it was strongly urged, that every Medical man in the town should be invited to join it; but to this Mr. Becke firmly objected, and as a compromise therefore, six Medical men were elected as officers. And Mr. Becke thinks he was right in his objection, for ere the year was out, difficulties arose among the doctors, so that one resigned the first year, and two more in the following year. From that time to the present—some ten years—three Medical men have carried on the business "with comfort to themselves and satisfaction to the committee."

We have seen that the Dispensary has no rent to pay; and we next find, that all expenses attending on the management of the Institution and a portion of the 10*s.* midwifery-fee are paid out of the subscriptions of Honorary Members. The money paid by the Free Members is distributed; first, in the payment of drugs and Medical appliances, and then

Digitized by Google

the balance is divided among the Medical men, in proportion to the number of cases attended by them. Last year nearly £600 was thus divided; and some silly niggards consequently cried out that the payment was too great; but the absurdity of this Mr. Becke shows, by giving the amount of actual labour done—the number of cases actually attended.

All artisans and labourers, working as journeymen, are admitted as Free Members; but no foreman or shopman is admissible; a widow or single woman, however, keeping a shop is not disqualified thereby for becoming a Member. Mr. Becke admits that the rule has its weakness; but practically, he says, it works well; and, as he says, "Laws must be framed for the masses, it is impossible to propound any scheme so perfect that it will, under no possible circumstances, press hardly on individuals." Out of upwards of 6000 members on the books, complaints are not made of more than five or six in the year, and, during twelve years, Mr. Becke has had, officially, cognisance of only thirty cases in which the parties were proved to be disentitled to the benefits of the Institution.

The business of the Institution is conducted by a Committee of eighteen, who meet as punctually as may be every Friday. Before them is laid a book, containing the name, and address, and occupation, of those applying for admission, and the name of the Medical man by whom they wish to be attended. This book lies open all the week, and the Medical men are invited to inspect it, so that observations by them and the rest of the Committee may be made opposite any of the names, or private information concerning them may be sent to the secretary. The position, etc. of the applicants are thus carefully investigated by the Committee, and any doubtful case is personally inquired into by a visit of some member of the Committee, each Committeeman having a district assigned him for inspection.

Each Member on admission pays one month's subscription in advance. The Committee, moreover, are very reluctant to readmit any person a second time, unless it can be clearly shown that the default arose from inadvertence, or uncontrollable circumstances. This important point, Mr. Becke admits, is a perplexing one; the privilege of readmission may be so grossly abused by those who cease their payments when not ill, that it has been purposed to abolish it altogether; but the best plan is, as experience shows Mr. Becke, not to lay down any fixed rule or fine, but to leave each case to the Committee's consideration. In all Institutions this point ought to be carefully looked into; "and women," he says, "who discontinue their payments after being attended during their confinements, ought under no excuse to be readmitted." Each free Member selects one of the three Medical men as his attendant; and the Medical men are paid after the rate of the number of patients attended by them individually. This plan Mr. Becke strongly recommends.

Anxious investigations have been made as to the proper rate of payment by Free Members; and the conclusion is, that for Northampton 4d. a month for a single person, and 8d. a month for a family, are the proper and best sums suited to the locality. Mr. Becke sees many practical difficulties in the way of proportioning the rate of payment to the rate of wages received. "You must have an uniform rate, and confine the operation of these Institutions to the working-classes."

Such is the manner of the working of a successful Provident Dispensary. We recommend a careful consideration of the facts to those who are desirous of seeing these Institutions more widely distributed through the country. They are, as we see them, pregnant with valuable hints. In the first place, we may conclude, that Provident Societies among this class, at the Northampton rate of payment, cannot flourish without extraneous aid, if the Doctors are to be remunerated. Here, the building is a freehold, and annual subscriptions maintain it and the Dispenser. Then, a vigorous Committee is constantly on the watch to correct abuses and administer the business; a Committee, who are "men of business, and acquainted with the working-classes in the town." However reasonable, theoretically, may be the doctrines of different rates of payment, and of an unlimited number of Medical attendants, they are proved to be in practice failures as applied to these Institutions. But we need not pursue further these questions, for we have already referred to them as decided against or for, by the twelve years' practical working of this Victoria Dispensary. No theoretical deductions can be of any value which go counter to the deductions thus drawn from a large experience. We have no doubt that Mr. Becke will willingly forward a copy of his valuable report to any Medical gentleman who may wish to have his mind satisfied in respect of any of the matters relating to these Provident Dispensaries.

PROFESSIONAL REMUNERATION.

PROFESSIONAL remuneration is a subject in which most of our readers are more or less interested. We need not, therefore, apologise for calling their attention to a case which has lately occupied the gentlemen of the long robe—we mean the case of Packman against Vivian, which was heard before the Master of the Rolls last year, and which has just been reported in the twenty-fourth volume of Beavan's Chancery Reports, page 290. The plaintiff—Packman—was a Doctor of Medicine, and was duly qualified to practise as a Surgeon and Apothecary. He entered the service of the East India Company in 1836, and returned to England on sick furlough in 1853, where he has ever since resided. In 1853 he became acquainted with Mrs. Vivian, a married woman, living separate from her husband, and was afterwards on terms of intimacy and friendship with her. He attended her professionally, but he received no fees, except on one occasion, when he prescribed for her servant.

On the 24th of May, 1854, Mrs. Vivian made her will, and gave the plaintiff a legacy of £300, and after the death of her husband she gave to him, and afterwards to his children, £6,000. On the day before her death, May 4, 1855, she addressed a letter to her executors, whereby she requested them to remunerate the plaintiff in a handsome manner for his attendance on her. The plaintiff claimed £800 from the testatrix's representatives for his professional attendance on her, and in support of this claim he alleged in his affidavit that Mrs. Vivian, on the 29th of September, 1854, sent for him in Hertfordshire to attend her at the Isle of Wight; that he immediately proceeded thither, and thenceforth, at her request, he continued to act as her Medical attendant until the 14th of October, 1854, when Mrs. Vivian having partially recovered, he left her, and returned to Hertfordshire; that her complaint was a dangerous disease of the organs of respiration; that in March, 1855, Mrs. Vivian having been seized by a still more dangerous attack of the same disease, he, at her request, resumed his Medical attendance upon her, and that thenceforth until her death he continued to attend her, and to make up and administer medicines for and to her; and that she had repeatedly promised and undertook that he should be pecuniarily remunerated for his Medical attendance upon her. On cross-examination, he admitted that he had prescribed occasionally for different persons as a professional Physician, but only as an amateur and friend, and not charging fees. Upon these facts, it was argued by counsel that there was a debt due to him; but the Master of the Rolls, Sir John Romilly, said, "I think there is no debt in the case. The plaintiff never asked for payment, he never brought in any bill, and never made any claim on her. It is obvious that

Digitized by Google

Mrs. Vivian considered the plaintiff's attendance was of very great value; but the question really is, whether, if she were living, he could, contrary to her consent, and on refusal to pay, enforce payment of any debt against her. I am of opinion he could not. His services were tendered her as a friend, and accepted as a friend; he was attending her in that character, and on the understanding and agreement that he was acting merely as a friend, and not intending to make any charge; and I think it clear that, if she had lived, he would never have thought of enforcing any claim against her. I am at a loss to understand why he should make any exception in her case to the other cases in which his services were gratuitous. A great friendship was existing between them; so much so, that she has thought fit to leave to him £300, besides £6,000 to his children, being one-sixth of her disposable fortune. On the whole of the facts of the case, I am of opinion that this was not a claim which could be enforced at law; and though the testatrix wished him to be liberally remunerated, it was only as a matter of grace and favour. I am therefore of opinion that the claim against her personal representatives fails." The facts of this case are very exceptional, and not likely to be of frequent occurrence. It shows, however, that unless there be a contract, express or implied, to remunerate for Medical attendance, that no remuneration can be recovered, however valuable the services rendered may be proved to have been. A lawyer would, therefore, recommend any of our readers who may be in a position similar to that of Dr. Packman to require an express agreement to pay for their attendance, and so avoid the uncertainty which reliance on an implied contract always occasions.

THE WEEK.

During the last week Mr. Marshall, of University College Hospital, following out the principles now so widely discussed of tooth extraction under the influence of electricity, has made some interesting observations with the view of testing the powers of the electric current to modify the sensibility of parts operated on *by the knife*. The operations, nine in number, performed under its influence, include the incising of abscesses and carbuncles, the removal of necrosed bone, and also of a fatty tumour of considerable size. The general effect has been to modify the pain of ordinary incisions, rendering the suffering less acute. In one case, this effect was very striking. On some occasions, however, the pain was aggravated, apparently owing to the strength of the current employed. Perfect insensibility was never produced, and the results claim notice as those of early trials only. Mr. Marshall's first operation was performed on the 9th inst. The coil apparatus was used, one pole being connected with the knife employed, and the other placed either on the patient's neck or in his hand—the current being, of course, intermitting. Mr. Marshall has promised to furnish us with a more detailed account of these cases.

In our last week's number we alluded to the controversy which has for some time existed on the subject of the dissemination of arsenic in the air of rooms, the walls of which are hung with paper coloured with arsenical pigment. In reply to a leading article in the *Daily News*, Dr. Halley has corrected certain misapprehensions in regard to his original statement, and reasserts the conclusion he then drew—a conclusion which, as we last week noticed, even Mr. Phillips' adverse report seems to favour. We do not perceive the force of the objections raised to Dr. Halley's statement in the reply of a writer who appears to be learned in crystallography. In the experiments detailed by Dr. Halley, although he was unable to arrive by chemical tests to a positive determination of the resulting crystals, from their very minute quantity, the probability is certainly in favour of the "decided octohedra" being those of arsenious acid, and not either sal-ammoniac or diamonds! and Dr. Halley was, therefore, clearly justified in concluding that arsenic, in some shape or condition, is diffused by these papers to a deleterious extent, which appears to be all that he has contended for.

Whoever has visited Liverpool of late days cannot have failed to notice a number of elegant little fountains, distributed about in different parts of the town. Each of these pours forth continually a clear tiny stream of water, and has an iron cup attached, for the benefit and use of the biped passers by. The want of such things is proved by the numbers of individuals who are constantly seen enjoying a healthy draught at them. We understand that all these fountains were erected at the expense of a single beneficent individual. Since then fountains of a similar kind have been established in different country towns; and it is asserted, with excellent beneficial effects as regards the "drinking habits" of the people amidst whom they are placed. The followers of Mr. Forbes Mackenzie and the Maine Liquor Law, would do well before they attempt to "deprive a poor man of his beer," to see, at least, that he is properly supplied with water for his thirst. It would be well, indeed, that all large towns should take example from Liverpool. The manner in which we see people crowding round a pump in London in hot weather is indication enough, that water is not supplied to them freely and abundantly. Where no pump is, there the people must, perforce, quench their thirst at the nearest gin or beer shop, at which establishments no water is retailed, we may be very well sure. Pumps in London are few in number, and their number is daily decreasing; and we are assured by the Health Officers, that what comes out of them is little better than diluted poison. We sincerely trust that the authorities of different parishes will at once supply the great defect. The original cost required for the purpose will be but trifling, and the benefits derived from these drinking fountains incomparably out of proportion to the expense. We scarcely know a greater blessing that could be supplied to this metropolis at so small a cost.

The supply of wives runs short in Victoria. The last returns of the Registrar-General of the colony show, that out of a population of 470,000, there are only about 168,000 women to 302,000. And the matter is getting worse in this respect; for adult males are still running to the loadstones at the gold fields. 134,000 males are thus left hopeless bachelors; and yet there is no set of men in the world more able or willing to take and maintain a wife, and bear the consequence of marriage. With such facts before us, it is sad to think of the numbers of young women who are daily driven by want and misery into the depths of vice and degradation!

Sanatoria for the invalid British soldier in India are spoken of in the daily press; and it is to be hoped that authority may be stirred up to do its duty in establishing such places of resort for the sick. The accounts which have been from time to time given us of the condition of the Hospitals and Barracks in India are highly unsatisfactory. Their bad ventilation and confined accommodation have been shown to increase greatly the mortality of our troops in that country. If not out of feelings of gratitude to the men who have been shedding their blood for us, at all events out of motives of economy, we are bound to preserve and foster in every feasible way the health of so valuable an article as a British soldier in India. To place this article in the middle of India

Digitized by Google

costs the country something like £120. A political economist, without any heart, can calculate what the loss of 200 men comes to at that price; and will, it may be supposed, think it stupid work to let such valuable materials perish for want of a little foresight and outlay. And yet it has been shown over and over again, that men have perished by scores in a regiment, simply through want of using plain and simple sanitary precautions. How can it be expected that there will ever be any purpose and distinctness in our sanitary measures, so long as our army Physicians and Surgeons are carefully excluded from all power and authority in regulating the health of our armies? The spirit of the Great Duke (who never missed an occasion of snubbing an army Doctor), still pervades the bosom of the Red Tapeism of the Horse Guards. The army Doctor is still kept, as far as common decency will permit, out of all authority and all military honours. And we may ask, Why, amid all the departments of the New Council for India, the Revenue, the Judicial, the Political, the Military, the Marine, the Public Works, the Railway and Telegraph, is there no Health Department? Mr. Martin has shown how necessary such a department is, and how valuable it might become.—Why is he not a member of the New Council?

We would call the attention of the junior members of our Profession to the fact we announced last week, that the *minimum* age of candidates for the appointments to the Assistant-Surgeoncy in the East India Company's service is *Twenty-one*.

REVIEWS.

The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M.D., F.R.S. Parts XLIX. and L. in one. London: 1858.

We congratulate our readers on the appearance of these the last parts of Dr. Todd's Cyclopædia of Anatomy and Physiology. We say the last parts, because although this number is strictly speaking the penultimate one, yet it is virtually the completion of the scientific portion of the work, the concluding part which has yet to appear being announced to contain only the indices, title, and introduction.

The great disadvantage of scientific serial publications like the one before us, extended over so long a period, is, that before the last part appears many of the previous essays which profess to be exponents of the latest information on the subject treated of, need to be re-written or altered to keep pace with the progress of science, and thus a new edition or editions are actually needed before the work itself is ended.

The obstetrician of these days has the advantage over his professional brethren in other departments of practice, in having one of the most important articles in the Cyclopædia, more particularly in his province, reserved for the last parts of the work. These parts contain a single page terminating the article, "Ruminantia," by Dr. Spencer Cobbold; the remainder of the number (180 pages) consists of the article "Uterus and its Appendages," by Dr. Arthur Farre.

The first pages of the essay by Dr. Farre are occupied with the descriptive anatomy and physiology of the ovary, as the true generative gland in the female, and as that portion of the reproductive apparatus to which all the rest are physiologically subservient. The careful student will find here a difficult subject lucidly handled, while every detail is portrayed with the utmost minuteness. The account of the formation and characters of the corpus luteum seems particularly well written. Dr. Farre illustrates the view previously enunciated by Dr. Carpenter and Dr. Harvey of Aberdeen, that the differences observed in what are called true and false corpora lutea, arise entirely from a greater development or decline of the same structures, according as the stimulus of impregnation has been applied or not. Thus when an ovum has been successfully impregnated, the whole generative system takes on a new and increased vitality, and the ruptured and now empty Graafian vesicle which has emitted its germ, partaking in the increased impetus imparted to the entire genital apparatus,—instead of collapsing and rapidly disappearing, as in the case of the false body when no impregnation has taken place,—continues to be developed for a definite period, and thus the characteristic appearances of a true corpus luteum are produced. It is a matter of no little practical importance to simplify a subject beset with so many difficulties, and we are willing to accept this theory to account for the differences observed in the two kinds of bodies alluded to, as in the highest degree probable, but we are bound to confess that it does not materially assist us in determining the more doubtful cases occasionally met with; and however willing we might be to subscribe to Dr. Farre's opinion that "there can be no question as to the prior occurrence of a fecundating coitus" when a fortnight has elapsed after the escape of an ovum from its follicle, we yet find great difficulty occasionally in assigning their true value to some bodies found in the ovary with weakened characteristics; and we bear in mind those legal inquiries, in which the most opposite opinions have been held by men who should have been the best and most competent authorities on this subject.

The abnormal anatomy of the ovary follows its physiology, and a short chapter on its embryonic development. A brief summary is given of the researches of Rosenmüller, J. Müller, and Kobelt, on that curious and interesting body called the Parovarium, the study of which has rendered so apparent the nature of the cysts so frequently found attached to the broad ligament.

The fallopian tube, uterus, vagina, and external organs of generation are described at length, under similar heads; and, lastly, we have an account of the anatomy, physiology, and development of the placenta.

In the division which treats of the physiology of the fallopian tube, we find an apt illustration of the constant onward progression of scientific observation and research. We are here informed—and we have no doubt from the care and accuracy displayed throughout the entire article, that our author had possessed himself of the very latest information on the subject—that the mechanism by which the fimbriated extremity is drawn towards the ovary at the time of ovulation, "cannot be very satisfactorily explained;" and yet almost before the publication of the words quoted, a monograph is placed before the scientific world by M. Rouget, showing that the ovary and tube are approximated by a most beautiful mechanism, consisting in part of a peculiar arrangement of muscular fibres in the broad ligament, and partly of erectile tissue connected with the ovary itself.

There is evidence of much original observation scattered throughout the pages of the essay. The most prominent feature of the work, perhaps, as differing from previous English publications on the same subject, is the careful details of minute structure, as revealed by the microscope. This part of the subject has been much neglected in our own country, and has formed a most promising field for the original observer. Strange as the assertion may appear, we believe there is not a single delineation of the microscopic tissue of the muscular coat of the unimpregnated uterus, to be found in any of our ordinary systems or text-books on midwifery.

The work is profusely illustrated with excellent wood engravings, many of them published for the first time, and from drawings in the possession of the author. The works of Bischoff, Martin Barry, Van der Kolk, and Coste have been laid under contribution in the physiological part of the work, and illustrations in morbid anatomy are copied from Cruveilhier, Hooper, and Boivin and Duges. A table of contents is supplied at the end, but we miss the "Bibliography," usually appended to these articles. It is true that copious references are given in foot-notes throughout the work, but a collection of authors who have contributed to this particular branch of science, even if all were not quoted in the work itself, would have formed a valuable reference page to future students, and should not have been omitted.

The entire article, however, bears evidence of most careful and accurate research, and of a thorough comprehension of the subject under consideration, while the personal observations recorded by the author, give it all the value of an original memoir.

Digitized by Google

A Dictionary of Practical Medicine, comprising General Pathology, the Nature and Treatment of Diseases, etc. etc. By James Copland, M.D., F.R.S., etc. etc. Parts XIX. and XX. London: 1858.

The other day we met a professional brother enjoying an afternoon holiday at the Crystal Palace, who, with unusual earnestness, assured us that now Copland's Dictionary was finished he would read it from beginning to end, and make himself "*a first-rate man!*" In the words of Shirley we replied to him, "Read, and fear not thine own understanding, this work will create a clear one in thee; and when thou hast considered thy purchase, thou wilt call the price of it a charity to thyself."

We heartily congratulate the learned and indefatigable author of "The Dictionary of Practical Medicine" on the achievement of his herculean undertaking, commenced in the enthusiasm of manhood thirty years ago. His writings throughout this long period have never failed to arrest the attention, and to sustain it with unflagging interest throughout the comprehensive accounts which from time to time he has published regarding the nature of diseases and their treatment. The execution of every part of his work bears ample evidence that he has not only read, but studied, with unwearied mental labour, the best Medical authors, not only of his own time, but those of past ages. His ideas, his doctrines, his descriptions, and his instructions are conveyed in language at once terse, clear, forcible, and condensed; and his whole work is in itself a library of pathological doctrine and therapeutical lore, of which English literature has every reason to be proud. With incessant labour, alone and unassisted, but encouraged to persevere by many friends, to whom in gratitude and affection he dedicates his volumes, and no doubt cheered also, at intervals, by the encomiums of the Medical press as part after part of his work made its tardy appearance, Dr. Copland has, at length, accomplished an undoubtedly great work, which must remain an imperishable monument of his talents, of his learning, and of his persevering industry.

As a completed treatise, it is of the most comprehensive kind, executed with a unity of principle, which, even through some inconsistencies, tends to establish conviction and to command belief. Although published as a dictionary (which, indeed, is the most unpretending form in which the subject-matter of any science can be expressed), the "Dictionary of Practical Medicine" has some of the merits of a systematic treatise, inasmuch as a classified table of contents has been issued in the last part now published. Dr. Copland's arrangement of diseases, lesions, and modes of cure, is founded upon our knowledge, or presumed knowledge, of the conditions of *vital force*, and has constant reference to those conditions,—"to that power which actuates the whole human organisation, and to which a continued regard must necessarily be had, and a constant reliance placed, in our efforts to alleviate or remove disease."

We have thus, in this method of classification which Dr. Copland has adopted, a combination, as it were, of those principles which guided the *Symptomatic* and *Pathological* distinctions of Sauvages and Cullen, the *Physiological* classification of Mason Good, with the *Structural* and *Functional* classification of diseases as expounded in the writings of the late Dr. Robert Williams of St. Thomas' Hospital.

As a necessary consequence of the mode of publication of the work, the earlier parts are comparatively old before the more recent parts had been given to the world; but even when we consider how Medicine as a science has rapidly progressed during the last thirty years, the work as a whole, and as now completed, is still one which will undoubtedly benefit human suffering; and one which cannot be studied without its tending to advance rational, learned, and scientific Medical practice. By this work Dr. Copland may hopefully and confidently leave his name and his memory "to men's charitable speeches, and to foreign nations, and to his next age."

The Bengazi Epidemic.—It is stated that, at the request of the Algerine authorities, the French Academy of Medicine is to be consulted with respect to the epidemic of Bengazi, which begins to excite the anxious attention of various Oriental Governments, and which has induced the adoption of sanitary measures in Algeria.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ARTIFICIAL LACTATION.

By Dr. CUMMING.

Dr. Cumming prefaces his observations upon this subject by an interesting disquisition on normal nutrition and lactation, for which we have not space. He states his conviction that four-fifths of the sufferings of infancy arise from insufficiency of proper aliment, few mothers (in the United States) being able to give 3 or 4 lbs. of good milk daily, representing from 110 to 140 lbs. of dry solids in the first year. "The truth is, that a woman, in fully nourishing her child, must furnish as much milk in proportion to her weight as a good cow. A woman weighing 130 lbs. will give daily 4 lbs. of milk, containing about 5 oz. of dry solids. The cow weighing 780 lbs. will give 20 lbs. of milk, containing 30 oz. It should not then surprise us that so many mothers fail to supply food enough for their infants. It requires great physical energy and powerful digestion to perform this work. How few mothers are thus endowed! If we may judge by the amount of food consumed by a vigorous woman during the period of lactation, we should decide that the ordinary labour of a working man is less exhausting than the function we are considering. Certain it is that a vigorous woman of strong digestion, while nursing a child, will eat largely and yet lose weight."

Natural lactation, then, so often failing, the only milk that can be readily and certainly obtained in substitution or in aid is that of the cow. It cannot, however, be supposed that milk adapted for the stomach of a calf will suit that of a new-born infant. Common observation agrees with chemical analysis in declaring that there is more casein in it than the infant can tolerate; and water is always added. But how much water must be used, and whether such addition will do harm, are questions only to be answered by careful study of the milk and of its effects upon the child. "Cow's milk contains nearly three times as much casein as human milk, but less than twice as much butter. In cow's milk the butter is to the casein as 100 to 105, in human as 100 to 70. If then, by dilution, we reduce the butter to 20·76, we shall have 21·92 of casein, or 50 per cent. more than in human milk. With such an excess of casein, we cannot hope to succeed. The stomach of the child cannot digest it, and it will thus pass the intestinal canal, irritating as it goes. Debilitating diarrhœa and, perhaps, vomiting will occur. This is the usual experience of those who use cow's milk for infants, and often leads to the substitution of farinaceous food. If by a further dilution, we reduce the casein to 14·34, we have only 13·58 of butter, or less than two-thirds of the proper proportion. Such milk may for a season seem to suit the child, but before long it will be found that he does not thrive. The reason is plain. The right proportion of butter is 20·76; this warms the child, and supplies nervous energy. But by withholding one-third, you lower the temperature of the body and deprive the nervous system of one-third of the special nerve-food, the indispensable leichthin. What wonder, then, that in a short time pallor and languor supervene, and the health evidently declines. Continue this food, and there is one result—starvation. Restore the full supply of butter, and, if matters have not gone too far for recovery, warmth and energy will gradually return, the downward progress will be stayed, and vigour replace debility. It is thus evident that by no mode of dilution can ordinary cow's milk be made a substitute for human. There will in every case be an excess of casein and a deficiency of butter. So long as the butter is to the casein as 100 to 105, instead of 100 to 70, so long must dilution fail to adapt it to the wants of the child. But if this original proportion could be changed to that existing in human milk, we might have hope of success; and we proceed to show how this may be done.

If we leave at rest for four or five hours ordinary cow's milk, and then remove and examine the upper third, we find in it 50 per cent. more butter than it first contained. In round numbers, its butter is no longer to its casein as 100 to 105, but as 150 to 105, or as 100 to 70. If then by dilution of this

Digitized by Google

milk, we reduce the butter to 20·76, we have 14·34 of casein, as in human milk. Another, and, in some respects, a better mode of obtaining the same result is by using the latter half of the milk furnished by the cow. The first half contains 22·18 of butter to 41·63 of casein, while the second has 54 of butter to 38 of casein. Here again the right proportion exists, and by proper dilution may be made most accurately to resemble human milk in its chemical constitution. Its actual composition is butter 54, casein 38, sugar 53 and water 855. By adding sugar 142 and water 1458, we produce a liquid scarcely differing from human milk. To imitate the richer colostrum we must take the upper *eighth* instead of the upper *third* of milk which has reposed for four or five hours; or we may do so by using the last *tenth* of the milk furnished by the cow. Dr. Cumming supplies the following schedule of dilutions according to age:—

	Milk.	Water.	Sugar.
3 to 10 days old . . .	1000	2643	243
10 to 30 „ . . .	„	2500	225
1 month „ . . .	„	2250	204
2 months „ . . .	„	1850	172
3 „ „ . . .	„	1500	144
4 „ „ . . .	„	1250	124
5 „ „ . . .	„	1000	104
6 „ „ . . .	„	875	94
7 „ „ . . .	„	750	84
9 „ „ . . .	„	675	78
11 „ „ . . .	„	625	73
14 „ „ . . .	„	550	67
18 „ „ . . .	„	500	63

"It will be seen from this schedule that, by the gradual diminution of water, an attempt is made (in imitation of the natural process) to adapt the food to the growing energy of the child. It will, of course, be understood that age is used to indicate development. Some children are two or three months behind their age, and must be fed accordingly. In general it is better to begin with milk more diluted than the age and development would seem to indicate, and then gradually increase its strength. It is better that it should be insufficient than that it should be indigestible." It should be administered by suction, an 8 oz. phial, with a quill rolled in a long strip of muslin for a stopper, being the best arrangement for cleanliness and convenience. A child ten days old will take about 32 oz. daily in 8 four oz. doses. The doses must increase in size and diminish in number, so that at three months, seven eight ounce doses may be usually taken; regular intervals of feeding being exactly observed, and the child soon trained so as to pass six or eight hours in the night without feeding. The milk should not be given too rapidly, from ten to fifteen minutes being occupied with each dose. Its temperature should be from 100° to 104°. "This food thus administered may be well styled *artificial human milk*. In chemical composition it most closely resembles the natural secretion in vigorous, healthy women, and it offers to the child all he needs for growth, development, warmth, and activity. A careful observation of its effects for several years has led to the conviction that it leaves nothing to be desired, and that on this food an infant may be reared with admirable results."

Dr. Cumming protests against the use of the usual substitutes when the mother's milk is defective in nutritious power, as the various forms of farinaceous foods, or the different preparations of flesh in the form of broths. "The consequences are most injurious. Pallor, languor, debility, indigestion, vomiting, diarrhœa, painful and difficult dentition, convulsions, marasmus, cholera infantum, and dropsy of the head, are some of the results of this imperfect and improper supply. The feeble infants are unable to resist atmospheric changes, while the starving and wasting body offers to zymotic disease an admirable nidus. Tubercular deposits frequently take place; and in all these ways the mortality is frightful. Pestilence ever follows close on the steps of famine, and these little starving children are swept off by thousands."—*American Journal of Med. Science*, vol. xxxvi. pp. 25—40.

ON ALOES ENEMATA IN UTERINE CATARRH.

By Professor ARAN.

Of the numerous discharges which take place from the genitals, some have their seat in the vulva and lower part of the vagina, others are furnished by the upper parts of the vagina and by the mucous membrane of the cervix uteri, and others again proceed from the interior of the uterus. This is not a mere anatomical distinction: for the discharges having different seats are far from resembling each other, either in regard to their causes or the resistance they offer to treatment. The vulvo-vaginal discharges are usually connected with a perpetic influence, but they sometimes depend, especially in the young, upon the presence of ascarides in the rectum or vagina, or upon the practice of bad habits. Kept up by the friction of the opposite surfaces of the vulva and vagina, they are rapidly relieved when the irritated surfaces are kept separated from each other, and dusted with some inert powder.

The discharges which proceed from the upper portion of the vagina and the os uteri are generally connected with congestion, irritation, or inflammation of the uterus or neighbouring parts. If we subdue such irritation, the discharge will subside of itself without any special treatment. The discharges furnished by the interior of the uterus are far from being of this simple character; and, by the admission of all practitioners, what has been termed *uterine catarrh* constitutes, in its chronic form, one of the most obstinate, nor to say incurable, affections that can affect the uterine system.

According to the particular point furnishing the secretion, the catarrh exhibits very different appearances. Sometimes it is a liquid as transparent as water, but slightly viscid; sometimes it is a highly viscid, gelatinous, albuminous, transparent or opaque mucus, streaked with white, grey or yellow; and sometimes, again, it approaches more or less in its characters to those of purulent secretions. These differences have been noted by all who have employed the speculum, but no one has pointed out the precise point at which these various secretions take place. M. Aran's numerous observations have shown him that the highly viscous, albuminous mucus always proceeds from the cavity of the cervix; and on the dead body we can trace into the crypts of the cervix numerous filaments, which united together form the large flakes, resembling white of egg, which are spread generally over the lower lip of the cervix, and thence into the vagina. The aqueous mucus, whether clear, sanguinolent, or even puriform, is furnished by the cavity of the body of the uterus. These two kinds of mucus present the characteristic peculiarity of being alkaline, while that furnished by the vagina and os uteri is always acid. Becoming mixed with the natural or increased secretion of the vagina, the complex discharges known as leucorrhœa are produced, consisting of more or less viscous secretions, according as they contain more or less of the mucus of the cervix, and more or less of a white or yellow colour, according to their combination with the epithelial secretion of the vagina, or with pus derived from this canal or from the cavities of the uterus. Leucorrhœa whenever it is abundant is never furnished exclusively by the uterus, the secretion, from whatever part of its cavity it proceeds, being always slight. The secretion may take place regularly at certain hours in some patients, who are apprised of its occurrence by colicky pains; but it is never in sufficient quantity to give rise to the true "whites." It thus must be admitted that abnormal secretion of any importance cannot take place in the uterus without being followed by increased vaginal secretion; whether this arises from simple consensus, or whether the mucus secreted by the uterus directly stimulates the vaginal mucous membrane into increased action.

Every one acquainted with this affection is aware of its obstinacy, especially when it has continued for some time. Doubtless, in many cases, the resistance to treatment is explained by the presence of some lesion of the uterine appendages. An oophoritis, a chronic inflammation of the tube, or a partial peritonitis may too frequently keep up the irritation which maintains the catarrh; but in other cases, in which there is no reason to suspect such complication, the discharge is no less obstinate, and relapses with such facility as to drive both patient and practitioner to despair. Chance has of late years led M. Aran to the discovery of the means of curing, if not all, at least a great number of these cases, although he is far from wishing to substitute it for all other measures heretofore proposed—too many resources in so obstinate a disease not being in fact possible. After trying in vain to cure an obstinate case of amenorrhœa with chloro-anæmia, he determined to put into force Schonlein's treatment, which consists in the repeated administration of small enemata, composed of

Digitized by Google

2½ dms. of aloes to an ounce of mucilage. The amenorrhœa did not yield to this, but an abundant leucorrhœa, to which the patient had been subject for several years, entirely disappeared. His attention having been struck by this fact, he tried the same remedy under various circumstances; and the practice he now approves of is to administer (every day, or every other, according to the effect produced) first an enema of mere tepid water and then one of the following composition —aloes, Castile soap āā gr. 75 ad gr. 150, boiling water ʒiij. In the same proportions of the vehicle he experimented with colocynth, gamboge, rhubarb, jalap, scammony, etc. etc.; but the definitive result was much in favour of the aloes, as being the only drug that could be continued for several days together without inducing severe pain in the rectum and anus. Even the aloes itself has at last to be discontinued, in consequence of the irritation and tenesmus it produces. In very sensitive persons an injection may be given every other night for a week or a fortnight: while in the less susceptible, the injection may be employed every night—bed-time being the time always chosen. If the remedy is likely to prove favourable, the discharge is at once found to be daily diminishing. In some it diminishes by a half within twenty-four hours, and in others all traces have disappeared after from 4 to 6 days; while in a few, although improvement takes place, the cure is not complete. The most striking cases are those in which the uterine catarrh, after being treated by the most varied means with very indifferent success, completely disappears after five or six days' employment of the enemata. When, however, any traces of inflammation, much congestion, or exaggerated uterine sensibility, has been present, the aloes enemata have not only entirely failed, but they have notably aggravated the case. Nevertheless, when the congestion or irritation of the uterus has been dependent upon some morbid processes in its vicinity, then the enemata exerts still a powerful influence over the catarrh. It is remarkable that both the aloes and some other substances, strongly purgative when taken by the mouth, exert comparatively but little effect of this kind when given as enemata. Administered at night, they are retained until morning, and sometimes for twenty-four or even forty-eight hours; and the stools they do induce are not attended with much pain or irritation.

Although these enemata afford a certain amount of relief in the other vaginal discharges, M. Aran is not aware that a single case of vulvo-vaginal or vaginal discharge has been cured by them, however perseveringly they may have been employed, their revulsive action being strictly confined to uterine catarrh.

EXCERPTA MINORA.

Deutoxcetate of Copper in Prurigo.—Dr. Lafargue relates two cases in which he derived much advantage in treating cutaneous affections, accompanied by great prurigo, with this substance, commencing with one-tenth of a grain twice a-day, and gradually going on to one-fourth three times a-day, giving the medicine in distilled water. No nausea, colic or diarrhœa, was induced.—*Bull de Thérap.* Tome 54, p. 172.

Application of Sugar when lime has entered the Eye.—The *Indicateur de Mayence*, in relation to cases of workmen becoming blinded by the action of lime which has entered the eye, recommends, as a well-approved application in the case of such accidents, a strong solution of sugar, which is to be inserted drop by drop under the eyelids. This application can usually be immediately obtained, and completely prevents the caustic action of the lime.—*Journ. de Chimie Méd.*, August, p. 512.

Detection of Mineral Adulteration in Flour by Chloroform.—A chemist at Charleville has contrived the following procedure, by which, according to M. Lassaigne, a ten-thousandth portion of mineral matter may be detected in flour adulterated with the same. A glass tube, 3 centimetres in diameter, and from 15 to 20 in length, closed at one end, is to be tightly corked at the other, so that fluid may be well shaken in it. From 1 to 3 drachms of the flour are to be introduced into this tube, which is next to be nearly filled with chloroform. The tube is now to be corked, well shaken, and left awhile at rest, until the separation has had time to take place. The flour rises to the surface of the chloroform, while the mineral adulteration falls to the bottom, and may be submitted to analysis in order to detect its exact nature.—*Moniteur des Hôp.* No. 93.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, September 13, 1858.

We have this last fortnight seen more than the average number of serious and interesting cases; for example, this morning we saw in the ward of M. Trousseau, St. Bernard, two cases of diphtheria—mother and child,—the mother having lost another child yesterday (September 12). In the same ward, and, indeed, in the Hospitals generally, there is much small-pox; and several cases calculated to shake the present unlimited confidence in vaccination. In the service of M. Trousseau, all the children vaccinated have presented a general small-pox upon the eighth day, instead of a simple vaccine pustule. The vaccine lymph was here taken in capillary tubes, and private patients vaccinated from the same tube presented no abnormal symptoms. Unhappily the matter does not end here, but children in the Hospital have taken the small-pox, who had been previously and successfully vaccinated, one child bearing upon both arms perfect imprints of vaccination performed *four months* previously; another two months. These cases, added to the numerous cases in which adults previously vaccinated (with well-marked scars), suffer from small-pox, offer matter for serious meditation.

In the service of M. Robert at the Hôtel Dieu, M. Verneuil (upon whom this service devolves during the recess) has at the present instant a case of considerable interest to young practitioners. A large corpulent man, presenting a very large hydrocele, was operated upon on Friday last by simple puncture with the ordinary trochar. Within an hour after the operation the scrotum, into the cellular tissue of which some of the fluid of the hydrocele had passed by infiltration, began to assume inflammatory action, increasing rapidly in extent. On Sunday morning (the 12th) the scrotum had not only attained a considerable size, but presented a small gangrenous-looking spot upon its inferior aspect. Nothing further than general support was, however, ordered; but this morning the infiltration having greatly increased, and the gangrenous spot being much larger, M. Verneuil made four large incisions from one to five inches long from before backwards, and upon the lower surface.

Had this case fallen into the hands of a young practitioner, and had this young practitioner injected tincture of iodine, port-wine, or the like into the tunica vaginalis, however skilfully he might have performed this operation, the opinion generally would have been that he had passed part at least of the injection into the cellular tissue of the scrotum, and the gangrene would have been looked upon as the necessary result. So much the more in this case, as the patient presents no evidence of diseased prostate, stricture, or other impediment to the free expulsion of the urine, and which might have offered an explanation of the gangrene, upon the supposition of urinous infiltration.

In the same ward there is now a man who entered the hospital for varicose ulcer of the leg, and who presented at the same time evidence of previous treatment for varicose veins. Upon examination it was found that this patient had been previously treated by the obliterating principle of M. Velpeau, viz. the passage of needles beneath the veins affected, and causing stricture by passing a ligature from end to end in the form of the figure 8. The affection having returned, M. Verneuil injected, with a capillary syringe, four or five drops of the perchloride of iron into the at present affected vein, and the vessel is now filled with a firm coagulum, there being a slight inflammation of the surrounding areolar tissue. We have seen the former treatment succeed (for the time at least) in the hands of Mr. Stanley, and we can say the same of the latter in the hands of M. Maisonneuve at La Pitié; but we have also seen the affection return after each and other methods of treatment (as the obliteration by caustics, etc. etc.), and the only affection of this kind that we have seen radically cured is varicocele.

On Thursday last this same Surgeon removed the posterior or mastoid portion of the parotid, without tying a single artery. The patient, a spare dark man, rather tall than otherwise, of dark complexion, from 30 to 35 years of age, first noticed a stiffness in the motions of the lower jaw two

Digitized by Google

years ago, and shortly afterwards perceived a small tumour in the posterior parotid region; this slowly increased in size up to the present time, when it has attained the size of a bantam's egg; there is no induration of the lymphatic glands. The patient, who has not a cachectic appearance, thinks that carrying a large table *upon his head* might have been the cause of it in the first instance; and states that he has never had a day's illness that he can remember.

Operation.—Chloroform was administered rather in spite of the patient, who had more fear of the chloroform than of the operation. However, he admitted when the inhalation was commenced that it was not disagreeable, the period of excitation was rather pronounced, and afterwards the insensibility was complete. The anæsthetic was administered with an apparatus upon the principle of that of the late Dr. Snow. Before the operation M. Verneuil was of opinion that the tumour was of a fibrous nature, having a pedicular attachment to the mastoid process; considering it too circumscribed for the ganglia, and too far backward for the parotid itself. In order to remove it a curved incision was made over and rather in front of it, with the convexity forwards, and it was then dissected out with the bistoury and scissors, but not without difficulty, the adherences being very firm and general, and extending so deeply that the carotid was exposed, at the bottom of the wound. During the operation there were two small jets of blood; but owing to the superior retractility of the arteries about this region, they had ceased to bleed by the time the operation was concluded; the wound was stuffed with "charpie" or linen ravellings, and the patient placed in bed. Since the operation he has only complained of difficulty in swallowing, which is not to be wondered at, considering the pharynx was exposed; he has experienced no fever or other bad symptom; as to the wound, we have not yet had an opportunity of seeing the bottom of it since the operation, the "charpie" not having up to this time been replaced, emitting an odour the most extreme from agreeable.

Upon section the tumour was found so exceedingly firm as to suggest the idea of its being of an enchondromatous nature. The cut surface gave out when scraped a creamy-looking fluid not very unlike that to which Mr. Paget used to direct our attention as one of the characteristic signs of cancer. The microscope discovered hypertrophied elements of parotid tissues.

In your last number I notice an account of the artesian well at Bourn. Mr. Pilbrow states that he is not aware that there exists in Paris a well of the same dimensions, yielding so great an amount of water, and throwing or capable of throwing it to so great a height. The following particulars of the artesian well here at Grenelle may enable your readers to appreciate the relative differences:—Depth, 509·316884 yards, or 1797·932652 feet.—Diameter of bore—at the orifice, 66 centimetres or 21·65394 inches; at bottom, 18 centimetres, or 3·149664 inches. Quantity of water, 3000 litres, or 660·291 gallons per minute, or 950319·04 gallons per diem (24 hours). Temperature, 27° centigrade, or nearly 81° Fah. The water rises immediately in a tube supported by scaffolding to a height of 112 feet, and is capable of conduction to the top of the highest house in Paris (eight stories, if not nine).

GENERAL CORRESPONDENCE.

ANÆSTHESIA AND ELECTRICITY.

LETTER FROM DR. ALTHAUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a valuable paper on local anæsthesia and electricity, published in your last impression, Dr. Richardson denies that the electric current, in its local application, has any effect to remove sensibility, and suggests that, if by a powerful shock to the whole body, feeling is destroyed, such is only the case because the shock destroys at a blow the consciousness; whilst the current, if locally applied, restores rather than destroys sensibility. He relates various experiments which he made on his fingers by means of Leyden jars, the continuous and the induced current, in the course of, and after, which sensibility was just the same as it had been before the beginning of the experiment.

Now I am well aware of the accuracy of Dr. Richardson's results; but am obliged to say that if he failed to lower sensibility by means of electricity, it was only because he did not adopt the mode of application described by me in a paper "on the treatment of neuralgia by electricity," which you had the kindness to insert in your journal for August 14, 1858. Dr. Richardson passed powerful shocks through his fingers without diminishing their sensibility; but if he would pass a continuous, or a rapidly interrupted induced current of a certain intensity, through the *trunk* of any nerve, say the median or the sciatic, by placing one moistened conductor connected with the positive pole to any point of the skin where the trunk of such nerve is superficial, and another moistened conductor connected with the negative pole to any of the terminal branches of such nerve, he will find that after a certain time the pain as well as the muscular contractions produced by this proceeding become much less than they were at the beginning of the operation, and that a feeling of numbness is produced in the limb. I do not mean to say that the sensibility can be entirely destroyed by this local application of electricity, but am quite satisfied that it is notably diminished by it. The result is much more striking if there is a morbid increase of sensibility in a nerve, as in neuralgia, than if a nerve in its normal state is acted upon. This is proved by the numerous and indisputable beneficial results which have been obtained in the treatment of some forms of neuralgia, by Meyer at Berlin, Becquerel at Paris, and myself.

I am, &c. J. ALTHAUS, M.D.

2, Manchester-street, Manchester-square,
September 13, 1858.

ON LOCAL ANÆSTHESIA AND ELECTRICITY.

LETTER FROM HARRY WM. LOBB, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—The exceedingly temperate and philosophic communication of Dr. Richardson, in the *Medical Times and Gazette* of last week, to my mind (perhaps prepared for the results obtained by him from experiments) settles the question as to the practicability of procuring local anæsthesia by the aid of the interrupted current of electricity, except with such powerful shocks as to cause intense pain and injury to the nerves. This fact I have arrived at after a long series of experiments with the interrupted current, and with every form of machine. I am not surprised, therefore, at Dr. Richardson having obtained only negative results; his explanation of the method in which Mr. Snape and Mr. Bridgman have succeeded in making their patients believe that they did not feel the extraction of their teeth, is, although derived from a familiar experiment, I believe, the correct one.

Dr. Richardson says, "I tried the local effect of the continuous current for long periods, but with as little success." Now, how was that current generated? How many separate and distinct batteries did he use? and in what direction did he pass the current? I expect that Dr. Richardson did not make use of the continuous current, as it should be applied to produce anæsthesia.

During the month of June of the present year, I had under treatment three cases of infra-mammary pain at the Western General Dispensary. Dr. Coote was desirous of making use of the continuous current of electricity as a method of diagnosis, he having heard me affirm that neuralgiæ are of two distinct descriptions: the one requiring the direct, positive, or stimulating current to effect a cure; the other, the inverse or depressing, commonly, although erroneously, termed negative. To two of the women the positive current was applied with decided and immediate benefit; to the third, the inverse, which, in less than a minute, not only removed the pain, but consciousness also, in which state she remained for ten minutes. Upon return to life, she said that her side was quite numbed. This was an instance not only of local, but of general anæsthesia, produced by the aid of the continuous current of electricity in less than a minute. Dr. Coote and a gentleman, whose name I do not know, were witnesses to this fact.

A young lady, paralysed in her right arm since her third year, was wearing a chain for the generation of the continuous current to excite the circulation, during the intermittances of

Digitized by Google

the application of the interrupted current to stimulate the paralysed muscles. One day she complained that the arm was colder than before she wore the chain, and, in fact, it was more like a piece of marble, and perfectly without sensation. Upon examination I found that she had, upon exciting the chain, returned it to the arm, so that an inverse current passed instead of a direct, thus producing anæsthesia. I was now convinced that anæsthesia might be produced by the inverse continuous current of electricity, of sufficient tension to pass along the nerve we are desirous to deprive of sensation.

I have now used the inverse continuous current of electricity for more than twelve months for the cure of some forms of neuralgia, toothache, etc. I have never used it to prevent pain during the extraction of teeth; but from what I know of its success in toothache, the following plan will, I have no doubt, be found perfectly successful.

Procure a 60-link Pulvermacher chain battery, and to the positive pole attach, by the aid of a wire, the wire-brush conductor, and place this upon or within the tooth to be extracted; to the negative pole attach the conductor, containing a moistened sponge, which is to be placed upon the course of the nerve, when practicable, otherwise beneath the ear of the side corresponding to the tooth to be removed. Now excite the chain link by link with acid, and in from one to five minutes, without the least sensation having been experienced (if the conductors have not been moved, and the operation been skilfully managed), the portion of nerve through which the inverse continuous current has passed, will be found totally insensible, and the tooth may be extracted without pain.

I should be glad if gentlemen of Dr. Richardson's known impartiality would give the above a fair trial, and in case of failure, I should be most happy personally to explain the *modus operandi*, and the method of manipulation.

I am, &c. HARRY W. LOBB, M.R.C.S.

63, Gloucester-terrace, Hyde-park, September 11, 1858.

NAVAL MEDICAL SUPPLEMENTAL FUND.

[To the Editor of the Medical Times and Gazette.]

SIR,—Much anxiety has lately been manifested relative to the state of the above-named fund, on the part of the widow annuitants, many of whom are under the impression that the society is on the eve of bankruptcy, and that their reduced annuity must be still further diminished, to meet the impaired state of its finances.

It will be gratifying to these ladies to hear that there is no ground whatever for any anxiety or alarm on this subject, for the circumstances of the fund are steadily improving, and, according to the last report of the actuary, the society is now in a condition to advance the annuity to £30 per annum.

The amount of annuity originally proposed for each of the widows was £40 per annum. This amount was paid for upwards of twenty years, when from various causes, unnecessary to refer to here, it was reduced to two-thirds of that amount; the object is now to restore the annuity to the sum originally intended. That such a result may be anticipated, I think can readily be shown.

The fund, according to the actuary, Mr. Ansell, can now pay £30 per annum to each of the widows.

The capital, with £1400 of arrears, amounts to upwards of £67,000; this money is invested in the 3 per cents.; but there is no doubt, I believe, that 5 per cent. may be obtained for money on good security. Let authority therefore be obtained to invest the capital to more advantage, and by the addition of 2 per cent. to the interest, there would be an increase of income amounting to £1340, which, divided among 200 widows, would give to each £6 14s., and this sum added to £30 as above, would enable the directors to increase the widow's annuity to £36 14s. at once, leaving only a deficient £3 6s. to be made to give each of them the full amount of the original annuity.

To effect this the sum of £660 will be required annually, which might be done by loan obtained from the Government, to be repaid with interest, until the increasing number of insuring members, which would probably, or as some think, certainly, take place, should render any further loan unnecessary.

It must also be taken into account that the widows are gradually diminishing; they reached the maximum in 1851, when their number was 225; they now, in 1858, amount to 200, and it is by no means improbable that in 1865 their number will not exceed 150, by which the expenditure will be reduced by £2000 per annum.

It will now be seen that the fund or society is at last happily recovering from the adverse and depressed condition under which it has long rested, and that under more energetic and business-like management, with a wise reform in the administration, the restoration of its credit will be effected, and its continued and increasing prosperity placed beyond question. It is therefore to be hoped that confidence among the members and contributors may be again restored, and that by their support and hearty combination a full measure of success may be obtained, and the benevolent purpose for which the society was established fully and satisfactorily accomplished.

I am, &c.

MEDICUS, R.N.

CHLOROFORM IN NATURAL LABOUR.

LETTER FROM DR. RIGBY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having received some queries on the action of chloroform in midwifery, I venture to offer a few remarks on the subject, which I have made in the course of my practice.

I may premise that the quantity administered at a time in different patients has been as nearly the same as possible, and I have not seen any reason to alter the mode of giving it, which I adopted shortly after its wonderful powers were made known by Professor Simpson of Edinburgh. A piece of sponge, of about the size of one's thumb, slightly moistened with chloroform by holding it against the open mouth of a bottle and shaking it once or twice, is the only inhaler, if it can be called such, which I use. I always direct the patient to apply it herself at first, in order to give confidence, and avoid the disposition to gasp and struggle, if the sponge is held by another person. In a few moments the hand begins to drop, and it may then be placed on the upper lip, which has been previously well greased with cold cream, and a pocket-handkerchief laid lightly over the face. The effects are produced quicker and more decidedly when the face is covered with a handkerchief, since she now breathes a chloroform atmosphere by the mouth, while she inhales the vapour, nearly pure, by her nose.

In natural labour, where it is not desirable to produce a powerful effect, the rule, which I long ago pointed out in this journal, of endeavouring, as far as possible, to draw the line between allaying pain and destroying consciousness, ought I think always to be adhered to. A patient may thus be kept quite sufficiently under the influence of chloroform, for any length of time, and yet be able to hear and answer questions, and thus we frequently hear a patient remark, "I know I have a pain, and yet I do not feel it!"

That the action of chloroform is considerably modified by certain circumstances and conditions of the system is well known; witness the restlessness, talking and even screaming so frequently seen in hysterical females; the vomiting which follows where food has been taken shortly before; the severe throbbing of the head and tinnitus aurium during the early inhalations, and the intense sick-headache and even vomiting, which follows the recovery from the exhibition of chloroform where the bowels are loaded or deranged: but independently of these and other modifying causes, we see it affect the uterine contractions very differently in different people, even where no unpleasant effects have been produced; where, on the contrary, the patient has repeatedly begged for more, when she felt its effects wearing off, and where none of the causes to which I have just alluded existed.

In natural labour, where the pains are strong and quick (especially if it be not her first labour), the chloroform appears to have no other effect than that of deadening sensation; the os uteri yields so easily, the head descends quickly, and with so little effort, that one is almost tempted to conclude that the soft parts have been rendered more dilatable by the chloroform; and this is especially the case as the head approaches the os externum, through which it frequently passes so quickly and imperceptibly, that a person unaware of the fact would probably find the head born before he had thought it necessary to support the perineum. This is the usual action of

Digitized by Google

chloroform in natural labour, when given to a moderate extent; but we meet with cases every now and then where it undoubtedly retards labour, either during the first or dilating stage, or during the second or expelling stage. It is easy to understand why chloroform should affect the manifestation of that partly voluntary, partly involuntary power which is destined to assist uterine contraction, when the presenting part has passed through the os uteri and entered the vagina. "At this period," as has been well expressed by Dr. A. Farre ("Cyclopæd. of Anat. and Phys." p. 673), "the abdominal and pelvic muscles are brought powerfully into play. Their co-operative action is occasioned by the parts of the child occupying the pelvis irritating structures which are abundantly supplied by spinal nerves. And now the chief use of spinal reflex action, in relation to labour, becomes manifest, not so much in regard to the uterus itself, whose contractions are probably still mainly dependent upon its own sympathetic nerves, as in that correlation with other parts, between which and the uterus it is essential that consentaneous action should be occasionally established." But during the first or dilating stage, it must be remembered that the pains are uterine contractions, unmixed with any auxiliary activity; that the uterus is thrown into these contractions by the agency of its sympathetic nerves; and that they follow (as Dr. A. Farre has shown) a rhythmic action similar to that of the heart and respiratory muscles, and as little under the control of the will as these organs are. It is therefore difficult to understand how it is that we occasionally see the pains of the first stage (involuntary rhythmic uterine action) so checked by chloroform as to require its discontinuance, in order that labour may proceed. For a long time I resolutely doubted this fact, and endeavoured to attribute it to accidental circumstances; but it has recently occurred to me with such distinctness as to set the question at rest in my own mind. The patient, a young primipara, was in excellent health; she had no apprehensions about the chloroform; on the contrary, she repeatedly asked for it before I would give it her; the pains were perfectly regular and fairly active, and the chloroform was given in a few drops at a time on a sponge in the manner already described. According to her own sensations, it made her feel tossy and restless. The pains immediately became feeble and inactive, and after a short time were nearly suspended. I stopped the chloroform; the pains soon returned, and becoming brisk, she begged she might inhale some more. The pains again ceased; returned again, when the chloroform was stopped; and again ceased on her making a fresh trial of it, until being herself convinced that it retarded labour, she determined to go on without, and a large child was born after a perfectly natural labour.

The fact of chloroform being capable of suspending uterine action, even when given in small quantities, is one of sufficient rarity to justify its being looked upon as almost the exception to the rule; but its power to suspend the partly voluntary, partly involuntary efforts, which are destined to assist the uterine contractions during the expelling stage, is one of such frequent occurrence as must have excited the notice of all who have devoted any attention to the subject. The unaided uterine contractions are insufficient of themselves to force the presenting part over the perineum and through the os externum; as long as the patient is under the influence of chloroform she makes no effort, or assists so feebly as to be of no use, and at this rate the case would soon require the assistance of the forceps. But if the chloroform be stopped, the bearing down efforts again show themselves, they soon become vigorous and active, and the labour is speedily terminated.

I have no reason to suppose that chloroform, given under proper precautions, can exert any prejudicial influence either on the separation and expulsion of the placenta, or on the recovery of the patient afterwards. With regard to the first, it may almost be stated that chloroform is never given during this last stage of labour, the patient ceasing to inhale it the moment the head is born, so that she has usually recovered from it before the placenta was expelled; on the other hand, I have frequently seen the placental stage terminated while the patient was still unconscious, and without the smallest interruption to its healthy course.

In severe, and particularly instrumental labours, where the bowels have been carefully regulated, and food not taken shortly before inhalation, chloroform is undoubtedly as valuable in preserving the patient from the effects of the shock on the nervous system as it is known to be after surgical operations, and so far from producing any unpleasant or mischievous after effects, I feel convinced by ample observation that when judiciously administered the prognosis, as regards the patient's recovery after a severe labour, is more favourable where chloroform has been used than where it has not been. I am, &c.

E. Rigby, M.D.

ELECTRICITY IN TOOTH DRAWING.

Mr. Snape says:—

"Any kind of electro-magnetic battery will answer that will produce a smart vibratory motion in the hands and arms.

"The patient grasps in one hand a hollow metallic handle attached to one of the poles of the battery, the other pole is attached to the extracting instrument by means of thin copper wire, which can be twisted and untwisted *instanter*, and by wearing a nicely fitting silk glove, the operator is perfectly insulated.

"The following directions also will, I trust, be serviceable:—

"My present experience shows that the current should not be applied to a tooth with an abscess at the root, to a loose tooth, or to fangs imbedded in spongy gums, as the pain in such cases appears to be increased. When the sides of a tooth are decayed nearly or quite to the gum, the tooth and surrounding parts should be rendered as dry as possible by means of French bibulous paper; fangs, when the gums are not spongy, may be extracted with the forceps after being treated in the same manner."

Mr. Spence Bate adds:—

"Because I say the operation is painless, it must not be supposed that I mean pleasant. In fact, the application of the wires from an electric coil and Smee's battery, higher charged than 1½ deg., is in itself very painful to the gums and internal mouth.

"It is therefore an object of much nicety to regulate the amount of electricity so as to preclude a painless operation becoming a very painful one, either from too much or too little electricity being administered.

"In my own case I felt a bearable amount of electricity when the instrument was placed upon the tooth (under a wisdom tooth), but I found that the same amount applied to the gums over the front teeth was excessively painful. The quantity of electricity that made the operation painless to me was not enough to kill the sensation of pain in a gentleman for a similar tooth, whereas in a lady shortly after it was quite successful with a less amount.

"In placing the instrument in the mouth it is desirable that the broken contact in the negative rod should be restored before the instrument comes in contact with the gum, since the insertion of the former beneath the latter is one of the most painful parts of the operation in tooth extraction."

Mr. Sass says:—

"The electro-magnetic machine is of the ordinary form used for Medical purposes. The handle of the forceps should be connected by means of a brass binding screw to the negative pole of the machine, and when the instrument is adjusted on the tooth the patient should be directed to take hold of the handle attached to the other pole, so that the circuit is only completed at the moment of extracting the tooth. Before operating, the piston of the coil should be withdrawn in order so to moderate the strength of the current as that when the patient grasps the handle with one hand and the forceps with the other only a pleasant stream of electricity is felt. It must be borne in mind that the circuit must not be completed till the moment of extraction, otherwise the effect will be diminished or lost. It is also advisable, if possible, to avoid touching the surrounding tissues of the tooth with the forceps at the time of extraction, in order to insure the entire current of electricity passing through the tooth. The handles of the forceps, when held by the operator, should be insulated with some non-conducting substance."

The National Association for the Promotion of Social Science is to be invited by the Town Council of Bath to hold their meeting for 1859 in Bath. The invitation is no doubt due to the fact that Dr. Falconer is Mayor.

Digitized by Google

MEDICAL NEWS.

APPOINTMENTS.

MR. FLOWER and Mr. NUNN have been elected Assistant-Surgeons to the Middlesex Hospital. The election took place without opposition.

A HORSE belonging to Major-General Dalton was lately literally stung to death by wasps. Hundreds of these tormentors pitched upon his body, and so excited the animal that it died in forty-eight hours.

THE INDIAN LOTUS.—The sacred Indian Lotus of the Hindoos, or Egyptian bean of the ancients, is now producing its flowers of marvellous and gorgeous beauty in the tropical aquarium at Kew Gardens. A model of this magnificent plant is in the Old Museum.

ONE of the Resident Medical Officers of the University College Hospital has contracted scarlatina; and the Resident Physician of the Children's Hospital in the Holborn district has been attacked by the same disease, and is now convalescent.

DEATH FROM BAD DRAINING.—On Monday last Mr. Baker held an inquest on the body of a child 8 years old, whose death arose from inhaling noxious vapours emanating from a sewer. The child was in perfect health a few days before. In the course of the week a most noxious effluvium emanated from the grating in front of the house where she lived, whereby she was so affected that she was seized with vomiting and died in consequence; at least, such was the opinion of Mr. Bevington, the Medical attendant, and of the jury.

WHAT WILL HE THINK OF THEM?—Dr. Le Febure, the Director-General of Military Hospitals in Belgium, has visited Chatham for the purpose of inspecting the army Hospitals at that garrison. "In company with the principal officers connected with the Medical staff at Chatham, Dr. Le Febure visited the Garrison Hospital, near Chatham Barracks, and was conducted over the whole of that establishment, every part connected with which he carefully inspected. The Garrison Hospital is one of the least bad of the military Hospitals at Chatham."

"DR. TOMPIER, a Medical man, has just published a book called 'Les dernières heures de Rachel,' which has had great vogue, being, in point of fact, a complete collection of all the fantastic remedies for pulmonary consumption to the number of several hundreds, which all classes of quacks, male and female, lay and clerical, insisted on forwarding to the dying *tragedienne*."—*Globe*. From what we have heard we believe that a similar volume might be made out of receipts which have been forwarded to a well-known Cardinal, since the day that he was reported in the daily journals to be suffering from diabetes.

THE MANUFACTURE OF THE CHINESE FOOT.—All the little girls were seated in a row, and their feet were unbound by their mammas. The first was a child of two years old. Her penance had just commenced, and the great toe had been left untouched, while the other four had been forced down under the ball of the foot. In the next three children the operation was still confined to the four toes, but these toes had yielded to the pressure, and had become amalgamated to the sole of the foot. In the eldest of them, the process was so complete that the foot was cool and painless, and appeared as though the four toes had been cut off by a knife. In the fifth girl, the second operation was to be seen. The sole of the foot was curved into the form of a bow—the great toe and the heel being brought as near together as possible. The end of all this is, that the ball of the natural foot fits into the hollow of the sole, the instep is where the ancle was, and all that is left to go into the slipper and tread the ground, is the ball of the great toe and the heel.—*Cooke's Letters from China*.

COMPULSORY VACCINATION.—A Surgeon in the country makes the following sensible remarks about vaccination. Referring to the fact that 4000 persons die yearly in England from small-pox, he says:—"Many persons may be inclined to consider it presumptive evidence of the inefficiency of vaccination, whereas the true cause lies in its non-observance. The Compulsory Vaccination Act is, in a great measure, powerless. In purely agricultural districts, where the mass of the population consists of farm labourers, their wives and families—a class of people in many parts of England characterised by the darkest ignorance, the practice of vaccination is looked upon with an abhorrence perfectly incredible to those who have not been behind the scenes. They evade it in every possible way. Each person, it is true, is subject to a penalty of 20s. for omitting to have a child vaccinated within the proper period after its birth, but who is there who has moral courage to lay the information? The parents and their neighbours obviously will not; the relieving officer is averse to more unpopularity than usually falls to the lot of that individual, therefore he makes no sign; and lastly, the Medical-officer will not, because he well knows that the loss of half his practice would not lull the storm of indignation that would be roused. From the impunity which has long been granted to these gross evasions of the law, the existence of an Act (or rather the power to enforce it) is now seriously doubted by this class of people. Of this last I have had ample proof. Unless Medical men, appointed by Her Majesty's Government, and thoroughly independent of the class with whom they have to deal, exercise the functions of public vaccinators, there will be no diminution in the statistical returns of deaths from small-pox."

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 11, 1858.

BIRTHS.

Births of Boys, 777; Girls, 766; Total, 1587.
Average of 10 corresponding weeks, 1848-57, 1511.

DEATHS.

	Males.	Females	Total.
Deaths during the week	521	539	1060
Average of the ten years 1848-57	728·9	726·2	1457·1
Average corrected to increased population	...	...	1603
Deaths of people above 90	...	..	3
Deaths in 15 General Hospitals	28	23	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	1	12	5	9	8
North	490,396	..	2	23	2	12	4
Central ..	393,256	1	3	14	4	6	10
East	485,522	1	7	29	7	16	8
South	616,685	..	8	37	11	26	15
Total..	2,362,286	3	21	115	29	69	45

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·792 in.
Mean temperature	59·4
Highest point of thermometer	78·0
Lowest point of thermometer	45·5
Mean dew-point temperature	52·7
General direction of wind	S.W.
Whole amount of rain in the week	0·20 in.
Amount of horizontal movement of air in the week ...	775 miles.

TO CORRESPONDENTS.

T.B.B.—The Council cannot be elected until after October 1.

Dr. Peacock's cases of Empyema shall be inserted in an early number.

Mr. Gray.—The engravings to Dr. Jenner's lectures have not been published in a separate form. We trust that this Course will be completed. The delay does not rest with us, but solely with the lecturer.

Digitized by Google

Errata.—In Dr. Marcet's last lecture, p. 262, 1st column; instead of "1600 parts contain," etc., read "100 parts contain," etc. P. 262, 2nd column; instead of "the dry fæces contained," etc., read, "the ashes of dry fæces," etc.

Adjutor.—The subject shall not be overlooked. It should be part of the duty of the Registrar to proceed against those illegally assuming Medical Titles. The penalty for false registration is definite, and easily recoverable at law.

A Subscriber, Co. Tyrone.—The "course to be pursued by any one looking for Home or Colonial Civil Medical Appointments," is not very easy to define. The chief thing is to keep what is called "a sharp look out" for vacancies, and make early application to the head of the department in which the vacancy occurs.

College and Hall.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall feel obliged if you will inform me in your valuable paper of this week,—1. Whether a person being a L.S.A. will, under the new Act, be eligible to the office of Union Surgeon; and 2. If he may assume the right of putting "Surgeon" on his door-plate.

[1. Yes. 2. No.—ED.] I am, &c. L.S.A.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "L.A.C." in the *Medical Times and Gazette* of August 28th, makes a very modest suggestion; which, no doubt, if acted on, would comfort the weak-hearted and afflicted.

He simply asks the Hall and College to give a premium to those who have *evaded*, for the last fifteen years, the law of the land! What reward does L. A. C. propose for those who have *conformed* strictly to the regulations of both College and Hall? I am, &c.

Dorchester. September 10, 1858. M.R.C.S.

Vegetable Substitutes for Human Milk.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I would apologise for again addressing you upon this subject, if the question were not of such vast importance; but anything that would diminish the frightful and needless mortality amongst the infant population, is sufficient excuse for occupying your well-filled columns.

Dr. Routh informs me, in a communication I have received from him, that it was not his intention to recommend a vegetable diet in any form to infants of less than eight months; to this, therefore, I cannot object, and I am only too glad to have a gentleman of Dr. Routh's high scientific attainments supporting my assertion that "there are no Vegetable Substitutes for Human Milk."

M. A. B. will, I think, now be convinced that the farinha are not suited to the *infant* in any form, even "as an adjuvant or corrective."

I am, &c. Harry Wm. Lobb.

63, Gloucester-terrace, Hyde-park. September 11, 1858.

Electricity *versus* Chloroform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Although I was the first to make, take, and administer chloroform this side the Tweed, I am by no means sorry to find that it is likely to be superseded for allaying pain in dentistry and other minor operations, by electricity, which promises great results without danger. I have constructed an apparatus inexpensive and self-acting for its proper application. The importance of having an apparatus self-acting must be evident to all, so that the hands of the operator may be free to act, and the operation performed without the necessity of a third party. A few pence per week will keep the battery charged. I am, &c.

William Heffer, Operative Chemist.

7, Pall Mall East, September 13, 1858.

Dr. W. Munro, late of the 93rd.

A letter appeared in our number of Sept. 4, from Mr. Charles Munro, of Campbeltown, Argyleshire, the point of which was that his brother, Dr. W. Munro of the 93rd, and Dr. W. Munro of West Hartlepool, "late of the 93rd," were not the same person. We received a letter on the 16th inst. from "West Hartlepool, Church-street, September, 1858," signed Wm. Munro, M.D. M.R.C.S., Lond., requesting us to state to our correspondent "that I have instructed my agent to recover damages from him." Dr. Munro encloses printed copies of many handsome testimonials from men of eminence in his favour as a candidate for the Vacant chair of military Surgery in the Edinburgh University. On the title page of this pamphlet he appends to his name "lately of H.M.'s 93rd Highlanders and 83rd regiment." This connexion with both the 93rd and 83rd will account for the error, clearly an unintentional one, of Mr. Charles Munro. Dr. Munro informs us that he "was gazetted in the 93rd on the 14th Oct. 1841, and was since then in India in the 83rd." As we have placed this explanation in the same part of our paper as Mr. Charles Munro's letter, we trust that it will be read by all who have seen that letter.

Drs. Biggs and Monks!

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I inclose you a card which was left at most of the houses in this neighbourhood, and they have been going through the midland counties. If they are qualified men this is a most unprofessional proceeding; if they are not (and this is more likely to be the case), the public should be warned against such itinerants. I am, &c. J.B.©.

September, 1858.

"By royal authority. Drs. Biggs and Monks, surgeons and accoucheurs' Institution: High Holborn, London, members of the Royal College of Surgeons, and licentiate of Faculty of Physicians and Surgeons; late of the Hon. East India Company's army medical department beg to intimate that they are now on a medical tour for six months, and will visit and give advice gratis, and medicine for the cost price (to the poor only), to the nobility and gentry, fee—one guinea. The following are amongst the complaints in which they have met with unrivalled success, viz.—diseases of the liver, stomach complaints, disorders of the head and eyes, fistula and piles, coughs, asthma, consumption, nervous diseases, fits, dropsy, spitting of blood, palpitation of the heart, strictures, female complaints, sick headache, rheumatism, spasms, and all diseases of the head, bowels, and digestive organs, stone and windy gravel, inflammation, scurvy, wind, and irritations of the bladder. Numerous persons that have been blind for years have been restored to sight. Single and double ruptures cured without the aid of a truss. To deaf persons—The power of hearing restored, and the very distressing noises in the head removed in a few days, and without risk or pain, provided the drum of the ear be not broken. Several thousands of cures have been effected since their return from the Crimea, this being the celebrated Turkish mode of treatment. Drs. B. and M. will drive round in their carriage, and give advice gratis to invalids residing in the country. Beware of impostors or quacks assuming their names.

Private Lunatic Asylums.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Every man of character who is either specially or occasionally engaged in the treatment of mental disease, must feel grateful to you for the manly and truthful defence you have offered against the illogical, absurd, and scurrilous attack of the daily press. Much as we may value the opinions of Editors of "Times, Standards, Daily News," etc., on subjects justly within their comprehension, they, like other mortals, commit egregious absurdities when they embark upon subjects respecting which they have no special knowledge. Never was this shown so palpably as in the late "run-a-muck" onslaught upon Private Asylums. Because in one or two places abuses have occurred, forsooth, all asylums are "horrid dens," and some of the most intellectual, humane, and polished men in society are, by an intense vulgarity, classed with "jailers, turnkeys, etc." Would the Editor of the *Times* think it just to call all newspaper editors blackguards, because now and then one is kicked out of the society of gentlemen? The inference would be as just as that these gentlemen have thought fit to indulge in. How many, I would ask, of the letters signed "nom de guerre" are genuine? However, the public as a body, are, I believe, too much imbued with common sense to be led away with the frothy nonsense which has been indited; and, like myself, look upon it as a mere indication that during the vacation the newspapers are hard up for material. I most regret that a Medical contemporary rather abets these slanders than not. It is hardly fair that he is to bolster up his peculiar crotchets by wholesale abuse of a section of the Profession, at least as honourable as any other.

I am, &c. A Medical Visitor of Private Lunatic Asylums.

Sept. 15.

COMMUNICATIONS have been received from—

Dr. Hodgkin; Dr. Rigby; Dr. Rambotham; Dr. Drewry Ottley, Pau; Dr. Venables; Mr. Marshall; Dr. Hallen; Registrar General, Scotland; Dr. Althaus; Mr. Lobb; Mr. Baker Brown; Secretary, General Board of Health; Mr. Southam; Dr. Parkes; Mr. S. Hey; Mr. L. Holden; Dr. B. W. Richardson; Dr. Rowden; Mr. Alexander; Mr. Atkinson; Mr. De Morgan; Dr. R. Haldane; The Rev. T. Crevalier; Mr. F. J. Wilson; Mr. F. Jones; Mr. A. M. Randall; Mr. T. M. Stone; Mr. E. Allen; Mr. B. Whitfield; Dr. Scott; Dr. H. E. Fripp; Dr. J. B. Nevins; Mr. T. McNay; Mr. Barber; Mr. J. Stocker; Dr. Spencer Smith; Mr. O. Pemberton; Mr. J. McBean; Registrar-General; Mr. Walker; Mr. Case; Dr. Munro, West Hartlepool; Mr. Wilkinson; Mr. Gray; Dr. Peacock; Mr. Maunder.

APPOINTMENTS FOR THE WEEK.

September 18. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

20. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

21. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

22. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

23. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

24. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Removal of Dead Bone from Femur. Fistula in Ano. Examination of Ankle Joint. By Mr. Hulke.

Digitized by Google

2. To those Medical Students who will be content to recover charges for *attendance* on their patients, and who, if compelled to supply medicines, will not make a charge for them, but will *give* the necessary medicines to those patients who are willing to pay for attendance, we should say, "Obtain a Medical degree from a British University. If you are able to afford the necessary time, the degree of the London University is highly honourable, and rapidly rising in public estimation. If you are pressed for time, or money, or both, the simplest plan *for the present* would be to become a member of the College of Surgeons, paying only for the lectures and hospital practice required by the regulations of the College; and then use the College diploma as the only necessary qualification for examination at St. Andrews for the degree of M.D." This is the only British University where *residence* is not required from candidates for degrees. A member of the English College of Surgeons, with the St. Andrews degree of Doctor of Medicine, would appear before the public highly qualified for general practice—would register with Medical and Surgical qualifications, and would recover under the new Act "reasonable charges for professional aid, advice and visits," both in Medical and Surgical cases. The only advantage the Apothecary would have would be in the right of recovering for medicines.

It should be observed that we only speak of this course as one which *present* circumstances may render advisable. It is not at all probable that English Students in want of a Medical qualification for general practice, will be sent to seek it in a remote corner of Scotland. It is not impossible that the College of Surgeons might institute a separate examination for a licence in Medicine, as they have done for a licence in Midwifery. But though not impossible, it is not probable, and the opportunity for the College of Physicians is a grand one. The power once within its grasp in 1815, but then thrown away, may be acquired now, and the College may become for the first time, a numerous, wealthy, and powerful body. The offer made to the College by Government of examining the great body of English Practitioners as to their qualification to practise, and licensing them accordingly, was rejected before the power was conferred on the Apothecaries Company. A fine opportunity was lost. Now is the time it may be regained—or never. The Fellows and Licentiates might remain as at present Consulting Physicians, but a new class of Associates or Members (or Licentiates, if the present Licentiates had their title changed to that of Member or Associate) might be created, who would obtain a Medical qualification, such as a General Practitioner requires, on moderate terms after a reasonable examination. As "Member of the Royal Colleges of Physicians and Surgeons," the General Practitioner would hold an honourable position on the register and in popular estimation, while the public might be secured against incompetent advisers.

This, however, is rather looking onward to the future. For the present the Student had better be guided by existing regulations, and shape his course in accordance with our advice in the preceding paragraph.

NEW REGULATIONS OF THE COLLEGE AND HALL.

A copy of these regulations will be found in another part of this number. The alterations are decided improvements, as their object and tendency is to make Medical education more practical—to encourage observation at the bedside, in the out-patient's room, in the dead house, and work in the dissecting-room, and to diminish mere cramming, mere tasks upon the memory—to make the Student a thinker and worker rather than a pedant; a man of real practical knowledge, rather than a walking cyclopædia. The number of courses of lectures is diminished, and the number of lectures in the respective courses is diminished also, while more time is given to the dissecting-room and the Hospital.

The following table will show how the course of study is to be arranged for those now entering upon their studies, who comply with the latest regulations of both College and Hall.

First Year.

WINTER SESSION.	SUMMER SESSION.
Anatomy.	Botany.
Physiology.	Materia Medica.
Dissections.	Practical Chemistry.
Chemistry.	Clinical Surgical Practice.
Clinical Surgical Practice.	Clinical Surgical Lectures.
Clinical Surgical Lectures.	

Second Year.

WINTER SESSION.	SUMMER SESSION.
Anatomy.	Midwifery.
Physiology.	Medical Jurisprudence.
Dissections.	Clinical Medical Practice.
Medicine.	Clinical Medical Lectures.
Surgery.	Clinical Surgical Practice.
Clinical Medical Practice.	Clinical Surgical Lectures.
Clinical Surgical Practice.	Demonstrations in Morbid Anatomy.
Clinical Surgical Lectures.	

Third Year.

WINTER SESSION.

Surgery.
Clinical Medical Practice.
Clinical Medical Lectures.
Clinical Surgical Practice.
Clinical Surgical Lectures.
Demonstrations in Morbid Anatomy.

So far as we have learned from a careful perusal of the prospectuses of the different schools, no special arrangements have been made, or have been thought necessary, to meet these new regulations, beyond the universal compliance with the increased demand for Clinical instruction, except at St. Thomas's Hospital and at the Grosvenor-place School. At St. Thomas's, besides commencing the system of a *daily* admission of patients—a step in the right direction often advocated in this journal—the visiting hour of the Physicians and Surgeons is fixed at half-past eight or nine a.m. This is a great improvement in hospital arrangements. It is an imitation of the system worked so successfully in Dublin, after the example of Germany and Paris; advocated long ago by Dr. Latham at St. Bartholomew's, and more recently followed at King's College by Dr. Todd and Mr. Bowman. It is now tried for the first time as a general rule in a large London hospital; and as the other arrangements of the school are made in accordance, it is likely to work well. The mid-day visit is very inconvenient to men in large practice—not convenient to the Student—too near the dinner-hour of both patients and attendants; and too near the evening, as Velpeau has so well shown, for the perfect after-care of important operative cases. At the Western Hospitals the mid-day visit is kept up. To meet this and to give the Student the whole of the daylight for work in the Hospital and dissecting room, the advertisement of the Grosvenor-place School makes prominent the arrangement of all the lectures being given either before ten a.m., or after six p.m. These are the only changes we observe in the schools as a direct effect of the new regulations.

EXPENSES OF MEDICAL EDUCATION.

With regard to the expense of attending lectures and hospital practice in London, it may be seen by reference to our advertising columns that the sum varies considerably in different schools. For instance, the fees for attendance on all the lectures and Hospital practice required for examination at the College of Surgeons and Apothecaries' Hall range from a hundred guineas to sixty—a difference of forty guineas—a

Digitized by Google

difference of trivial importance to the Student who is maintained by his friends for three years at a considerable expense for board and lodging, but one of very great moment to the man who depends upon his own exertions for support,—to the pupil who obtains board and lodging, with time to attend lectures, for his services from his employer,—and to the parent who, by self-denial of the strictest kind, is alone able to afford his son the education of a professional man. The following table shows how these general fees for both College and Hall, including lectures and Hospital practice, vary at the different schools:—

	£	s.	d.
St. Mary's	105	0	0
St. George's	96	12	0
St. Bartholomew's	94	10	0
King's College	93	9	0
St. Thomas's	90	0	0
Guy's	90	0	0
University College	89	10	0
London	88	4	0
Middlesex	81	0	0
Charing Cross	75	14	0
Grosvenor-place School and St. George's	74	11	0
Westminster	73	10	0
Grosvenor-place School and King's College or St. Mary's	73	10	0
Ditto and Charing Cross	68	5	0
Ditto and Middlesex	66	15	0
Ditto and Westminster	64	1	0
Ditto and University College	63	15	0

A reference to the above table will show that the highest general fee a Student who wishes to pass both College and Hall need pay in London for Lectures and Hospital practice, is that at St. Mary's, £105; while the lowest is £63 15s. the fee for lectures at the Grosvenor-place School, and for the Medical and Surgical Practice of University College Hospital.

But all Students do not require the double qualification. Some only desire to obtain the diploma of the College of Surgeons. A little study of our advertising columns will show that a few pounds may be saved by taking only the single qualification,—the lowest fee being about fifty guineas.

At any of the Schools Students may enter to special courses of lectures: in other words, they need not enter to all their lectures at any one school, but may select a favourite lecturer on Anatomy or Medicine, as the case may be, or one whose hour is convenient, at a second school. This plan, however, is not to be recommended, and it leads to increased expense. We have generally given a table of the fees to each course of lectures at the different schools, but have omitted it this year, as the special fees are not given in the prospectuses of all the schools.

Here we should cease for this year had we merely to offer further advice of our own; but we cannot refrain from adding two extracts from one of the most eloquent and impressive addresses ever delivered to Medical students—the address of Sir James Stephen to the Students of St. Mary's Hospital at the last distribution of prizes. It has been printed in pamphlet form for private circulation, and we gladly avail ourselves of this opportunity of placing some of the noble passages it contains before a larger circle of Students, and storing them up for wider application.

It is now more than ever necessary that the Medical Student should cultivate the spirit of a gentleman. Sir James Stephen adds—how brightly the "spirit of the gentleman" shines through his address!—

"I do not mean a gentleman of the Chesterfield type. I don't mean a man of gold chains and white kid gloves, though these are no bad things in their way. I mean a man who, to a profound reverence for whatever is great and good, unites a profound respect for himself. I mean a man to whom falsehood and treachery are simply impossible; a man of strict veracity and scrupulous honour; a man who, quickly sympathising in the feelings of others, never inflicts upon any one profitless pain or unnecessary offence. It matters comparatively little whether other secular men be coarse in mind, repulsive in manner, and out of keeping with the tone of liberal and cultivated society, but it matters everything that the physician should be courteous, considerate, and honourable. If my lawyer, or my merchant, or my representative in Parliament, be a man of offensive demeanour and of an ungenerous spirit, his faults inflict but little distress on me. But it is essential to my welfare that I should be able to repose unbounded confidence in him whom I introduce into the bosom of my household, to whom I disclose some of my deepest anxieties, with whom I meet when my spirits are most burdened and my circumspection most disarmed. The Medical is not less sacred than the sacerdotal confessional. It should be entered by no physician in whom the spirit and character of a gentleman, as I understand and have defined that term, have not ripened into full maturity—that is, by none who is not an honest, a secret, a brave, a true, and a kind-hearted man."

In conclusion, we will again borrow from the man who has succeeded in three different professions ("exchanging that of a Barrister-at-law for the office of an Under-Secretary of State, and then subsiding from the turmoil of political life into the tranquillity of the Professorship of Modern History in the University of Cambridge") something by way of encouragement to those who may be disheartened by the difficulties they anticipate in the task of mastering the elementary knowledge of one Profession.

"Fix as long and as steady a gaze as you will on the severe realities of life. Measure the steep and rugged path which lies before you. Look with an unaverted eye on the dangers and the difficulties by which it is beset, and gird up the loins of your minds to the encounter with them. But having done all this, do not put aside the solace of hope, or the succour which a well-disciplined imagination can afford you. Employ her bright hues to gild the arid wastes along which you have to pass, and to illuminate the menacing rocks over which you have to climb. Aspire after a fame as enduring as that of Harvey, of Boerhaave, of Cullen, or of Cheselden. Hope and strive for a name in letters or in science rivalling that of Browne or of Young. Erect for yourself a statue like that of Jenner. Alas, you will be awakened from those dreams soon enough and rudely enough—never doubt that. With the most prosperous of us, life is no holiday pastime, but an arduous and a protracted battle. But that battle will be fought none the worse for such martial music as may be breathing round us, or for such banners of anticipated victory as may be floating before our eyes. The power of adorning and elevating the actual by the visionary, was not implanted in us by the Author of our nature without a high and beneficent purpose. There is, of course, an easy and a too probable abuse of that power, but there is also a legitimate and a most important use of it. In fact, whether we desire it or not, imagination will do her work upon us all. It will present to us some futurity, either brilliant and alluring, or dark and repulsive. The gloomier prospect is that on which most of us are sadly and strangely predisposed to fix our eyes; but the habitual contemplation of that prospect is quite as injurious as it is painful. For any one man whom I have known who has marred his prospects in life by indulging baseless dreams of future distinction, I have known twenty who have ruined their prospects by a craven self-depreciation, and an unmanly fear of approaching perils. I take my leave of you, therefore, with the earnest and respectful request, that when you shall actually have entered on the path of your profession, and shall feel tempted to quail in the presence of impending difficulties, you would bear in mind that, at the very commencement of your career, an old man, who had himself seen much of the trials of life, exhorted you to be hopeful, and to think reverently of the faculties with which God has intrusted you, and by the energetic use of those faculties to aspire to such professional eminence as seldom fails to reward the energetic and the self-denying, the hopeful and the brave."

Digitized by Google

TABULAR LIST OF LECTURES, ETC., REQUIRED FOR UNIVERSITY DEGREES, COLLEGES, DIPLOMAS, ETC.

Universities, Colleges, Etc.	Age.	Anatomy.	Physiology.	Dissections.	Surgery.	Practice of Physic.	Institutes of Medicine.	Chemistry.	Practical Chemistry.	Materia Medica.	Medical Jurisprudence.	Midwifery.	Natural Philosophy.	Botany.	Natural History.	Practical Pharmacy.	Pathology, or Morbid Anatomy.	Surgical Hospital.	Clinical Surgery.	Medical Hospital.	Clinical Medicine.	Midwifery Hospital.	Remarks.
Univ. of Lond., M.B. 1st Examination	19 yrs.		1 crs	9 mos	1 crs	1 crs		1 crs	1 crs							1 crs							A degree in Arts or Matriculation required.
M.B. 2nd Exam.	21			6 mos						1 crs		1 crs						12 mo	1 crs	12 mo	1 crs	6 labours	6 months' Dispensary Practice also.
M.D.	23																			2 yrs			Or 3 years engaged in Practice.
University of Durham																							
Edinburgh Univ. M.D.	21	6 mos		6 mos	6 mos	6 mos	6 mos	6 mos		6 mos	3 mos	6 mos		3 mos	3 mos	6 mos		2 yrs	3 mos	12 mo	6 mos		6 months' Dispensary or Hospital extern Practice.
University of Glasgow	21	6 mos		6 mos	6 mos	6 mos		6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				2 yrs	2 yrs	2 yrs	2 yrs		1 year's residence required.
University of Aberdeen	21	12 mo		6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		3 mos		2 yrs	3 mos	2 yrs	3 mos		1 year's residence necessary.
Univ. of St. Andrew's	21	12 mo	6 mos	12 mo	6 mos	6 mos		6 mos	3 mos	3 mos		3 mos						2 yrs	6 mos	2 yrs	6 mos		
The Queen's University of Ireland		12 mo	12 mo	12 mo	6 mos	6 mos		6 mos	3 mos	6 mos	3 mos	6 mos	6 mos	3 mos	6 mos	3 mos		24 mo	18 mo	24 mo	18 mo	3 or 6 mos	6 months' Natural Philosophy, 6 months' Modern Languages; one third of the Courses must be attended in the Queen's Colleges.
Dublin University, M.B.		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				9 mos	9 mos	18 mo	9 mos		Degree in Arts.
Dublin Univ. Surgical Diploma		18 mo	18 mo	18 mo	18 mo	6 mos		6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				27 mo	27 mo	27 mo	27 mo		At least 1 year in Arts; candidates who have but 1 year in Arts are required to have attended in addition 1 course of Lectures in Logic and 1 on Mechanics; those who have two years in Arts, must have attended a course of Lectures on Mechanics.
Royal College of Physicians, London	26	6 mos	6 mos		6 mos	6 mos	6 mos			3 mos	3 mos	6 mos		3 mos						3 yrs	3 yrs		Graduates of British Universities are admitted Licentiates without Examination.
Royal College of Physicians, Edinburgh																	6 mos						
King and Queen's College of Physicians, Ireland		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos						30 mo	30 mo	6 months	Matriculation in Trinity College required.
Royal Col. of Surgeons, London	21	2 crs	2 crs	2 crs	2 crs	1 crs		1 crs		3 mos		3 mos				3 mos		3 win 2 sum	27 mo	1 win 1 sum	9 mos		
Royal Col. of Surgeons, Edinburgh		12 mo	6 mos	12 mo	12 mo	6 mos		6 mos	3 mos	6 mos	3 mos	3 mos				6 mos		21 mo	6 mos	21 mo	6 mos		
Royal Col. of Surgeons, Dublin		18 mo	18 mo	18 mo	18 mo	6 mos		6 mos	3 mos	3 mos	3 mos	3 mos						27 mo	27 mo	27 mo	27 mo		Certificate of having passed a preliminary examination in Classics.
Faculty of Physicians, & Surgeons, Glasgow	21	12 mo		12 mo	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	6 mos	6 mos		3 mos		6 mos		21 mo	6 mos	21 mo	6 mos		
Apothecaries' Hall, England	21	12 mo	6 mos	12 mo		6 mos		6 mos	3 mos	3 mos	3 mos	3 mos		3 mos		Appr.				18 mo	6 mos	20 cases	
Apothecaries' Hall, Ireland		6 mos	6 mos	6 mos	6 mos	6 mos		6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		Appr.		18 mo	18 mo	18 mo	18 mo	30 cases	Preliminary Examination in Classics, French, Mathematics, and English Composition.
Army Medical Board	21 to 25	24 mo		12 mo	12 mo	12 mo		12 mo	6 mos	3 mos		6 mos	6 mos	3 mos	3 mos	3 mos		18 mo	8 mos	18 mo	8 mos		Surgical Diploma.
Navy Medical Board	20 to 26	12 mo		12 mo	18 mo	18 mo		3 mos	3 mos	6 mos		6 mos		3 mos		6 mos		18 mo	6 mos	18 mo	6 mos	Certificate of cases	Diploma or Certificate in Surgery.
E. I. Company Medical Service	21					12 mo						1 crs									6 mos	6 cases	3 months' attendance in a Lunatic Asylum; 3 months' Ophthalmic Hospital; Certificate of Cupping. A Surgical Diploma or Medical Degree.

Digitized by Google

THE MEDICAL ACT.

ANALYTICAL INDEX.

I.

Preliminary.

Short Title, 1.
Commencement of Act, 2.

II.

Constitution and Regulations of General and Branch Councils.

General Council of Medical Education and Registration, 3.
Members of General Council, 4.
Provision for representation, in case the Universities of Edinburgh and Aberdeen, and of Glasgow and St. Andrew's respectively, shall not be able to agree, 5.
Branch Councils for England, Scotland, and Ireland, 6.
Members of General Council must be qualified, 7.
Duration of Membership, re-appointment of Members, and provision in case of the resignation or death of any of the Members, 8.
Time and place of meeting of the General Council; internal rules and regulations; Meetings; Executive Committee, 9.
Appointment of Secretary and Treasurer of the General Council; of Registrar and Treasurer of the Branch Council for England; and of Clerks and Servants, 10.
Appointment of Registrar, Secretary, and Treasurer of the Branch Councils for Scotland and Ireland, 11.
Fees for attendance at Councils and Travelling Expenses, 12.
Expenses of the Councils, 13.

III.

Superintendence of Medical Education.

General Council may require information as to the courses of study and examinations to be gone through in order to obtain qualifications, 19.
Colleges may unite in conducting examinations, 19.
Defects in the courses of study and examinations may be represented by the General Council to the Privy Council, 20.
Privy Council may suspend the right of registration in respect of qualifications granted by the College, 21.
After such suspension no person to be entitled to be registered in respect of such qualification, 22.
Privy Council may prohibit attempts to impose upon candidates obligations to adopt or refrain from any particular theory of Medicine or Surgery, by bodies entitled to grant qualifications, 23.
Making and authentication of orders of Privy Council, 24.

IV.

Registration.

Duty of Registrar to keep the Register correct; Penalty for not replying to Registrar's letter, 14.
Right to be registered, depending upon—
1. Possession of Qualification.
2. Payment of a fee.
3. Production or transmission of evidence of qualification to the Registrar.

Proviso that colleges, etc. may transmit lists of registered persons to the Registrar; who upon payment of fee may enter the names in the register, 15.
Council to make orders for regulating the Registers, 16.
Persons practising Medicine in England before the 1st of August, 1815, entitled to be registered, 17.
Registration by Branch Registrars, 25.
Registrar to be satisfied by proper evidence; appeal from Registrar to General Council; erasure of fraudulent entry, 26.
Register to be published yearly; copy of the register to be evidence; absence of name from copy of the register to be evidence until the contrary is made to appear, 27.
Names of members struck off from lists of the Colleges to be signified to General Council, and such names may be erased from register, 28.
Medical Practitioners convicted of felony may be struck off the register, 29.
Registered persons may have subsequent qualifications registered, 30.
Notice of death of Medical Practitioner to be transmitted by Registrar of Deaths to Registrars of General and Branch Councils, 45.

V.

Privileges of Registered, and Disabilities of Unregistered Persons.

Privileges of registered persons; right to practise; right to recover, 31.
None but registered persons may recover, 32.
Poor Law Medical Officers not to be disqualified if registered within six months after the passing of the Act, 33.
Legal meaning of term "legally," or "duly qualified Medical Practitioner," 34.
Registered persons exempt from serving on juries, etc. 35.
Unregistered persons not to hold certain appointments, 36.
No certificate to be valid unless signed by a registered person, 37.

VI.

Penalties upon false registration.

Penalty on wilful falsification of the Register by the Registrar, 38.
Penalty for obtaining registration by false representations, 39.
Penalty for falsely pretending to be a Physician, Surgeon, etc. or to be a registered person; or to be recognised by law as a Physician, Surgeon, etc. 40.
Recovery of penalties, 41.

VII.

Application of moneys.

Application of moneys received for penalties, 42.
Application of moneys to be received by treasurers, 43.
Accounts to be published, 44.

VIII.

Dispensing Power of General Council.

Power to General Council to dispense with provisions of the Act in favour of persons practising in the Colonies, or by virtue of foreign diplomas or degrees, of Army and Navy Surgeons, and Medical Students who commenced their studies before August 1858, 46.

IX.

New Charters.

New Charter may be granted to the College of Physicians of London, 47.
Charter may be granted to the College of Surgeons to institute examinations and grant certificates of fitness to dentists, 48.
New Charter may be granted to the College of Physicians of Edinburgh, 49.
The faculty of Glasgow may be amalgamated with the Edinburgh College of Surgeons, 50.
New Charter may be granted to the King and Queen's College of Physicians, Ireland, 51.
Charters not to contain new restrictions in the practise of Medicine and Surgery, 52.
Provisions of the 17 & 18 Vict. c. 114, as to University of London, to continue in force, 53.

X.

Pharmacopœia.

British Pharmacopœia to be published, 54.

XI.

Saving of Rights.

Rights of Chemists and Druggists, Dentists, and Licensed Apothecaries in Ireland not to be affected, 55.

Digitized by Google

AN ACT TO REGULATE THE QUALIFICATIONS OF PRACTITIONERS IN MEDICINE AND SURGERY.

Whereas it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified Practitioners: be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Short Title.

I. This Act may for all purposes be cited as "The Medical Act."

Commencement of Act.

II. This Act shall commence and take effect from the first day of October one thousand eight hundred and fifty-eight.

Medical Council.

III. A Council which shall be styled "The General Council of Medical Education and Registration of the United Kingdom," hereinafter referred to as the General Council, shall be established, and Branch Councils for England, Scotland, and Ireland respectively formed thereout as hereinafter mentioned.

Members of Council.

IV. The General Council shall consist of one person chosen from time to time by each of the following bodies (that is to say)—

The Royal College of Physicians:
The Royal College of Surgeons of England:
The Apothecaries Society of London:
The University of Oxford:
The University of Cambridge:
The University of Durham:
The University of London:
The College of Physicians of Edinburgh:
The College of Surgeons of Edinburgh:
The Faculty of Physicians and Surgeons of Glasgow:

One person chosen from time to time by the University of Edinburgh and the two Universities of Aberdeen collectively:

One person chosen from time to time by the University of Glasgow and the University of Saint Andrew's collectively:

One person chosen from time to time by each of the following bodies:

The King and Queen's College of Physicians in Ireland:
The Royal College of Surgeons in Ireland:
The Apothecaries-hall of Ireland:
The University of Dublin:
The Queen's University in Ireland:

And six persons to be nominated by Her Majesty with the advice of Her Privy Council, four of whom shall be appointed for England, one for Scotland, and one for Ireland; and of a President, to be elected by the General Council.

Provision in case the Universities of Glasgow, Aberdeen, and Saint Andrew's fail to appoint a Person to represent them.

V. If the said Universities of Edinburgh and Aberdeen, of Glasgow and Saint Andrew's respectively, shall not be able to agree upon some one person to represent them in the Council, it shall be lawful for each one of the said Universities to select one person; and thereupon it shall be lawful for Her Majesty, with the advice of her Privy Council, to appoint one of the persons so selected to be a member of the said Council for the said Universities.

Branches of the Council, for England, Scotland and Ireland.

VI. The members chosen by the Medical Corporations and Universities of England, Scotland, and Ireland respectively, and the members nominated by Her Majesty, with the advice of her Privy Council, for such parts respectively of the United Kingdom, shall be the Branch Councils for such parts respectively of the United Kingdom, to which Branch Councils shall be delegated such of the powers and duties vested in the Council as the Council may see fit other than the power to make representations to Her Majesty in Council as hereinafter mentioned: the President shall be a member of all the Branch Councils.

Qualification.

VII. Members of the General Council representing the Medical corporations must be qualified to be registered under this Act.

Resignation or Death of Member of General Council.

VIII. The Members of the General Council shall be chosen and nominated for a term not exceeding five years, and shall be capable of re-appointment, and any Member may at any time resign his appointment by letter addressed to the President of the said Council, and upon the death or resignation of any Member of the said Council, some other person shall be constituted a Member of the said Council in his place in manner herein-before provided; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

Time and Place of Meeting of the General Council.

IX. The General Council shall hold their first meeting within three months from the commencement of this Act, in such place and at such time as one of Her Majesty's principal Secretaries of State shall appoint, and shall make such rules and regulations as to the times and places of the meetings of the General Council, and the mode of summoning the same, as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning a meeting of the General Council, it shall be lawful for the President to summon a meeting at such time and place as to him shall seem expedient by letter addressed to each member; and at every meeting, in the absence of the President, some other member to be chosen from the members present shall act as President; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight; and at all such meetings the President for the time being shall, in addition to his vote as a member of the Council, have a casting vote, in case of an equality of votes; and the General Council shall have power to appoint an Executive Committee out of their own body, of which the quorum shall not be less than three, and to delegate to such Committee such of the powers and duties vested in the Council as the Council may see fit, other than the power of making representations to Her Majesty in Council as hereinafter mentioned.

Appointment of Registrars and other Officers.

X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers; and the person or persons so appointed shall likewise act as Registrar for England, and as Secretary and Treasurer or Treasurers, as the case may be, for the Branch Council for England; the General Council and Branch Council for England shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed by any Council shall be removable at the pleasure of that Council, and shall be paid such salary as the Council by which he was appointed shall think fit.

Appointment of Registrars and other Officers by Branch Councils.

XI. The Branch Councils for Scotland and Ireland shall each respectively in like manner appoint a Registrar and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, and be removable at the pleasure of the Council by which they were appointed; and the person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other person or persons as Treasurer or Treasurers.

Fees for attendance at Councils.

XII. There shall be paid to the members of the Councils such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the General Council, and approved by the Commissioners of Her Majesty's Treasury.

Digitized by Google

Expenses of the Councils.

XIII. All moneys payable to the respective Councils shall be paid to the Treasurers of such Councils respectively, and shall be applied to defray the expenses of carrying this Act into execution in manner following; that is to say, separate accounts shall be kept of the expenses of the General Council, and of those of the Branch Councils; and the expenses of the General Council, including those of keeping, printing, and publishing the register for the United Kingdom, shall be defrayed, under the direction of the General Council, by means of an equal percentage rate upon all moneys received by the several Branch Councils; returns shall be made by the Treasurers of the respective Branch Councils, at such times as the General Council shall direct, of all moneys received by them; and the necessary percentage having been computed by the General Council, the respective contributions shall be paid by the Treasurers of such Branch Councils to the Treasurer or Treasurers of the General Council; and the expenses of the Branch Councils shall be defrayed, under the direction of those Councils respectively, out of the residue of the moneys so received as aforesaid.

Duty of the Registrar to keep the Register correct.

XIV. It shall be the duty of the Registrars to keep their respective registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the register; provided always, that the same may be restored by direction of the General Council should they think fit to make an order to that effect.

Registration of persons now qualified, and of persons hereafter becoming qualified.

XV. Every person now possessed, and (subject to the provisions hereinafter contained) every person hereafter becoming possessed, of any one or more of the qualifications described in the Schedule (A.) to this Act, shall, on payment of a fee, not exceeding two pounds, in respect of qualifications obtained before the first day of January one thousand eight hundred and fifty-nine, and not exceeding five pounds in respect of qualifications obtained on or after that day, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered, or upon transmitting by post to such Registrar information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained: Provided always, that it shall be lawful for the several colleges and other bodies mentioned in the said Schedule (A.) to transmit from time to time to the said Registrar lists certified under their respective seals of the several persons who, in respect of qualifications granted by such colleges and bodies respectively, are for the time being entitled to be registered under this Act, stating the respective qualifications and places of residence of such persons; and it shall be lawful for the Registrar thereupon, and upon payment of such fee as aforesaid in respect of each person to be registered, to enter in the register the persons mentioned in such lists, with their qualifications and places of residence as therein dated, without other application in relation thereto.

Council to make orders for regulating registers to be kept.

XVI. The General Council shall, with all convenient speed after the passing of this Act, and from time to time as occasion may require, make orders for regulating the registers to be kept under this Act as nearly as conveniently may be in accordance with the form set forth in Schedule (D.) to this Act, or to the like effect.

Persons practising in England before 1st August 1815 entitled to be registered.

XVII. Any person who was actually practising Medicine in England before the first day of August One thousand eight hundred and fifteen shall, on payment of a fee to be fixed by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland a declaration according to the form in the Schedule (B.) to this Act signed by him, or upon transmitting to such Registrar information of his name and address, and enclosing such declaration as aforesaid.

Council may require information as to course of study, etc. required for obtaining qualifications.

XVIII. The several Colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A.) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any branch Council, may attend and be present at any such examinations.

Colleges may unite in conducting examinations.

XIX. Any two or more of the Colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.

Defects in the course of study or examinations may be represented by General Council to Privy Council.

XX. In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such College or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's Most Honourable Privy Council.

Privy Council may suspend the right of registration in respect of qualifications granted by College, etc. in default, but may be revoked.

XXI. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such College or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: provided always, that it shall be lawful for Her Majesty, with the advice of Her Privy Council, when it is made to appear to Her, upon further representation from the General Council or otherwise, that such College or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order.

Persons not to be registered in respect of qualifications granted by the College body before revocation.

XXII. After the time mentioned in this behalf in any such order in Council no person shall be entitled to be registered under this Act in respect of any such qualification as in such order mentioned, granted by the College or body to which such order relates, after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of any qualification granted before such revocation.

Privy Council may prohibit attempts to impose restrictions as to any theory of Medicine or Surgery by bodies entitled to grant certificates.

XXIII. In case it shall appear to the General Council that an attempt has been made by any body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of Medicine or Surgery, as a test or condition of admitting him

Digitized by Google

to examination or of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice.

As to the making and authentication of orders, etc.

XXIV. All powers vested in the Privy Council by this Act may be exercised by any three or more of the lords and others of the Privy Council, the Vice-President of the Committee of the said Privy Council on Education being one of them; and all orders and acts of the Privy Council under this Act shall be sufficiently made and signified by a written or printed document, signed by one of the clerks of the Privy Council, or such officer as may be appointed by the Privy Council in this behalf; and all orders and Acts made or signified by any written or printed document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council; and every such document shall be received in evidence in all courts, and before all justices and others, without proof of the authority or signature of such clerk or other officer or other proof whatsoever, until it be shown that such document was not duly signed by the authority of the Privy Council.

As to registration by Branch Registrars.

XXV. Where any person entitled to be registered under this Act applies to the Registrar of any of the said Branch Councils for that purpose, such Registrar shall forthwith enter in a local register in the form set forth in Schedule (D.) to this Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the qualification or several qualifications in respect of which the person is so entitled, and the date of the registration, and shall, in the case of the Registrar of the Branch Council for Scotland or Ireland, with all convenient speed send to the Registrar of the General Council a copy, certified under the hand of the Registrar, of the entry so made, and the Registrar of the General Council shall forthwith cause the same to be entered in the general register; and such Registrar shall also forthwith cause all entries made in the local register for England to be entered in the general register; and the entry on the general register shall bear date from the local register.

Evidence of qualification to be given before registration.

XXVI. No qualification shall be entered on the register, either on the first registration or by way of addition to a registered name, unless the Registrar be satisfied by the proper evidence that the person claiming is entitled to it; and any appeal from the decision of the Registrar may be decided by the General Council, or by the council for England, Scotland, or Ireland (as the case may be); and any entry which shall be proved to the satisfaction of such General Council or Branch Council to have been fraudulently or incorrectly made may be erased from the register by order in writing of such General Council or Branch Council.

Register to be published.

XXVII. The Registrar of the General Council shall in every year cause to be printed, published, and sold under the direction of such council, a correct register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule (D.) to this Act, or to the like effect, and medical titles, diplomas, and qualifications conferred by any Corporation or University, or by Doctorate of the Archbishop of Canterbury, with the dates thereof, of all persons appearing on the General Register as existing on the First day of January in every year; and such Register shall be called "The Medical Register;" and a copy of the "Medical Register" for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all Courts and before all Justices of the Peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy, under the hand of the Registrar of the General Council or of any Branch Council, of the entry of the name of such person on the general or local Register shall be evidence that such person is registered under the provisions of this Act.

Names of Members struck off from List of College, etc. to be signified to General Council.

XXVIII. If any of the said Colleges or the said bodies at any time exercise any power they possess by law of striking off from the list of such College or body the name of any one of their members, such college or body shall signify to the General Council the name of the Member so struck off; and the General Council may, if they see fit, direct the Registrar to erase forthwith from the register the qualification derived from such College or body in respect of which such member was registered, and the Registrar shall note the same therein: provided always, that the name of no person shall be erased from the register on the ground of his having adopted any theory of Medicine or Surgery.

Medical Practitioners convicted of Felony may be struck off the Register.

XXIX. If any registered Medical Practitioner shall be convicted in England or Ireland of any felony or misdemeanor, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the Registrar to erase the name of such Medical Practitioner from the register.

Registered persons may have subsequent qualifications inserted in the register.

XXX. Every person registered under this Act who may have obtained any higher degree or any qualification other than the qualification in respect of which he may have been registered, shall be entitled to have such higher degree or additional qualification inserted in the register in substitution for or in addition to the qualification previously registered, on payment of such fee as the Council may appoint.

Privileges of Registered Persons.

XXXI. Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always, that it shall be lawful for any College of Physicians to pass a Byelaw to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any Court of Law, and thereupon such Byelaw may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or member of such College.

None but Registered Persons to recover charges.

XXXII. After the First day of January, One thousand eight hundred and fifty-nine, no person shall be entitled to recover any charge in any Court of Law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act.

Poor Law Medical Officers not disqualified if registered within Six Months of passing of Act.

XXXIII. Provided also, that no person who on the First of October One thousand eight hundred and fifty-eight shall be acting as Medical Officer under an order of the Poor Law Commissioners of Poor Law Board shall be disqualified to hold such office by reason of his not being registered as herein required, unless he shall have failed to be registered within six months from the passing of this Act.

Meaning of terms "legally qualified Medical Practitioner," etc.

XXXIV. After the First day of January, One thousand eight hundred and fifty-nine, the word "legally qualified Medical Practitioner" or "duly qualified Medical Practitioner," or any words importing a person recognised by law as a Medical Practitioner or Member of the Medical Profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act.

Digitized by Google

Registered Persons exempted from serving on Juries, etc.

XXXV. Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia, and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid.

Unregistered Persons not to hold certain Appointments.

XXXVI. After the First day of January, One thousand eight hundred and fifty-nine, no person shall hold any appointment as a Physician, Surgeon, or other Medical Officer either in the military or naval service, or in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poor-house, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age, or as a Medical officer of health, unless he be registered under this Act: Provided always, that nothing in this Act contained shall extend to repeal or alter any of the provisions of the Passengers Act, 1855.

No Certificate to be valid unless Persons signing be registered.

XXXVII. After the First day of January, One thousand eight hundred and fifty-nine, no Certificate required by any Act now in force, or that may hereafter be passed from any Physician, Surgeon, Licentiate in Medicine and Surgery, or other Medical Practitioner, shall be valid unless the person signing the same be registered under this Act.

Penalty on wilful Falsification of Register.

XXXVIII. Any Registrar who shall wilfully make or cause to be made any falsification in any matters relating to the register shall be deemed guilty of a misdemeanour in England or Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be imprisoned for any term not exceeding twelve months.

Penalty for obtaining Registration by false Representations.

XXXIX. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

Penalty for falsely pretending to be a Registered Person.

XL. Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.

Recovery of Penalties.

XLI. Any penalty to which under this Act any person is liable on summary conviction of any offence may be recovered as follows; (that is to say,) in England, in manner directed by the Act of the Session holden in the Eleventh and Twelfth years of Her Majesty, Chapter Forty-three, and in Ireland in manner directed by "The Petty Sessions (Ireland) Act, 1851," or any other Act for the time being in force in England and Ireland respectively for the like purposes; and any such penalty may in Scotland be recovered by the Procurator Fiscal of the County, or by any other person before the Sheriff or two Justices, who may proceed in a summary way and grant warrant for bringing the party complained against before him or them, or issue an order requiring such party to appear on a day and at a time and place to be named in such order, and every such order shall be served on the party by delivering to him in person or by leaving at his usual place of abode a copy of such order and of the complaint whereupon the same has proceeded, and upon the appearance or default to appear of the party, it shall be lawful for the Sheriff or Justices to proceed to the hearing of the complaint, and upon proof on oath or confession of the offence the Sheriff or Justices shall without any written pleadings or record of evidence commit the offender and decern him to pay the penalty named as well as such expenses as the Sheriff or Justices shall think fit, and failing payment shall grant warrant for recovery thereof by poinding and imprisonment, such imprisonment to be for such period as the discretion of the Sheriff or Justices may direct, not exceeding three calendar months, and to cease on payment of the penalty and expenses.

Application of Penalties.

XLII. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the Treasurer of the General Council.

Application of Moneys received by Treasurer.

XLIII. All moneys received by any Treasurer arising from fees to be paid on registration, from the sale of registers, from penalties, or otherwise, shall be applied for expenses of registration and of the execution of this Act.

Accounts to be published.

XLIV. The Treasurers of the General and Branch Councils shall enter in books to be kept for that purpose a true account of all sums of money by them received and paid, and such accounts shall be submitted by them to the respective General Council and Branch Councils at such times as the Councils shall require; and the said accounts shall be published annually, and such accounts shall be laid before both Houses in the month of March in every year, if Parliament be sitting, or, if Parliament be not sitting, then within one month after the next meeting of Parliament.

Notices of death of Medical Practitioners to be given by Registrars.

XLV. Every Registrar of deaths in the United Kingdom on receiving notice of the death of any Medical Practitioner shall forthwith transmit by post to the Registrar of the General Council and to the Registrar of the Branch Council a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office, and on the receipt of such certificate the Medical Registrar shall erase the name of such deceased Medical Practitioner from the register.

Provision for persons practising in the Colonies and elsewhere and for Students.

XLVI. It shall be lawful for the General Council by special orders to dispense with such provisions of this Act or with such part of any regulations made by its authority as to them shall seem fit, in favour of persons now practising Medicine or Surgery in any part of Her Majesty's dominions other than Great Britain and Ireland by virtue of any of the qualifications described in Schedule (A.); and also in favour of persons practising Medicine or Surgery within the United Kingdom on foreign or colonial diplomas or degrees before the passing of this Act; and also in favour of any persons who have held appointments as Surgeons or Assistant Surgeons in the Army, Navy, or Militia, or in the service of the East India Company, or are acting as Surgeons in the public service, or in the service of any Charitable Institutions, and also, so far as to the Council shall seem expedient, in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

New Charter may be granted to the College of Physicians of London.

XLVII. It shall be lawful for Her Majesty to grant to the Corporation of the Royal College of Physicians of London a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England," and to make such alterations in the constitution of the same Corporation as to Her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such Charter under their Common Seal, and such acceptance shall operate as a surrender of all Charters heretofore granted to the said Corporation, except the Charter granted by King Henry the Eighth, and shall also operate as a surrender of such Charter and of any rights, powers, or privileges conferred by or enjoyed under an Act of the Session holden in the fourteenth and fifteenth years of King Henry the Eighth, chapter five, confirming the same, as far as such Charter and Act respectively may be inconsistent with such new charter: Provided

Digitized by Google

nevertheless, that within twelve months after the granting of such charter to the College of Physicians of London, any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of the United Kingdom called England, and who may be desirous of becoming a Member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of two pounds to the said College.

Her Majesty may grant power to College of Surgeons to institute examinations, etc. for Dentists.

XLVIII. It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness.

New Charter may be granted to College of Physicians of Edinburgh.

XLIX. It shall be lawful for Her Majesty to grant to the corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland," and it shall be lawful for the said Royal College of Physicians, under their common seal, to accept such new charter, and such acceptance shall operate as a surrender of all charters heretofore granted to the said corporation.

The Faculty at Glasgow may be amalgamated.

L. If at any future period the Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow agree to amalgamate, so as to form one united corporation under the name of "The Royal College of Surgeons of Scotland," it shall be lawful for Her Majesty to grant, and for such College and Faculty under their respective Common Seals to accept, such new Charter or Charters as may be necessary for effecting such union, and such acceptance shall operate as a surrender of all Charters heretofore granted to such College and Faculty; and in the event of such union it shall be competent for the said College and Faculty to make such arrangements as to the time and place of their examinations as they may agree upon, these arrangements being in conformity with the provisions of this Act, and subject to the approval of the General Council.

New Charter may be granted to the King and Queen's College of Physicians in Ireland.

LI. It shall be lawful for Her Majesty to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland," and to make such alterations in the constitution of the said Corporation as to Her Majesty may seem expedient; and it shall be lawful for the said corporation to accept such Charter under their Common Seal, and such acceptance shall operate as a surrender of the Charter granted by King William and Queen Mary, so far as it may be inconsistent with such new Charter.

Charters not to contain new restrictions in the practice of Medicine or Surgery.

LII. Provided always, that nothing herein contained shall extend to authorise Her Majesty to create any new restriction in the practice of Medicine or Surgery, or to grant to any of the said Corporations any powers or privileges contrary to the common law of the land or to the provisions of this Act, and that no such new Charter shall in anywise prejudice, affect, or annul any of the existing statutes or byelaws of the Corporations to which the same shall be granted, further than shall be necessary for giving full effect to the alterations which shall be intended to be effected by such new Charters and by this Act in the Constitution of such Corporation.

Provisions of 17 & 18 Vict. c. 114, as to University of London to continue in force.

LIII. The enactments and provisions of the University of London Medical Graduates Act, 1854, shall be deemed and construed to have applied and shall apply to the University of London for the time being, notwithstanding the surrender or determination of the therein-recited charter, and the granting or acceptance of the now existing charter of the University of London, or the future determination of the present or any future charter of the said University, and the granting of any new charter to the said University; and that every Bachelor of Medicine and Doctor of Medicine of the University of London for the time being shall be deemed to have been and to be entitled and shall be entitled to the privileges conferred by the said Act, in the same manner and to the same extent as if the charter recited in the said Act remained in force, subject nevertheless to the provisions of his Act.

British Pharmacopœia to be published.

LIV. The General Council shall cause to be published under their direction a book containing a list of Medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed, and containing such other matter and things relating thereto as the General Council shall think fit, to be called "British Pharmacopœia;" and the General Council shall cause to be altered, amended, and republished such Pharmacopœia as often as they shall deem it necessary.

Chemists, etc. not to be affected.

LV. Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful occupation, trade, or business of Chemists and Druggists and Dentists, or the rights, privileges, or employment of duly licensed Apothecaries in Ireland, so far as the same extend to selling, compounding, or dispensing Medicines.

SCHEDULE (A.)

1. Fellow, Licentiate, or Extra Licentiate of the Royal College of Physicians of London.
2. Fellow or Licentiate of the Royal College of Physicians of Edinburgh.
3. Fellow or Licentiate of the King's and Queen's College of Physicians of Ireland.
4. Fellow or Member or Licentiate in Midwifery of the Royal College of Surgeons of England.
5. Fellow or Licentiate of the Royal College of Surgeons of Edinburgh.
6. Fellow or Licentiate of the Faculty of Physicians and Surgeons of Glasgow.
7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.
8. Licentiate of the Society of Apothecaries, London.
9. Licentiate of the Apothecaries Hall, Dublin.
10. Doctor, or Bachelor, or Licentiate of Medicine, or Master in Surgery of any University of the United Kingdom; or Doctor of Medicine by Doctorate granted prior to passing of this Act by the Archbishop of Canterbury.
11. Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the first day of October, 1858, who shall produce certificates to the satisfaction of the Council of his having taken his Degree of Doctor of Medicine after regular examination, or who shall satisfy the Council, under section forty-five of this Act, that there is sufficient reason for admitting him to be registered.

SCHEDULE (B.)

DECLARATION required of a Person who claims to be registered as a Medical Practitioner, upon the ground that he was in practice as a Medical Practitioner in England or Wales before the First day of August, 1815;

To the Registrar of the Medical Council.

I residing at in the County of hereby declare that I was practising as a Medical Practitioner at in the County of before the First day of August, 1815.

(Signed) [Name.]

Dated this Day of 185 .

SCHEDULE (D).

Name.	Residence.	Qualification.	Title.
A.B. ..	London	Fellow of the Royal College of Physicians of	
C.D. ..	Edinburgh .	Fellow and Member of the Royal College of Surgeons of	
E.F. ..	Dublin	Graduate in Medicine of University of	
G.H. ..	Bristol	Licentiate of the Society of Apothecaries.	
I.K. ..	London	Member of College of Surgeons and Licentiate of the Society of Apothecaries.	

Digitized by Google

RULES AND REGULATIONS
OF
EXAMINING MEDICAL BODIES
IN
ENGLAND.
SESSION 1858—1859.

UNIVERSITY OF OXFORD.

OFFICERS, 1858.

Chancellor.—The Earl of Derby, D.C.L.
High Steward.—The Earl of Devon, D.C.L.
Vice-Chancellor.—David Williams, D.C.L., Warden of New College.
Registrar.—Edward Wetherell Rowden, D.C.L., late Fellow of New College.

PROFESSORS.

Regius Professor of Medicine.—H. W. Acland, M.D. Ch. Ch.
Sherardian Professor of Botany.—C. G. B. Daubeny, M.D. Fellow of Magdalen.
Lichfield's Professor of Clinical Medicine.—H. W. Acland, M.D.
Aldrichian Professor of Anatomy.—Vacant.
Chemistry.—C. G. B. Daubeny, M.D.
Lee's Lecturer in Anatomy.—G. Rolleston, M.D.

FOR DEGREES IN ARTS.

By those who have not taken any degree in Arts, Michaelmas and Hilary terms are each kept by six weeks' residence, and Easter and Trinity terms by three weeks' each.

A residence of three weeks in each term is sufficient for Bachelors of Arts keeping terms for a Master's degree.

Sixteen terms are required for the degree of Bachelor of Arts, from all except the sons, and eldest sons of the eldest sons, of Peers, etc. But of these sixteen terms, the day of Matriculation, if it be in term, counts for one, and the day of admission to a Bachelor's degree for another; so that, in point of fact, residence for twelve terms only is necessary.

Bachelors of Arts proceed to their M.A. degree in the twenty-seventh term (in the privileged cases twenty-third) from their Matriculation, provided they have kept three weeks' residence after their B.A.

FOR DEGREES IN MEDICINE.

For the degree of Bachelor in Medicine, three years' or twelve terms' residence are necessary, as in the case of candidates for degrees in Arts, with whom they must undergo a public examination, after which three years further are necessary.

A B.M. enjoys the same privilege with the B.C.L. in reference to his M.A. degree.

For a Doctor's degree, three whole years after the Bachelor's are required.

FOR DEGREES IN THE SUPERIOR FACULTIES SUBSEQUENT TO THAT OF MASTER OF ARTS.

The following is the time requisite for degrees in the faculty of Medicine subsequent to that of Master of Arts, all of which date the commencement of the reckoning from the period of regency.

For the degree of Bachelor in Medicine, without proceeding through Arts, all students in that faculty are eligible when they have completed twenty-eight terms from the day of Matriculation; and for a Doctor's, three years must intervene from the time of the candidate's having taken his Bachelor's degree.

UNIVERSITY FEES.

1. *At Matriculation.*—For a Servitor, or Bible-Clerk, 10s. For a Nobleman, or the eldest son of a Peer, 8*l.* For Privileged persons (according to Stat. tit. vi. 5, § 1), not claiming immunity, 5*l.* For all others, 2*l.* 8s. And for non-Academicians, 1*l.*

2. *At Graduation.*—For the degree of B.A., 7*l.* 10s. For the degree of M.A., 12*l.* For the degree of M.A., if he has been admitted to his B.C.L. degree before 29th September, 1855, 4*l.* 5s.; if after that time, 7*l.* For Bachelor in any of the superior faculties, 14*l.* For Doctor in any of the superior faculties, 40*l.* For Bachelor of Music, 5*l.* For Doctor in Music, 10*l.* For a degree by decree of Convocation, or granted to any in their absence, besides the usual fees, 5*l.* For degrees by accumulation, beyond the usual fees, 5*l.* If any M.A. or Doctor, after having quitted the University, shall wish to return, he shall reside twenty-one days in any one Term, and pay a fee of 10*l.* unless he would prefer to pay up the fees due from the time of his leaving the University. If he shall not reside, 20*l.*

3. *Incorporation Fees.*—B.A., 8*l.*; M.A. 15*l.*; Bachelor in any of the superior faculties, 15*l.*; Doctor in any superior faculty, 40*l.*; B. Mus., 5*l.*; D. Mus., 10*l.* For a Diploma, beyond the usual fees, 10*l.* 10s.

4. *Fees ad eundem*, 1*l.* Besides the above, every member of the University pays 1*l.* 6s. annually, in four quarterly payments, as University dues. In lieu, however, of this payment, all members having graduated, may at their option compound for all such dues on the following scale, viz.:—If he have not exceeded his 25th year, 22*l.* 15s.; 30th, 21*l.* 15s.; 35th, 20*l.* 12s. 6d.; 40th, 19*l.* 8s. 6d.; 45th, 18*l.*; 50th, 16*l.* 7s. 6d.; 55th, 14*l.* 15s.; 60th, 13*l.* 1s. 6d.; 70th, 9*l.* 6s. 6d.

5. *Fees at Examination.*—All Undergraduates are called upon to pay fees on entering their names for their respective Examinations; viz. for Responsions, 20s.; the First Public Examination, 21s.; the Final Examination, 21s.; for admission into any second school, 10s.; for Examination in Civil Law, 20s.; and in Medicine, 20s.

EXERCISES FOR DEGREES IN MEDICINE.

All Students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined by the Regius Professor of that faculty and two examiners, of the degree of Doctor in Medicine, who are appointed by the Vice-Chancellor, in the theory and practice of Medicine, in Anatomy, Physiology, and Pathology; in the Materia Medica, as well as in Chemistry and Botany, so far as they illustrate the science of Medicine, and in two at least of the following ancient Medical writers—Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor.

EXAMINATIONS FOR DEGREES IN ARTS.

All Undergraduates must pass three public trials before they proceed to their B.A. degree; as follow:—

Responsions to be holden three times in each year [*i. e.* 5th of December; Monday after the 4th Sunday in Lent; Thursday after the first Sunday after Trinity]; and to be passed in the third to the seventh term inclusive.

Subjects.—One Latin, one Greek author, or a portion of each; the chief object being to ascertain that the principles of these two languages are well understood. Arithmetic (which will be required of all), Euclid, or Algebra.

UNIVERSITY OF CAMBRIDGE.

OFFICERS, 1858.

Chancellor.—His Royal Highness Prince Albert, LL.D. Trinity.
High Steward.—Lord Lyndhurst, LL.D., Trinity.
Vice-Chancellor.—Henry Philpott, D.D., St. Catherine's.
Registrar.—Joseph Romilly, M.A., Trinity.

PROFESSORS.

Regius of Physic.—Henry J. Hayles Bond, Corpus.
Chemistry.—J. Cumming, M.A., F.R.S., Trinity.
Anatomy.—William Clark, M.D., F.R.S., Trinity.
Botany.—Rev. J. S. Henslow, M.A., F.L.S., John's.
Downing Professor of Medicine.—W. W. Fisher, M.D., Down.
Linacre Lecturer on Physic.—G. E. Paget, M.D.

PROCEEDINGS IN PHYSIC.

BACHELOR OF MEDICINE.

A student before he can become a Bachelor of Physic must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms (a), and have passed the previous examination.

(a) All students are now required to reside two-thirds of each term instead of a half.

Digitized by Google

A Bachelor of Arts may become a Bachelor of Physic after having entered on his sixth year, computed from the date of his first admission at the University, provided that one year at least has intervened between his final determination in Arts, and his admission to the degree of Bachelor of Physic.

The exercises for this degree are one Act and one opponency.

Candidates for the degree of Bachelor of Physic must, previously to the performance of these exercises, in addition to the examination by the Regius Professor of Physic, be examined by the Professors of Anatomy, Chemistry, and Botany, and the Downing Professor of Medicine. The examinations by the Professors of Chemistry and Botany may take place in the fourth year after admission. The other part of the examination may take place in the fifth year after admission, but not earlier. They must have diligently attended the lectures of the Regius Professor of Physic for two terms, and must bring to him certificates of examination by the above Professors, and of attendance on their lectures, in case the course of lectures of the Professor of Botany consist of not less than twenty lectures, and the courses of lectures of the Professors of Anatomy and Chemistry, and of the Downing Professor of Medicine of not less than fifty lectures each. They must also deliver to the Regius Professor of Physic certificates of having been diligently employed in attendance on Medical lectures, and the practice of some known Hospital for two years, or for as long a time as they have been absent from the University during their undergraduateship.

Every candidate for the M.B. degrees pays the Professor £7 for his Act.

LICENTIATE IN MEDICINE.

A licence *ad practicandum in Medicinâ* may be granted to a Bachelor of Physic in the term subsequent to that in which he has taken the degree, or to a Master of Arts of two years' standing. Candidates for a licence *ad practicandum in Medicinâ*, being previously Bachelors of Physic, are required to produce to the Regius Professor of Physic certificates of their having attended on hospital practice for three years exclusive of the nine terms which they kept by residence for the degree of Bachelor of Physic, and of their having attended lectures on the following subjects, namely:—Practice of physic and pathology, anatomy, and physiology, chemistry, and botany, medical jurisprudence, materia medica and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons. Candidates for a licence *ad practicandum in Medicinâ*, being previously Masters of Arts, are required to bring satisfactory evidence to the Regius Professor of Physic of their having been employed in the study of Physic for five years after they became Bachelors of Arts, and to produce to him certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned. Every candidate for a licence *ad practicandum in Medicinâ* is required to pass an examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic, to be nominated by the Vice-Chancellor, and approved by the Senate at the first congregation after the 10th of October in each year. There are two such examinations in every year; one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of Easter term falls.

DOCTOR IN MEDICINE.

The degree of Doctor of Physic is granted to a Bachelor of Physic of five years, or to a Master of Arts of seven years' standing. The exercises for this degree are two acts and one opponency. Every candidate for the degree of Doctor of Physic, who has not previously obtained a licence *ad practicandum in Medicinâ*, is required to produce to the Regius Professor of Physic the same certificates and pass the same examination as are required in the case of candidates for a licence *ad practicandum in Medicinâ*.

The following Table of Average Expense, regularly incurred by the student, is calculated for one of the Colleges The difference is not much at any other College:—

Annual.	£	s.	d.
Tuition	10	0	0
Rooms, Rent	10	0	0
Attendance, Assessed Taxes, etc.	6	5	0
Coals	3	10	0
College Payments	5	7	4

Cost of Living.

Breakfast, Dinner, and Tea, at 16s. 6d. a-week for twenty-five weeks, making the average three terms' residence in the year	20	12	6
Laundress	5	8	0
	£61	2	10

Rent of rooms varies in the several Colleges from £4 to £30; price of lodgings, 8s. to 28s. per week; the most frequent payment is 14s. or 16s.; and half-price is paid in vacations. Entertainment in rooms, attendance of a gyp, orders in the hall, are extra and optional. Private tuition is for the most part £14 or £7 a term.

ADDENBROOKE'S HOSPITAL

was opened in the year 1776, and contains upwards of 100 beds. Certificates of attendance on the practice in it are recognised by the University, by the Royal Colleges of Physicians and Surgeons, and by the Society of Apothecaries in London. During term clinical lectures are delivered weekly by the Physicians, and a course of lectures on the Principles of Surgery by Mr. Humphry, the certificate of attendance on which is received of candidates for L.M.

Physicians.—Henry J. H. Bond, M.D.; G. E. Paget, M.D.; William W. Fisher, M.D.

Consulting Surgeon.—John Okes, Esq., F.R.C.S.

Surgeons.—Charles Lestourgeon, M.A., F.R.C.S.; Josiah Hammond, F.R.C.S.; George M. Humphry, F.R.C.S.

Fees.—For attendance on the Medical and Surgical Practice and the Lectures:—

For 6 months	Eight guineas.
12 months	Ten guineas.
An unlimited period	Fifteen guineas.

THE UNIVERSITY LIBRARY

contains more than 170,000 volumes. It is open on Saturdays from ten till one; and on other days from eleven till four.

THE ANATOMICAL MUSEUM.

This rich and interesting collection is under the care and superintendence of the Professor of Anatomy for the time being. It is used by him and by the Regius Professor of Physic for the illustration of their respective lectures.

THE LONDON UNIVERSITY.

Visitor.—Her Majesty the Queen.

Chancellor.—The Right Honourable the Earl Granville, K.G., F.R.S.

Vice-Chancellor.—Sir John George Shaw Lefevre, K.C.B., D.C.L., F.R.S.

Registrar.—William Benjamin Carpenter, M.D., F.R.S.

Clerk to the Senate.—Henry Moore.

EXAMINERS.

Medicine.—Archibald Billing, M.D., A.M., F.R.S.; and Alexander Tweedie, M.D., F.R.S.

Surgery.—W. Fergusson, F.R.S., Sir Stephen Love Hammick, Bart.

Anatomy and Physiology.—Francis Kiernan, F.R.S., and William Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy.—Thomas H. Huxley, F.R.S.

Midwifery.—Edward Rigby, M.D.

Chemistry.—Alfred Swaine Taylor, M.D., F.R.S.

Botany.—The Rev. Professor Henslow, M.A.

Materia Medica and Pharmacy.—George Owen Rees, M.D., F.R.S.

BACHELOR OF MEDICINE.

Candidates for the Degree of Bachelor of Medicine shall be required:—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this University. 2. To have spent one year at least of the four in one or more of the recognised Institutions or Schools in the United Kingdom. 3. To pass two examinations.

First Examination.—The first examination shall take place once a year, and commence on the first Monday in August (a).

(a) The annual number of examinations will be increased at a future period, should it be found desirable.

Digitized by Google

No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this University, or in a University the degrees granted by which are recognised by the Senate of this University (b); or of having passed the Matriculation examination (c). 3. Of having been a student during two years at one or more of the Medical Institutions or Schools recognised by this University, subsequently to having taken a degree in arts, or passed the Matriculation examination. 4, 5, 6, 7. (See TABULAR LIST OF LECTURES, page 314.) The certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be £5. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first examination without the payment of any additional fee. (For subjects of Examination, see TABULAR LIST.) The candidate shall also be required to translate passages from the Latin Pharmacopœia.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the first examination may be examined for honours in any or all of the following subjects:—Anatomy and Physiology. (Candidates may illustrate their answers by sketching the parts they describe.) Chemistry, Materia Medica, and Pharmaceutical Chemistry, Structural and Physiological Botany. The examinations shall take place in the week following the commencement of the first examination. [They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination. Candidates who pass the examinations, and acquit themselves to the satisfaction of the examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together, unless the examiners are of opinion that there is a clear difference between them.] If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in anatomy and physiology, the candidate who shall distinguish himself the most in chemistry, and the candidate who shall distinguish himself the most in Materia Medica and pharmaceutical chemistry, shall each receive an exhibition of £30 per annum for the next two years. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of £5. Under the same circumstances, the candidate who shall distinguish himself the most in structural and physiological botany shall receive a gold medal of the value of £5.

SECOND EXAMINATION.

The second examination shall take place once a-year, and commence on the first Monday in November. No candidate shall be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first examination. 2, 3, 4, 5, 6, 7 (see TABULAR LIST). Certificates on Practical Medicine will be received from any legally-qualified Practitioner having the care of the poor of a parish. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be £5. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the second examination without the payment of any additional fee. (For subjects of examination see TABULAR LIST.) The candidate shall also be required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin. On Monday morning in the week following the examination, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed. And a certificate, under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the Examination for Honours, shall be placed in the first division.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the second examination may be examined for Honours in any or all of the following subjects:—Physiology and Comparative Anatomy. Candidates may illustrate their answers by sketching the parts they describe. Surgery, Medicine, Midwifery. The examination shall take place in the week following the second examination. (The same regulations follow here as in the examination in Honours at the first examination.) If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of £50 per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of £5. Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery shall receive a gold medal of the value of £5.

DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once a year, and commence on the fourth Monday in November. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in Medicine or in Surgery at a University, the degrees granted by which are recognised by the Senate of this University (d). Those candidates who have not taken the degree in this University shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in Medicine: *a*. To Clinical or Practical Medicine during two years in an Hospital or Medical Institution recognised by this University; *b*. Or, to Clinical or Practical Medicine during one year in an Hospital or Medical Institution recognised by this University, and of having been engaged during three years in the practice of his Profession; *c*. Or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his Profession. One year of attendance on Clinical or Practical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of Moral Character, signed by two persons of respectability. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine shall be £10. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee. The examination shall be conducted by means of printed papers and *viva voce* interrogation. Candidates shall be examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy, Medicine.

REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE. (e)

BACHELOR AND DOCTOR OF MEDICINE.

BACHELOR OF MEDICINE.

Candidates shall be admitted to the two examinations for

(b) The Degrees in Arts of all Universities in the United Kingdom are recognised by the Senate for this purpose.

(c) The Matriculation Examination is the same for Students in Arts as for Students in Medicine.

(d) At present, all candidates for the degree of Doctor of Medicine must have previously obtained the degree of Bachelor of Medicine in this University.

(e) All these Regulations are applicable exclusively to Practitioners who obtained their Licences or Commissions prior to 1840.

Digitized by Google

the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1850 members of one of the legally-constituted bodies in the United Kingdom for licensing Practitioners in Medicine or Surgery; or, of having served previously to 1840 as Surgeons or Assistant-Surgeons in Her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised Institution or School, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

DOCTOR OF MEDICINE.

Candidates who have been engaged during five years in the practice of their Profession shall be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their Profession. 2. Of having taken the degree of Bachelor of Medicine in the University. Candidates who have not taken a degree in Arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

UNIVERSITY OF DURHAM.

Warden.—The Venerable Charles Thorp, D.D., F.R.S.
Reader in Medicine.—Dennis Embleton, M.D., F.R.C.S.
Reader in Natural Philosophy.—R. B. Hayward, M.A.
Lecturer in Chemistry.—T. Richardson, M.A.
Registrar.—The Rev. T. Chevallier, B.D.

Students who matriculate at the University of Durham proceed in the first place to a licence in Medicine, then to the degrees of Bachelor and Doctor of Medicine in that University. The course required for students in medicine occupies four years. One of those years must be spent in the University, and the other three years either in the University or in a school of Medicine in the United Kingdom, which has been received into connexion with the University by Convocation. The Newcastle-upon-Tyne College of Medicine is thus in connexion with the University. The year's residence at Durham is usually, but not necessarily, kept at the beginning of the course. During that year, students attend lectures similar to those given to students in Arts in their first year; and, at the end of it, must pass an examination in the rudiments of religion, literature and science. At the end of the course of four years, candidates for a licence in Medicine must pass a final examination in the medical sciences. Licentiates may proceed to the degrees of Bachelor and Doctor of Medicine, by performing such exercises as the warden and senate of the University of Durham appoint; such licentiates being of the standing of twenty-one terms from the date of matriculation for the degree of Bachelor, and of thirty-three terms for the degree of Doctor in Medicine. Any student in Arts who has passed the first examination for the degree of Bachelor of Arts may proceed as a student in Medicine of the second year. Any student who has passed the examinations for the degree of Bachelor of Arts is admissible to the final examination in Medicine without passing the former examination appointed for students in Medicine, and without further residence in the University or in a medical school, provided he shall have produced certificates of having attended the requisite medical lectures and hospital practice (a).

ROYAL COLLEGE OF PHYSICIANS, LONDON.

President.—Dr. Thomas Mayo.
Censors.—Drs. Sutherland, Bence Jones, Risdon Bennett, and Baly.
Elects.—Drs. Thomas Turner, Clement Hue, John Bright, Henry Herbert Southey, Francis Hawkins, James Alderson, and Henry S. Roots.
Treasurer.—Dr. Alderson.
Registrar.—Dr. F. Hawkins.
Secretary.—Mr. W. Copney.

According to the regulations of this College, no one will be admitted as a candidate for the licence or extra licence, unless he shall have attained the age of six-and-twenty, and shall present a certificate of good moral conduct. His medical education must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history (particularly botany), midwifery, and the principles of surgery, and must extend over the period of five years. Practical medicine must be studied for three years in an hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education, according to the usual course of study, are required to present testimonials of a twelvemonth's attendance on medical practice at any Hospital in Great Britain, having the qualifications as above.

No one will be admitted as a licentiate (*permissus*) who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless previously to his first examination he make known to the President and Censors its composition and the manner in which it is employed. Every candidate must undergo three examinations before the President and Censors. The first examination comprises physiology, the second pathology, and the third therapeutics. At the commencement of the first examination, the President may inquire of the candidate where he studied polite literature, and the principles of science, and what honours he has obtained, whether in philosophy, arts or medicine, in order that the answers may be recorded by the registrar. The candidate may also be examined in Greek works on medicine,—to wit, Hippocrates, Galen, or Aretæus. Passages from the Aphorisms of Hippocrates or Galen will be brought forward during the first examination; and, during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be translated into Latin, and illustrated with a brief commentary. If the candidate decline examination in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English, at the pleasure of the Censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitia majora* (or meeting of the fellows at large) to be admitted as a licentiate; and, if the majority present consent, he will be admitted accordingly. If, however, the candidate be rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the College that he will obey its statutes, or pay the penalties imposed; and consult the honour of the College and the good of the public in all his medical practice.

If any one holding the licence of the College practise pharmacy afterwards, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the College licence, is to be admonished by letter to cease his practice until after he has passed the required examinations; and if he continue to practise, despite this admonition, then, *legibus regni obnoxius erit*.

Persons who have attained their fortieth year, seeking to become licentiates of the College, but whose medical education is not altogether in accordance with the regulations already stated, must present very high testimonials of professional knowledge and good moral conduct, and, if these are satisfactory to the Censors, after a very strict scrutiny, the Censors may recommend to the College that they should be admitted to examination the same as for licentiates in general.

The old regulation restricting the fellowship ordinarily to the Graduates of Oxford and Cambridge, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora*; none being eligible who have not been four years in the number of licentiates.

The examinations for the licence are conducted by the President and Censors. The periods at which they take place are Michaelmas, Christmas, Easter, and Midsummer. The new Censors are elected on the 25th of June.

The College fees are £56 17s. (including stamp-duty, £15) for the licence; fellowship, £55 1s. (including stamp-duty, £25): extra licence, £25.

(a) Under "the Medical Act" lately passed, Licentiates and Graduates of the University of Durham are entitled to register as duly-qualified Practitioners in Medicine.

Digitized by Google

ROYAL COLLEGE OF SURGEONS OF ENGLAND,
LINCOLN'S INN-FIELDS.

President.—Joseph Henry Green.*

Vice-Presidents.—James Moncrieff Arnott,* and John Flint South.

The Council.—W. Lawrence,* E. Stanley, Sir B. C. Brodie, Bart., J. Swan, C. Hawkins,* J. Luke,* F. C. Skey,* J. Hodgson,* T. Wormald,* J. Bishop, G. W. Mackmurdo, F. Kiernan, W. Coulson, G. Gulliver, R. Partridge, J. Hilton, R. Quain, E. Cock, S. Solly, T. Tatum, and A. Shaw.

Examiners in Midwifery.—J. M. Arnott, Dr. A. Farre, Dr. H. Oldham, and Dr. C. West.

Examiners for the Fellowships in Classics, Mathematics, and French.—G. Smith, G. G. Stokes, and I. Brasseur.

Professor of Anatomy and Surgery.—Prescott G. Hewett.

Professor of Comparative Anatomy and Physiology.—G. Busk.

Professor of Histology, and Conservator.—John Thomas Quekett.

Assistant Conservators.—T. H. Stewart, and J. Murie.

Librarian.—John Chatto.

Secretary.—Edmund Belfour.

Clerk.—Thomas Madden Stone.

Examiners marked thus.*

REGULATIONS OF THE COUNCIL
RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

I. Candidates will be required to produce the following certificates, viz.—

1. Of being twenty-one years of age.

2. Of having been engaged during four years in the acquirement of professional knowledge.

3. Of having studied Practical Pharmacy during three months.

4. Of having attended Lectures on Anatomy delivered not less frequently than four times in each week, during two Winter Sessions.

5. Of having performed Dissections during not less than two Winter Sessions.

6. Of having attended Lectures on Physiology delivered not less frequently than twice in each week, during two Winter Sessions.

7. Of having attended Lectures on Surgery during two Winter Sessions.

8. Of having attended one Course of Lectures on each of the following subjects, viz. Chemistry, Materia Medica, Medicine, and Midwifery.

9. Of having attended at a recognised Hospital or Hospitals in the United Kingdom the Practice of Medicine, and Clinical Lectures on Medicine during one Winter (a) and one Summer (b) Session.

10. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Surgery, and Clinical Lectures on Surgery, during three Winter and two Summer Sessions.

Those candidates who shall have pursued their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required by the Colleges of Surgeons of Edinburgh and Ireland respectively from candidates for their diploma.

Preliminary Education.—It is the intention of the Council to institute an examination, or to require some equivalent evidence, of the candidate's proficiency in the ordinary branches of a liberal education.

II. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted College or University requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and Hospital of the University where they shall have graduated, or at one or more of the recognised schools and Hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised Colonial Hospitals and schools (c), the Medical and Surgical practice, and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised Hospital, and lectures on Anatomy, Physiology and Surgery, with Demonstrations and Dissections.

V. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such school be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such school be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Physiology—Demonstrations and Dissections—will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the Institutes of Medicine,—Anatomy, Demonstrations and Dissections,—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

N.B. In the certificates of attendance on Hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

REGULATIONS
RELATING TO THE EXAMINATION FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

I. The examination of candidates for the Diploma of Member of this College will be divided into two parts; the first relating to Anatomy and Physiology, the second relating to Pathology, Surgery, and Surgical Anatomy.

The first examination, on Anatomy and Physiology, will be made as practical and demonstrative as possible.

The second examination, on Pathology, Surgery, and Surgical Anatomy, will be partly written and partly oral; and the written part of this examination will have the precedence.

II. The examination on Anatomy and Physiology will be held in the months of April, May, July, November and January.

The examination on Anatomy will be on the recently dissected subject, and on prepared parts of the Human Body.

Candidates for these examinations are required to signify their desire of being admitted thereto not less than one month previous to the period of examination.

The fee of five guineas will be paid by each candidate

(a) The Winter Session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March.

(b) The Summer Session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.

No Provincial Hospital will be recognised by this College which contains less than 100 Patients; and no Metropolitan Hospital which contains less than 150 Patients.

(c) The recognition of Colonial Hospitals and Schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to Physicians, Surgeons, and Lecturers, as apply to the recognition of Provincial Hospitals and Schools in England.

Digitized by Google

prior to his examination on Anatomy and Physiology, and which fee will be allowed in the fee required on his admission as a Member of the College.

Such Students as shall have completed the second session of their anatomical studies, and shall be desirous thereof, will be admitted to the first or Anatomical examination in November or January next. And from and after the 1st of March next, all candidates for the Diploma of the College will be required to undergo the double examination.

REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE CERTIFICATE OF QUALIFICATION IN MIDWIFERY.

1. Persons who were Fellows or Members of the College prior to the 1st day of January, 1853, will be admitted to Examination for the certificate of qualification in Midwifery upon producing their diploma.

2. Persons having become members of the College, subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours.

3. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma, licence, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

4. Graduates in Medicine of any legally constituted College or University, requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma or degree, proof of being twenty-one years of age; of having been occupied four years in the acquirement of professional knowledge; of having completed, at recognised schools, the anatomical and surgical education required of candidates for the diploma of member of the College; of having attended one course of lectures on Midwifery, and of having attended not less than twenty labours.

5. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, prior to the 1st of January, 1853, will be admitted to examination on producing the several certificates of professional education required for admission to examination for the diploma of member of this College at the period when such persons shall respectively have, in such manner, commenced their professional education.

6. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, after the 31st of December, 1852, will be admitted to examination on producing certificates of being twenty-one years of age; of having been engaged during four years in the acquirement of professional knowledge; of having completed, at recognised schools, the professional education required of candidates for the diploma of member of this College; of having attended one course of Lectures on midwifery and the diseases of women and children, and of having personally conducted thirty labours.

N.B. The fee for the certificate is as follows, viz.:—1. Persons who were Fellows or Members of this College prior to the 1st of January, 1853, two guineas. 2. Persons admitted Fellows or Members of this College subsequently to the 1st of January, 1853, three guineas. 3, 4. Persons producing any other diploma or certificate of degree which may be considered by the Council to afford satisfactory proof of sufficient Surgical and Medical education, three guineas. 5, 6. All other persons, ten guineas.

ADMISSION OF MEMBERS TO THE FELLOWSHIP BY EXAMINATION.

Except in the cases and instances hereinafter provided for to the contrary, every candidate for the Fellowship, whether a member of the College or not, is required to produce certificates satisfactory to the Court of Examiners:—That he is 25 years of age. That he is (if found qualified upon examination) a fit and proper person to be admitted to the Fellowship, which certificate must be signed by three Fellows. That he has passed a preliminary examination in classics, mathematics, and French, appointed by the Council. That he has been engaged for six years in the acquirement of professional knowledge in recognised Hospitals or schools; and that not less than three Winter and three Summer Sessions thereof have been passed in one or more of such Hospitals in London. That he has studied Anatomy and Physiology by attendance on lectures and demonstrations, and by dissections during three Winter sessions of not less than six months each, at a recognised school or schools. That he has attended lectures on the theory and practice of Medicine, and on Clinical Medicine; and also on the theory and practice of Surgery, and on Clinical Surgery, during two Sessions of not less than six months each, at recognised schools and Hospitals. That he has attended one course of lectures on each of the following subjects, viz. Chemistry, Materia Medica, Midwifery with attendance on cases, Medical Jurisprudence, and Comparative Anatomy, at one or more recognised school or schools. That he has attended the Surgical Practice of a recognised Hospital or Hospitals during four Winter and four Summer Sessions, and the Medical practice of a recognised Hospital or Hospitals during one Winter and one Summer Session. That he has served the office of House-Surgeon or Dresser in a recognised Hospital in the United Kingdom. He is also required to present clinical reports, with observations thereon, of not less than six Surgical cases taken by himself at one or more recognised Hospital or Hospitals in the United Kingdom, with satisfactory evidence of their authenticity and genuineness. In the case of a candidate who has taken by examination the degree of Bachelor or Master of Arts in any University in the United Kingdom, it will be sufficient to produce a certificate that he has been engaged for five years (instead of six years) in the acquirement of professional knowledge in recognised Hospitals or Schools, but in all other respects he must produce the certificates of the foregoing course of study. Any person who was a member of the College on the fourteenth day of September, one thousand eight hundred and forty-four, will be admitted to examination for the Fellowship upon the production of a certificate signed by three Fellows that he has been eight years in the practice of the Profession of Surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified. Any person who shall have become a member of the College after the said fourteenth day of September, one thousand eight hundred and forty-four, will, after the expiration of twelve years from the date of the diploma, be admitted to examination for the Fellowship, upon the production of a certificate signed by three Fellows that he has been for twelve years in the practice of the Profession of Surgery, and that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified.

The preliminary examination in Classics, Mathematics, and French is held in the months of April and October; to which candidates are admitted upon having completed the 18th year of their age, and on the payment of the fee of ten guineas. The professional examination is held in the months of May and November, and occupies two days, either successive, or at such interval as the Court of Examiners may appoint. The subjects of the first day's examination are, Anatomy and Physiology; those of the second day, Pathology, Therapeutics, and Surgery; in the anatomical examination the candidate has to perform dissections or operations on the dead body. The time allowed for examination each day is from ten o'clock in the forenoon until four o'clock in the afternoon. A candidate whose qualifications shall be found insufficient upon his professional examination, will not be allowed to present himself a second time until after the expiration of one year from such examination. Every Member of the College shall, prior to his admission to the professional examination, pay the fee of ten guineas, unless he shall have passed the Preliminary Classical Examination.

The following are the subjects of the preliminary examination of the candidates for the fellowship of this College during the year 1859, viz.:—

CLASSICS.

Herodotus, Book IX.
Sophocles, Antigone.
Tacitus, Annals, Books III. and IV.
Virgil, Æneid, Books XI. and XII.

Each candidate is required to bring up one of the above Greek, and one of the above Latin authors; one prose writer, and one poet.

Digitized by Google

MATHEMATICS.

Arithmetic.
Algebra, as far as to include the doctrine of Proportion; and Simple Equations with one or two unknown quantities.
Euclid: Books 1, 2, and 3.
Statics, Hydrostatics, Optics, and Acoustics.

In the physical subject it will be sufficient to be prepared with general explanations of the leading phænomena, such as may be found in Treatises on Physics; except in the case of Statics and Hydrostatics, in which mathematical demonstrations of the elementary propositions will also be required, such as may be found in any of the following books:—

Barrett's Propositions in Mechanics and Hydrostatics.
Snowball's Cambridge Course of Elementary Natural Philosophy.
Whewell's Mechanical Euclid.
Williams's Elements of Mechanics and Hydrostatics.

FRENCH.

The translation into English of a passage in two of the following works, at the option of the candidate:—

Iphigénie of Racine.
De l'Allemagne, by Madame de Staël.
Le Médecin de campagne, by Balzac.

Grammatical questions on the parts of speech, particularly the conjugation of the irregular verbs in the selected passages.

This examination is held twice in the year, in the months of April and October, to which candidates are admitted upon having completed the eighteenth year of their age, and on payment of the fee of ten guineas.

THE SOCIETY OF APOTHECARIES,

BLACKFRIARS.

Master.—J. Saner, Esq.

Wardens.—F. R. Gowar, and J. Hunter, Esqs.

The Court of Examiners.—T. Ansell, Esq., Chairman; W. Dickinson, W. P. Brodribb, R. H. Robertson, R. Norton, T. Peregrine, R. H. Semple, W. G. T. Dyer, H. M. Rowdon, T. R. Wheeler, S. H. Ward, and J. Randall, Esqs.

Secretary to the Court of Examiners.—A. M. Randall, Esq.

Professor of Chemistry and Materia Medica.—W. T. Brande, Esq., D.C.L., F.R.S.

Examiner for the Society's Prizes in Botany.—Joseph D. Hooker, Esq., M.D., F.R.S., F.L.S.

Clerk to the Society.—R. B. Upton, Esq.

Curator of the Society's Botanic Garden.—Mr. Thomas Moore.

Beadle.—Mr. C. Rivers.

REGULATIONS, etc.

Every candidate for a certificate of qualification to practise as an Apothecary, will be required to produce testimonials:—1. Of having passed a preliminary Examination in Classics and Mathematics. *Preliminary Examination.*—An Examination in Classics and Mathematics for Junior Students will be held at the Hall three times in the year commencing August, 1858, and ending July, 1859; viz. on the Third Tuesday in the months of November, 1858, March and July, 1859, at Eleven o'clock. Medical Students cannot be admitted to this Examination before the commencement of their apprenticeship, a certificate of which will be required, but at any period from that date, to the commencement of the Second Winter Session of their Curriculum. This Examination, which has been hitherto voluntary, will in future be *compulsory* to all gentlemen who commence their apprenticeship after August 1, 1858. The subjects of the current year will be:—*In Greek*—The Acts of the Apostles (first ten chapters), First Book of Homer's Iliad. *In Latin*—Sallust, Bellum Catilinarium, Horace, Second Book of the Odes. *Mathematical*—The First Book of Euclid's Elements, Arithmetic, and Algebra, including Simple Equations. Students wishing to attend are requested to send their name and address, to Mr. Rivers, Beadle's Office, at the Hall, at the latest, one calendar month previous to the day of Examination. 2. Of having served an apprenticeship of not less than five years to a Practitioner qualified by the Act of 1815. 3. Of having attained the full age of 21 years. 4. Of good moral conduct. A testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person. 5. And of having pursued a course of Medical study in conformity with the regulations of the Court. Every candidate, whose attendance on Lectures shall commence on or after the 1st of October, 1858, must attend the following Lectures and Medical Practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Year.—Winter Session.—Chemistry; Anatomy; Dissections. *Summer Session.*—Materia Medica and Therapeutics; Botany; Practical Chemistry (a).

Second Year.—Winter Session.—Anatomy; Physiology; Dissections; Principles and Practice of Medicine; Clinical Medical Practice (b). *Summer Session.*—Clinical Medical Practice (b); Midwifery and Diseases of Women and Children, with attendance on Cases (not less than 20) (c); Forensic Medicine and Toxicology; Demonstrations on Morbid Anatomy.

Third Year.—Winter Session.—Clinical Lectures (d) (seventy-five); Clinical Medical Practice (b); Demonstrations on Morbid Anatomy.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the Lectures and Medical Practice are attended in the order prescribed.

Those gentlemen whose attendance on Lectures commenced before the 1st of October, 1858, will be allowed to complete their studies in conformity with the previous Regulations of the Court.

Registration of Testimonials.—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration:—In London, at this hall. In the Provincial towns, from the gentlemen who keep the registers of the Medical schools; and whose names may be known by application to the secretary of this Court. All Students, in London, are required personally to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court, whose names and classes in the register correspond with their schedules. Tickets of admission to lectures and Medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within seven days from the commencement of the course. Due notice of the days and hours of such registrations will be given from time to time. The Court also require Students at the Provincial Medical schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures or Medical practice within fourteen days of the completion of such attendance.

Examination.—On and after the 1st of August, 1858, the examination of candidates for a certificate of qualification to practise as Apothecaries, will be divided into two parts.

First Examination (e), which may be passed after the second Winter Session (provided the candidate has completed the 19th year of his age), will embrace the following subjects:—Latin, including the Pharmacopœia and Physicians' Prescriptions; Anatomy; Physiology; General and Practical Chemistry; Botany; Materia Medica.

Second Examination, after the third Winter Session (the

(a) By Practical Chemistry is intended, a *specific* course of Instruction in the Laboratory, with an opportunity of Personal Manipulation in the Ordinary Processes of Chemistry, and of acquiring a knowledge of the various Re-Agents for Poisons.

(b) Medical Practice must be attended during the full term of Eighteen Months; Twelve Months at an Hospital connected with a recognised Medical School, and Six Months either at a recognised Hospital or Dispensary, if more convenient.

(c) A Certificate of such attendance will be received from a legally qualified Practitioner.

(d) The Course of Clinical Lectures may be commenced in the Second Summer Session. The Attendance on these Lectures must be certified by one or more of the recognised Physicians of the Hospital.

(e) Every facility will be given to gentlemen who have entered upon their studies previous to the above date, to enable them to present themselves for examination after the second Winter Session.

Digitized by Google

five years' pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the diseases of women and children; Forensic Medicine and Toxicology. The examination of the candidate for a certificate of qualification to act as assistant to an Apothecary, in compounding and dispensing medicines, will be as follows:—In translating Physicians' Prescriptions, and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica. By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an Apothecary, can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months. The Act directs the following sums to be paid for certificates:—For London, and within ten miles thereof, ten guineas; for all other parts of England and Wales, six guineas. Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition. For an assistant's certificate, two guineas.

Testimonials required of Candidates for the First Examination.—1. Of having been duly articled to a legally qualified Apothecary, with date of indenture. 2. Of moral character. 3. Of being 19 years of age. 4. Of having completed the *curriculum* of study to the close of the second winter session. 5. Of having passed an examination in classics and mathematics at the hall. Candidates having entered the study of the Profession before August 1st, 1858, and have passed no classical examination, will be required to read portions of Celsus and Gregory.

Second Examination.—1. Of having passed the first examination. 2. Of moral character. 3. Of having completed five years' apprenticeship, including the period spent at the hospital, and of being 21 years of age. 4. Of having completed the prescribed *curriculum* of study. 5. Of having attended twenty cases of midwifery.

I. Candidates who desire to avail themselves of the newly modified examination, must bring evidence—That they are more than 40 years of age. That they been apprenticed for five years to an Apothecary; or at least that they have been engaged in such a course of study as shall be considered "serving after the manner of an apprentice, for five years," in conformity with the Act of Parliament. That they have attended such lectures and hospital practice, as were required of students when their Medical studies commenced, or such as shall be deemed equivalent.

II. The examination of the above candidates will consist—In the translation of Physicians' Prescriptions. In such parts of Chemistry and Materia Medica as bear upon the practice of Medicine and on Toxicology. In Visceral Anatomy. In the practice of Medicine, including diseases of women and children. In midwifery.

ARMY MEDICAL DEPARTMENT.

Director-General.—Thomas Alexander, Esq., C.B.
Deputy-Inspector General of Hospitals.—T. G. Logan, Esq., M.D., Professional Assistant.
Staff-Surgeon, First Class.—T. P. Matthew, Esq.
Staff-Surgeon, Second Class.—H. Mapleton, Esq., M.D.
Apothecary to the Forces.—F. M. Bassano, Esq.
Assistant Staff-Surgeon.—T. G. Fitzgerald, Esq.
Chief Clerk.—John Wimbridge, Esq.

In selecting from among the candidates for the Medical Department of the Army, a preference is given to those who can fill up all the blanks in the Schedule of Qualifications, by having the acquirements therein stated. The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a diploma in Surgery, and who cannot produce testimonials of attendance [*in accordance with the Table given at* p. 314].

The candidates must be unmarried, not beyond 25 years of age, nor under 21 years.

Candidates who have had a University education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

The greater the attainments of the candidates, the more eligible will they subsequently be deemed for promotion; as selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements, than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received a regular Medical education in approved foreign Universities or schools will be admitted to examination.

With the exception of Practice of Physic and Clinical Medicine by one teacher, candidates must have attended separate lecturers for each branch of Medical science.

Before promotion from the rank of Assistant Surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a Board of Medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at the office for examination and registry, at least one week before the candidate appears for examination; likewise certificates of moral conduct and character,—one of them by the parochial minister, if possible. Baptismal certificates are required at the same time; and, if the parish register cannot be resorted to, an affidavit from one of the parents, or from some near relative who can attest the fact, will be accepted.

The certificate of the Teacher of Practical Anatomy must state the number of subjects or parts dissected by the pupil.

Certificates of lectures and attendance must be from Physicians or Surgeons of the recognised Colleges or Medical Schools of the United Kingdom, or of foreign Universities.

Note.—All communications to the Director-General not prepaid, to be forwarded, addressed *outside* to "The Under Secretary of State for War," with the words, "Army Medical Department," at the left-hand corner.

Army Medical Department.—Full-pay, per diem, after actual service (in years)—Inspector-General, twenty-five years, £2; twenty years, £1 18s.; ten years, £1 16s. Deputy-Inspector, according to the same gradations of service, £1 10s.; £1 8s., and £1 4s. Staff-Surgeon, first class ditto, £1 4s., £1 2s., 19s. Regimental-Surgeon and Staff-Surgeon, second class, ditto, £1 2s., 19s., 16s.; under ten years, 13s. Assistant-Surgeons, ditto, 10s. Assistant-Surgeons serving in the Horse, Life, or Dragoon Guards, receive about 1s. per diem in addition to the above rates. Half-pay per diem, after service (in years)—Inspector-General, thirty years, £1; twenty-five years, 16s.; twenty years, 12s. Deputy-Inspector, thirty years, 18s.; twenty-five years, 14s.; twenty years, 10s.; ten years, 8s.; under ten years, 7s. Staff-Surgeons, thirty years, 16s.; twenty-five years, 13s.; twenty years, 9s. 6d.; ten years, 7s. 6d.; under ten years, 6s. 6d. Regimental-Surgeons and Staff-Surgeons, second class, thirty years, 15s.; twenty-five years, 11s. 6d.; twenty years, 8s.; ten years, 6s.; under ten years, 5s. 6d. Assistant-Surgeons, thirty years, 7s.; twenty-five years, 6s.; twenty years, 5s. 6d.; ten years, 4s.; under ten years, 3s.

NAVY MEDICAL DEPARTMENT.

Director-General of the Medical Department of the Navy.—Sir John Liddell, Kt., M.D., C.B., F.R.S.

REGULATIONS FOR CANDIDATES FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1, 1853.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct that the following regulations relative to the examination of candidates for the appointment of Assistant-Surgeon in the Royal Navy, shall in future be adopted:—

That a candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the regulations, and a printed form to be filled up by him, to show if he possess the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, showing that they are fully qualified by age, professional ability, etc., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Digitized by Google

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon will be forthwith nominated to one of the naval hospitals at home, to await appointments to any one of Her Majesty's ships; or, should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, from the Faculty of Physicians and Surgeons of Glasgow, or from Trinity College, Dublin, of his fitness for that office; nor as a Surgeon, unless he shall produce a diploma, or certificate from one of the said Colleges or Faculty, founded on an examination to be passed subsequently to his appointment of Assistant-Surgeon as to his fitness for the situation of Surgeon in the Navy; and in every case the candidate producing such certificate or diploma, shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery for each of the steps in the Navy Medical Service; and that previously to the admission of Assistant-Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in Practical Pharmacy.

That their age be not less than 20 years, nor more than 26 years.

That they have actually attended an Hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, Manchester, or Bristol, for eighteen months subsequently to the age of 18, in which Hospital the average number of patients is not less than 100.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher must state the number of subject or parts dissected by the candidate.

That they have attended lectures, etc. [*in accordance with the table given at page* 314.]

Full pay at Hospitals.—Medical Inspector of Hospitals, on first appointment, £1 13s. per diem; after 5 years' service, £2 2s.; Deputy Medical Inspector of Hospitals, on appointment, £1 7s. 6d.; Staff Surgeons and Medical Storekeepers of Hospitals, on appointment, with less than 20 years' service, 16s. 6d.; above 20 years' service, £1 0s. 6d.—*When serving afloat.*—Medical Inspector of Hospitals and Fleets, above 5 years' service as such, £2 2s.; under 5 years' service as such, £1 11s. 6d.; Deputy Medical Inspectors of Hospital and Fleets, £1; Surgeon of an Hospital ship, 18s.; Surgeon above 20 years' full pay service, including service as Assistant-Surgeon, 18s.; above 10 years' ditto, 14s.; above 6, 12s.; under 6, 11s. Assistant-Surgeon, in ships in which no Surgeon is borne, above ten years' full pay service, 10s. 1d.; under 10, 9s. 1d. In ships in which a Surgeon is borne, above 10 years' full pay service, 9s. 7d.; above 3, 8s. 7d.; under 3, 8s. 1d.

Relative Rank of Officers of the Army and Medical Officers of the Navy.—Medical Inspectors of Hospitals and Fleets with Lieutenant-Colonels; Deputy-Medical Inspectors of Hospitals and Fleets with Majors; Surgeons with Captains; and Assistant-Surgeons with Lieutenants.

HER MAJESTY'S INDIAN FORCES.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON.

All natural-born subjects of her Majesty between 21 and 28 years of age, and of sound bodily health, may be Candidates for admission into the service of Her Majesty as Assistant-Surgeons in Her Majesty's Indian Forces.

They must subscribe and send in to Dr. Scott, the Physician to the Secretary of State for India in Council, ten days before the period fixed for each examination, a declaration to the following effect:

"I (Christian and Surname at full length), a candidate for employment as an Assistant-Surgeon in Her Majesty's Indian Forces, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—1. Proof of age, either by extract from the Register of the Parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 & 6 William IV., cap. 62. 2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years. 3. A diploma in Surgery; or a degree in Medicine, provided an examination in Surgery be required for such degree; from some body competent by law to grant or confer such diploma or degree. 4. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended, for six months, the practice and clinical instruction of the physicians at some hospital containing at least, on an average, one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of physic, and clinical instruction for twelve months. 5. A certificate of having attended, for three months, the practical instruction given at one of the public Asylums for the treatment of the Insane. 6. A certificate of having attended, for three month one of the institutions, or wards of an hospital especially devoted to the treatment of Ophthalmic disease.

Candidates who may not have been able to attend the practice of an Asylum for the Insane, or of an Ophthalmic Hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India. 7. A certificate of having attended a course of lectures on Midwifery, and of having conducted at least six labours. 8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of Military Surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects:—1. Surgery in all its departments. 2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene. 3. Anatomy and physiology, including comparative anatomy. 4. Natural history, including botany and zoology.

The following are the books recommended in zoology and comparative anatomy:—Outlines of the Structure of the Animal Kingdom, by Rymer Jones, or Cours Elémentaire d'Histoire Naturelle, par Milne Edwards; botany, Lindley's School Botany, or Lindley's Elements of Botany.

The examination will be conducted:—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *vivâ voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, will be appointed to fill the requisite number of appointments as Assistant-Surgeons in Her Majesty's Indian Forces, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination.

All Assistant-Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds, at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal.

All Assistant-Surgeons who shall neglect or refuse to proceed to India under the orders of the Secretary of State for India in Council, within three months from the date of their appointment, will be considered as having forfeited it, unless

Digitized by Google

special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Military Department, East-India House.

The examinations will take place in the months of January and July in each year, and due notice will be given by public advertisement of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant-Surgeons in Her Majesty's Indian Forces, having received many inquiries as to the object and extent of the Examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are,—

1. To ascertain who of the Candidates have devoted especial attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of their profession. Proficiency in these sciences will, in classifying the Candidates by merit, be entitled to great consideration. 2. To encourage all Candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of Animals and of Plants, with the general plan upon which these are constructed, and the functions and relations of their most important organs. 3. To promote the study of Natural History as a most important adjunct or preliminary to a liberal medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develop habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources. The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examination, a considerable number of questions will be put, with the view of allowing each Candidate to select such subjects as he has attended to, and, thereby, of enabling the Examiners to ascertain the particular departments of science in which the verbal examination should be conducted. With those Candidates who have attained proficiency in any branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

THE EXAMINING MEDICAL BODIES IN SCOTLAND.

SESSION 1858-59.

UNIVERSITY OF EDINBURGH.

STATUTES OF THE UNIVERSITY OF EDINBURGH RELATIVE TO THE DEGREE OF M.D., SANCTIONED ON 27TH OCTOBER, 1846.

Sect. I.—No one shall be admitted to the examinations for the degree of Doctor of Medicine who has not been engaged in Medical study for four years, during at least six months of each, in the University of Edinburgh, or in some other University where the degree of M.D. is given; unless, in addition to three Medical Sessions so constituted, he has attended, during at least six winter months, the Medical or Surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of Practical Anatomy.

Sect. II.—No one shall be admitted to the examinations for the degree of Doctor who has not given sufficient evidence. 1. That he has studied, once at least, each of the following departments of Medical Science, under Professors of Medicine, in this or in some other University, as already defined, viz.:—Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine or Physiology, Practice of Medicine, Surgery; Midwifery, and the Diseases peculiar to Women and Children; General Pathology, or in schools where there is no such course, a three months' Course of Lectures on Morbid Anatomy, together with a supplemental Course of Practice of Medicine, or Clinical Medicine; Practical Anatomy (unless it has been attended in the year of extra-academical study allowed by Sect. I.), during courses of six months. Clinical Medicine, that is, the treatment of patients in a public Hospital, under a Professor of Medicine, by whom lectures on the cases are given, during courses of six months, or two courses of three months. Clinical Surgery, Medical Jurisprudence, Botany, Natural History, including Zoology, during courses of at least three months. 2. That in each year of his academical studies in Medicine, he has attended at least two Six Months' Courses of Lectures, or one of these and two Three Months' Courses. 3. That, besides the course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the Medical or Surgical Practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients. 4. That he has been engaged, for at least six months, by apprenticeship or otherwise, in compounding and dispensing drugs at the Laboratory of an Hospital, Dispensary, member of a Surgical College or Faculty, Licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist. 5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of a hospital, or the practice of a dispensary, Physician, Surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III.—Attendance on the Lectures of Teachers of Medicine in the Hospital Schools of London, or School of the College of Surgeons in Dublin, or of Teachers of Medicine in Edinburgh, recognised as such by the Royal Colleges of Physicians and Surgeons of Edinburgh (in accordance with regulations to be adopted by these Colleges jointly, and approved of by the Patrons of the University), shall, to the extent of one-third of the whole departments required by Section II., Clause 1, to be studied by candidates, be held equivalent to attendance under Professors in this or in some other University, as already defined. And such attendance shall be available to candidates to the extent of one of the four years of study required by Section I., provided it has embraced, in one year, at least two six months' courses of lectures, or one of these and two three months' courses.

Sect. IV.—No one shall obtain the degree of doctor who has not studied, in the manner already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

Sect. V.—Every candidate must deliver, before the 31st of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—1. A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master. 2. A statement of his studies, as well in literature and philosophy as in Medicine, accompanied with proper certificates. 3. A medical dissertation composed by himself, in Latin or English; to be perused by a professor, and subject to his approval.

Sect. VI. Before a candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VII.—If the Faculty be satisfied on this point, they shall proceed to examine him, either *viva voce*, or in writing; first, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, secondly, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

Sect. VIII.—Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. IX.—If any one, at these private examinations, be found unqualified for the Degree, he must study during another year two of the subjects prescribed in Section II., Clause 1, in this or in some other University, as above defined, before he can be admitted to another examination.

Sect. X.—Should he be approved of, he will be allowed, but not required, to print his Thesis; and, if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

Sect. XI.—If the candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his Thesis; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the Degree of Doctor.

Digitized by Google

Sect. XII.—The Senatus Academicus, on the day here appointed, shall assemble at 10 o'clock a.m., for the purpose of conferring the Degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his Degree for that year.

Sect. XIII.—Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in a university.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

President.—Dr. Maclagan.
Secretary.—Dr. Rutherford Haldane.

REGULATIONS RELATING TO ADMISSION TO THE FELLOWSHIP.

Fellows.—No one can be elected a Fellow of the College till he has obtained the degree of Doctor of Medicine. His petition must be presented at a meeting of the College, after the fees shall have been lodged in the Treasurer's hands; and, if a Graduate of any University in Great Britain or Ireland, the motion for his admission may be determined by ballot at the first quarterly meeting of the College—a majority of three-fourths being necessary to carry it in the affirmative. Graduates of Foreign Universities must previously submit to an examination before the examiners of the College, which shall consist, 1. Of a Dissertation in English, on some subject in the Practice of Physic selected by the Examiners, to be written by the candidate in an apartment of the College Hall, under the superintendence of the Examiners. 2. Of a *viva voce* examination in English, chiefly on Symptomatology, Pathology, and Therapeutics of Diseases; but in part, also, on Anatomy, Chemistry, Botany, and Physiology. 3. The Examiners may institute such examination as they may consider advisable for satisfying themselves that the candidate has received a competent education.

Non-resident Fellows.—The mode of election of a Non-resident is the same as that of a Resident Fellow. In his petition he engages, if he come to reside in Edinburgh, to fulfil the whole conditions which the College does or may require of Resident Fellows; but another ballot must take place before he is admitted to that grade by the College. The fees for a Resident Fellowship amount to £130, and for a Non-resident £80, both inclusive of the stamp duty to Government.

Licentiates.—Graduates of British Universities may be admitted Licentiates without any previous trial or examination; but the laws relating to the examination of candidates for the Fellowship having foreign degrees are equally applicable to candidates for the licence having foreign degrees. It is no longer necessary to be a Licentiate in order to become a Fellow. The fee for a licence is the same as that to be paid by a Non-resident Fellow.

N.B.—Personal attendance is not necessary in the case of candidates for the Non-resident Fellowship, unless they are Graduates of foreign Universities, when they must present themselves for examination.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

SCHOOLS OF MEDICINE.

1. Every Candidate for a Surgical Diploma must have followed his Course of Study in a University, or in an Established School of Medicine, as defined below; or in a Provincial School specially recognised by the College of Surgeons of that division of the United Kingdom in which it is situate.

2. Under the title Established School of Medicine are comprehended the Medical Schools of those cities of Great Britain and Ireland in which diplomas in Surgery are granted, and such Foreign Schools as are similarly circumstanced in the countries in which they exist.

3. Every Candidate for a Surgical Diploma must have passed at least one Winter Session in an Established School of Medicine, or at the School of Aberdeen, or at one of the Schools of the Queen's University in Ireland.

COURSE OF STUDY.

1. *Preliminary Instruction.*—Every Candidate for the Diploma of the Royal College must have received regular instruction in the Elements of Mathematics. He must also have acquired a knowledge of Natural Philosophy; and for this purpose the College recommend attendance on a regular course of Lectures where practicable. The Candidate must also have been well instructed in the Latin language.

2. *Professional Instruction.*—The Candidate must have been engaged in attending the following separate and distinct Courses of Lectures during a period of not less than twenty-seven months; in which must have been included three Winter Sessions of six months' duration each.

Anatomy, two courses (a) six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical Chemistry, one course, three months (the number of pupils in each class being limited to 25); or Analytical Chemistry, one course, three months; Materia Medica and Pharmacy, one course, six months; Institutions of Medicine or Physiology (b) one course, six months; Practice of Medicine, one course, six months; Clinical Medicine, one course, six months; or, two courses (a), three months each (during the period of his attendance at the Hospital where they are delivered); Principles and Practice of Surgery, two courses (a), six months each; or Principles and Practice of Surgery, one course, and Military Surgery (c), one course, six months each (a); Clinical Surgery, one course, six months; or two courses (a), three months each (during the period of his attendance at the Hospital where they are delivered); Midwifery and the Diseases of Women and Children, one course, three months; Medical Jurisprudence, one course, three months; Botany, one course, three months.

Besides the above-mentioned courses of lectures, the candidate must have attended at least six cases of Labour under the superintendence of a qualified Medical Practitioner, either in a recognised Maternity Hospital, or a Dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the Practitioner under whom he attended. He must also have attended a course of instruction in Practical Pharmacy, at the laboratory of a Surgeon or Apothecary, or of a Chemist and Druggist recognised by the College on special application, or of a public Hospital or Dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for the space of six months. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly licensed Medical practitioners keeping laboratories for dispensing medicines, shall be held qualified in this branch of instruction.

3. The six months' Courses delivered in Edinburgh must consist of not fewer than 110 Lectures, with the exception of Clinical Medicine, Clinical Surgery and Military Surgery. The three months' Courses must consist of not fewer than sixty Lectures. Two London Courses of three months each, on any of the above subjects, will be taken as equivalent to one six months' Course.

4. The Candidate must also have attended for twenty-four months a Public General Hospital containing on an average eighty patients; or, he must have attended such an Hospital for twenty-one months, and have also attended, for six months, the practice of a Public Dispensary especially recognised by the College.

5. The following order of study is recommended as a guide to the Student, though not absolutely enjoined:—

First Year.—Anatomy, Practical Anatomy, Chemistry, Natural Philosophy, if not previously attended, Practical or Analytical Chemistry, and Botany, either in this or the second year.

Second Year.—Anatomy, Institutions of Medicine or Physiology, Surgery, Materia Medica and Pharmacy, either in this or the third year, Hospital.

(a) The two courses must not be simultaneous.

(b) In those schools of England and Ireland in which two separate Courses of Lectures are delivered at separate hours, one on Anatomy, the other on Anatomy and Physiology, the former of these Courses will be received as one of the two Courses of Anatomy required by this College, and the other as the Course of Institutions of Medicine, or Physiology.

(c) The Course of Military Surgery must be delivered by a Professor of that Branch in a University, or by a Lecturer who, in addition to the other requisite qualifications, has served in the Medical Department of the Army or Navy; and the Course must be of at least six months' duration, and comprehend not fewer than Sixty Lectures.

Digitized by Google

Third Year.—Practice of Physic, Clinical Surgery, Practical Anatomy, Practical Pharmacy, Hospital.

Fourth Year.—Surgery or Military Surgery, Midwifery and the Diseases of Women and Children, Clinical Medicine, Medical Jurisprudence, Practical Midwifery, Hospital.

6. The College strongly recommend to Students to avail themselves of any opportunities which they may possess of attending Lectures on Natural History or Natural Science, Comparative Anatomy and Pathological Anatomy, in addition to the Courses of Lectures which are absolutely required by the above Regulations.

FEES.

1. *For a Diploma*, Ordinary Candidates pay the sum of £10.

2. Apprentices of those who were Fellows of the College prior to the Charter of 1851, pay £5 for a Diploma.

3. *For the Certificate of Qualification to act as Assistant-Surgeon in the Navy*, Candidates not having paid for any previous Qualification pay £4 19s. 6d.

[Assistant-Surgeons in the Navy, having previously obtained Certificates from the College, and having complied with the course of study prescribed by the College, will receive a Diploma on making up the sum to £10.]

4. *For the Certificate of Qualification to act as full Surgeon in the Navy*, Assistant-Surgeons who have already obtained Certificates from the College pay £3 18s. 6d.; and those who have previously obtained the *Diploma* of the College pay £2 17s. 6d.

[Surgeons in the Navy having received Certificates of qualification as such, and having complied with the course of study prescribed by the College, will obtain a Diploma on making up the sum to £12 17s. 6d.]

The sums stated above include all Fees of every kind, and the Officer is prohibited from reciving any.

UNIVERSITY OF GLASGOW.

FACULTY OF MEDICINE.

The Winter Session commences on the first Tuesday in November, and terminates on the last Wednesday in April. The Summer Session commences on the first Tuesday in May, and terminates on the last Friday in July.

REGULATIONS FOR DEGREES IN MEDICINE AND SURGERY.

I. *Degrees in Medicine.*—Every candidate for a Medical degree must lodge, with the Clerk of Senate, a certificate of moral character, signed by two respectable persons, with evidence that he has attained the age of 21 years. He must produce evidence of having attended, for four years or four Winter Sessions of Six Months each, a University in which Medical degrees are conferred and Medicine is regularly taught, or Medical Lectures delivered in London or Dublin. He must spend one at least of the four years at the University of Glasgow; and, in each year, he must have attended at least two Courses of Medical Lectures of Six Months' duration. But if he shall spend only one year or Session at the University of Glasgow, then he must attend not less than three Courses of Lectures delivered there, two of them, at least, being of Six Months' duration. If of less extent, two Courses shall be held equivalent to one of Six months. He must produce certificates of attendance on all the following Courses of Instruction, each being of Six Months' duration, with the exceptions mentioned below: Anatomy, Chemistry, Institutes of Medicine, Botany (three months), Materia Medica and Pharmacy, Surgery, Practice of Medicine, Midwifery, Forensic Medicine (three months), Anatomical Dissections, Practical Chemistry (three months), General Hospital (two years, of not less than nine months each, or eighteen months). The said Hospital must contain not fewer than eighty beds; clinical instruction in Medicine and Surgery must be given in it; and the Student must spend, at least, one-half of the period of his attendance in the Physicians' Wards. Hospital attendance, Anatomical Dissections, and Practical Chemistry, shall not be considered as equivalent to the Courses of Lectures referred to in the last clause of Regulation II. Courses of Botany delivered during the Summer alone will be recognised, excepting in the case of those candidates who shall be only one Winter in Glasgow, and shall not have previously attended this Course. Each Candidate for a Medical Degree must lodge, with the Clerk of Senate, the above certificates, and a Schedule of his course of study properly filled up; together with an Essay composed by himself in Latin or English, on some Medical subject of his own selection, on or before the 1st of March or the 10th of June, for the respective following terms of Graduation. No student shall be entered in any Medical Class later than the 1st of December (excepting those which do not meet till a later period) without the special permission of the Senate. And every Candidate for Graduation shall be strictly required to have his name enrolled in the University Album, on or before that day, and to produce an express certificate of his regular attendance, by the Professor in each Class. The candidates shall undergo full examination on all the subjects included in the Curriculum. The examination shall be conducted partly in writing. Previous to the professional examination, the candidate shall give evidence that he possesses a competent knowledge of the Latin language.

The professional examination shall be divided into two parts, which shall take place at different meetings; the first comprehending an examination on Anatomy, Chemistry, Institutes of Medicine, and Botany; the second, on the Principles and Practice of Medicine and Surgery, Materia Medica and Pharmacy, Midwifery and Forensic Medicine. The candidate may have it in his option to undergo the first professional examination at the end of his second Winter Session, or at any of the following examination terms, provided he shall then have attended the necessary Courses of Lectures.

II.—*Degrees in Surgery.*—The Regulations respecting certificates of age and moral character are the same as those under the head of degrees in Medicine. Candidates for the degree of Master of Surgery, shall produce evidence that they have attended Medical and Surgical Lectures, in one or other of the Universities or Schools already specified, for four years or Winter Sessions, in each of which they must have attended two or more of the following Courses of Instruction; the extent of each Course, with the exceptions mentioned below, being Six Months, or the equivalent two Courses of a shorter duration. The candidate must have attended not less than three Courses of Medical Lectures in the University of Glasgow: Anatomy, Chemistry, Institutes of Medicine, Botany, (three months), Materia Medica and Pharmacy, Surgery, Practice of Medicine, Midwifery, Forensic Medicine (three months), Anatomical Dissections, Practical Chemistry (three months), a General Hospital (eighteen months). The said Hospital must contain not fewer than eighty beds; clinical instruction in Medicine and Surgery must be given in it; and the student must attend one-half of the prescribed period in the Surgical, and the other half in the Medical Wards.

N.B. The above Regulations apply to those who shall have commenced their studies in November, 1853. Candidates for degrees, who attended the Medical Classes in the University of Glasgow previously, are admitted to Examination, according to the Regulations which existed at the time when they began to study Medicine.

The days appointed for conferring degrees in Medicine and Surgery are the last Wednesday of April, and the first Wednesday of August. The University Fee for the Degree of M.D. is £15 3s.; the Government duty on stamp for ditto, is £10; the Fee for the Degree of Chirurgiæ Magister, is £10 10s.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

The regulation-examination days are on the first and third Tuesdays of every month.

REGULATIONS REGARDING THE GRANTING OF THE DIPLOMA IN SURGERY.

Preliminary Instruction.—Every candidate for the diploma of this faculty must produce evidence of his having attained the age of 21 years. He must, either previously to or during his Medical education, have received regular instruction in Latin and Mathematics; and must have subsequently attended a course of Natural Philosophy of at least three months' duration.

Digitized by Google

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each: Anatomy, Practical Anatomy, and Surgery, of each two courses of six months (or Surgery and Military Surgery one course of six months each); Chemistry, one course of six months; Practical Chemistry, one course of three months; Institutes of Medicine, Practice of Medicine, Materia Medica, Midwifery, and Diseases of Women and Children, one course of six months each; Medical Jurisprudence and Botany, one course of three months each; General Hospital, with at least eighty beds, twenty-one months; Practical Pharmacy, six months.

The Faculty recommend the following, viz.: Lectures on the Eye, and Hospital for Eye Diseases (a three months' course of lectures on the eye, with six months' attendance on an eye hospital, containing at least twelve beds for operation cases, will be considered equivalent to three months of a general hospital), Lying-in Hospital, Hospital for Syphilitic Diseases, Pathological Anatomy, Natural History, and Comparative Anatomy, Greek, French, German, and Italian.

Each candidate shall be examined, partly orally, and partly by written question and answer, without the use of books. He shall translate Latin, write prescriptions, and be examined in preparations. The Committee of Examiners being satisfied with these trials, the candidate shall be entitled to his diploma, on taking and subscribing to the declaration authorised by law, in place of extra-judicial oaths.

The Faculty Registrar is open during the month of November, for the signatures of those Students who wish to obtain the diploma, and the classes attended by each during the current session.

An examination in Latin will be held on the second and following Saturdays in December.

The regulation examination days are the first and third Tuesdays in each month.

The fee for the diploma is £10.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

Chancellor.—The Right Honourable the Earl of Aberdeen, LL.D.

Lord Rector.—John Inglis, Esq.

Principal.—P. C. Campbell, D.D.

Sub-Principal.—David Thomson, M.A.

Secretary.—David Thomson, M.A.

Curator of Museum.—Aw. Fyfe, M.D.

Librarian.—Rev. John Fyfe, A.M.

Medical School.—Tne Winter Session commences on the first Monday of November, and terminates on the third Friday of April. Introductory Lecture on the first Monday of November, at 2 o'clock p.m.

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given without such matriculation. The matriculation fee for all the classes is one sum of 5s. for the Winter, and one of 2s. 6d. for the Summer Session.

Royal Infirmary.—The Hospital is open daily at 10 o'clock a.m., and contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital twice a-week.

Physicians.—Dr. Dyce, Dr. Kilgour, Dr. W. Williamson, Dr. Nicol.

Surgeons.—Wm. Keith, Esq., Wm. Pirrie, Esq., David Kerr, Esq., A. J. Lizars, Esq.

Ophthalmic Surgeon.—John Cadenhead, Esq.

Lecturers on Clinical Medicine and Surgery.—Dr. Kilgour, and William Keith, Esq.

Fee for the Medical and Surgical Practice of the Hospital, 1st year, £3 10s.; 2nd year, making perpetual, £3, or one sum of £6. Clinical Medicine.—For the first course, £2 2s.; subsequent courses, £1 1s. each. Perpetual, £4 4s. Clinical Surgery.—For the first course, £2 2s.; subsequent courses, £1 1s. each. Perpetual, £4 4s.

Dispensary.—The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is open to the Student on application to the Medical Officers. There are annually about 5000 patients, either prescribed for at the Institution, or visited at their own houses.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.B.

Students shall be entitled to the degree of M.B., who being of the age of twenty-one years, and having completed the curriculum appointed for the degree of M.D. (one *Annus Medicus*, at least, having been passed at King's College), shall, on examination, be found duly qualified; and the fee for such degree shall be Five Guineas. Those who have obtained the degree of M.B. shall be entitled to make application, within twelve years for the degree of M.D., which degree shall be conferred by the Senatus without further examination, on the candidates producing satisfactory evidence that they have creditably pursued the Medical Profession in the interval; and for the degree of M.D. thus conferred, the additional fee of £21 0s. 6d. shall be charged.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.D.

Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination. Candidates must produce satisfactory certificates of moral character, and of having studied the classics and mathematics at a university, or at an academy of acknowledged reputation. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four years—one of which must be passed at King's College, Aberdeen; and must produce evidence of having attended in some recognised School of Medicine the following course of lectures:—Six months' courses,—Anatomy, 2 courses; chemistry, 1 course; materia medica, 1 course; surgery, 1 course; institutes of medicine and physiology, 1 course; practice of medicine, 1 course; midwifery, 1 course. Three months' courses.—Dissections, 2 courses; practical chemistry, 1 course; medical jurisprudence, 1 course; clinical surgery, 1 course; botany, 1 course; clinical medicine, 2 courses.

Attendance on at least two of the above courses during each session is requisite to constitute an *Annus Medicus*. Certificates of attendance on a six months' course of chemistry previous to the commencement of Medical study, will be received. In addition to the above, every candidate must have attended for two years the wards of an Hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicines. Previous to commencing the Medical examination, candidates not having the degree of A.M., will be required to show that they have a competent knowledge of the Latin language, by translating a passage from Celsus. 5. The preceding regulations will be strictly enforced in the case of all Students who commenced their Medical studies at a period subsequent to October 1, 1840. But Practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the classics at a University, or at an academy of acknowledged reputation. Fee, £26 5s. 6d.

MARISCHAL COLLEGE AND UNIVERSITY OF ABERDEEN.

Chancellor.—His Grace the Duke of Richmond and Lennox.

Rector.—Earl Stanhope.

Dean of Faculty.—Alexander Thomson, Esq.

Principal.—The Very Rev. Daniel Dewar, D.D. and LL.D.

Winter Session of 1858-59, of six months' duration, commences on Monday, the 1st of November.

REGULATIONS FOR GRANTING MEDICAL DEGREES.

Four years of attendance on Medical classes, of which two years may be passed at a recognised Medical school; but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two Medical classes of six months each; or one of six months, with two of three months each. But it will be held equivalent to one of these four years of attend-

Digitized by Google

ance, first, in a Master of Arts, to have attended one Medical class while passing through the curriculum of Arts; or, secondly, in any other candidate, to have attended a Medical class in each of two years, along with classes in the curriculum of Arts. The attendance must include the following classes, each for a course of six months—Anatomy, Practical Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery; and the following classes, each for a course of three months—Botany, Practical Chemistry, Medical Jurisprudence. In regard to Practical Anatomy, every candidate must produce a certificate that he has dissected all the parts of the human body. Eighteen months of attendance on the Medical and Surgical practice of an Hospital containing not fewer than eighty beds, along with attendance for six months on Lectures on Clinical Medicine, and for three months on Lectures on Clinical Surgery. Six months of compounding and dispensing Medicines in the laboratory of an Hospital, or of a public Dispensary, or of a licensed General Practitioner, or of a regular Dispensing Druggist.

EXAMINATIONS.

There shall be two examination terms in each year, commencing on the second Tuesday of April, and the third Tuesday of October. Every candidate who is not a Master of Arts, nor possessed of a diploma or a licence in Medicine or in Surgery from any authority established by law within the United Kingdom, shall undergo a preliminary examination on the Latin language (the book to be used being Celsus *de Medicinâ*); on the etymology of such terms in the Medical Sciences as are derived from the Latin and the Greek; and on the Elements of Mental Science (the book to be used being Abercrombie *On the Intellectual Powers*). The preliminary examination may be undergone, at the option of the candidate, at any examination term after the expiry of the first session of his attendance on Medical classes. Every candidate shall undergo two separate Professional examinations; the first on the theoretical, and the second on the practical branches of Medical Science, as under, viz.:—First Examination—Anatomy, Physiology, Botany, Chemistry, Materia Medica. Second Examination—Medical Jurisprudence, Midwifery, Surgery, Practice of Medicine. Physiology will comprehend the Doctrines of Physics, illustrative of animal structure and function. Any candidate who so desires shall be admitted to the two Professional examinations at different terms, viz.:—to the first examination, at the end of his third year of Medical classes; and, provided he be 21 years of age, to the second examination, at the end of his fourth year. But no longer interval than two years will be allowed to intervene between the two examinations, without a full renewal of the previous one.

Fees.—For the degree of Bachelor of Medicine, £16 5s.; for the degree of Doctor of Medicine, £26 5s.

The various courses delivered at this University qualify for examination here, and at all the Universities of the United Kingdom; the Royal College of Surgeons, of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the Medical Boards of the Army and Navy, and Hon. East India Company.

Regulations regarding Practitioners.—It will be held equivalent to the Curriculum prescribed in the foregoing Regulations, to have obtained a diploma or licence in Medicine or in Surgery, from any authority established by law within the United Kingdom, and to have subsequently attended Medical Classes in this University during one Winter Session. The degree of Bachelor of Medicine may be conferred on any candidate, who has passed the prescribed examinations. The degree of Doctor of Medicine may be conferred on any candidate, after passing the prescribed examinations, who is 22 years of age, or on any candidate who has been at least twelve months a Bachelor of Medicine of this University, after residing therein. Graduates who have attended the several Medical Classes in this University will be charged no Graduation Fees for the degree of Bachelor.

The Lunatic Asylum, under the care of Dr. Macrobin, Consulting Physician, and Dr. Robert Jamieson, Resident Physician, contains 280 patients. A limited number of Pupils is permitted to witness the practice pursued in this Asylum, in the treatment of mental disease. A course of clinical instruction in the treatment of insanity is given during the Summer Session by Dr. Jamieson, the Medical Superintendent. Fee, £2 2s.

UNIVERSITY OF ST. ANDREWS.

REGULATIONS OF THE SENATUS ACADEMICUS

RESPECTING THE EDUCATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-second year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin—of the Royal College of Physicians of London—of the Faculty of Physicians and Surgeons of Glasgow—and of the London Apothecaries' Company—are eligible as candidates for the Degree of Doctor of Medicine, on producing their Diploma or Licence.

N.B.—Notice to Students.—In 1860, the following regulation will come in force:—Every candidate whose Diploma or Licence bears a date later than 1859, will also be required to produce satisfactory evidence from the Physicians in attendance, that he has regularly attended the Medical Practice of a recognised Hospital for at least eighteen months.

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended Lectures delivered by Professors in some University, or by Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—

1. Anatomy, 2 courses of six months each. 2. Practical Anatomy or Dissections, 12 months. 3. Physiology, 1 course of six months. 4. Chemistry, 1 course of six months. 5. Practical Chemistry, 1 course of three months. 6. Botany, 1 course of three months. 7. Natural History or Comparative Anatomy, 1 course of three months. 8. Materia Medica and Pharmacy, 1 course of three months. 9. Midwifery and Diseases of Women and Children, 1 course of three months. 10. Medical Jurisprudence, 1 course of three months. 11. Surgery, 1 course of six months. 12. Clinical Surgery, 1 course of six months. 13. Practice of Medicine, 1 course of six months. 13. Clinical Medicine, 1 course of six months. And that they have diligently attended for at least two entire years the Medical Practice in some Public Hospital in Great Britain or Ireland, containing not less than one hundred beds, and having a regular establishment of Physicians, as well as Surgeons.

REGULATIONS RESPECTING THE EXAMINATIONS.

Examiners for Degrees in Medicine.—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine. Arthur Connell, F.R.SS.L. and E., Professor of Chemistry. William Pyper, LL.D., Professor of Latin.

Assistant Examiners.—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow. William T. Gairdner, M.D., F.R.C.P., Lecturer on the Practice of Medicine, and on Clinical Medicine, Edinburgh.

The examinations take place twice in the year, commencing on the first Monday in May, and the third Monday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit one-third of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination by printed papers extends over three days, after which each candidate is submitted to an oral examination.

All candidates are required to give a written translation of a passage from the first four Books of Celsus, to write prescriptions in Latin with accuracy, and to be so far acquainted with Greek as to be able to give the meanings of scientific and medical terms derived from that language.

During the first two days of the examination, the candidates answer printed questions on (1) Chemistry and Materia Medica; (2) Anatomy and Physiology; (3) The Practice of Medicine; (4) The Principles of Surgery and Midwifery. On the third day, they are required to write a short commentary on a Medical and on a Surgical or Midwifery case.

Digitized by Google

The Degree is conferred, at the conclusion of the oral examinations, by the Rector, in the Hall of the Public Library of the University, and the diplomas are signed by the Professors of the University.

Every candidate is required to present himself for registration to the Secretary on or before the Saturday preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

As the examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—Fowne's Manual of Chemistry. (Candidates who have been long engaged in practice are expected to possess, at least, a knowledge of the general principles of the Science, and an acquaintance with the ordinary chemical compounds used in Medicine.) Christison's Dispensatory or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of Medicines); and the London, Edinburgh, or Dublin Pharmacopœia. Quain's Elements of Anatomy, or Wilson's Anatomist Vade-Mecum. Carpenter's Principles of Human Physiology or Kirkes's Handbook of Physiology. William's Principles of Medicine, and Watson's Lectures on the Principles and Practice of Physic, or Wood's Treatise on the Practice of Medicine (American). Miller's Principles and Practice of Surgery, or Fergusson's System of Practical Surgery. Churchill on the Theory and Practice of Midwifery.

Candidates who have acquitted themselves creditably in the first two days' examination are allowed to compete for honours.

Candidates for honours are additionally examined in Comparative Anatomy and Physiology, in the higher departments of Human Physiology and Pathology, an in Medical Jurisprudence; and their practical knowledge of Medicine is tested at the bedside.

FACULTY OF MEDICINE IN IRELAND.

UNIVERSITIES, COLLEGES, COURSES OF STUDY, DEGREES AND LICENCES TO PRACTISE.

The following bodies grant one or more degrees or licences to practise Medicine or Surgery, and provide courses of instruction in the Medical sciences:—The University of Dublin with the Medical School of Trinity College. This University grants the degrees of M.B. or Bachelor of Medicine, and M.D. or Doctor of Medicine, and also a Surgical diploma. The Queen's University in Ireland, with its Provincial Colleges at Belfast, Cork, and Galway; this University confers the degree of M.D. The King and Queen's College of Physicians in Ireland, granting a licence and fellowship. This institution, in connexion with the Medical Faculty of the University of Dublin, constitutes the School of Physic in Ireland. The Royal College of Surgeons in Ireland, which grants letters testimonial, qualifying to practise Surgery as a Licentiate, and also confers a Fellowship. The Rotunda Lying-in Hospital, which grants a diploma in Midwifery. The Governor and Company of the Apothecaries' Hall of Ireland.

The Medical Session in Ireland commences about the first week in November.

UNIVERSITY OF DUBLIN.

Medical School of Trinity College.—The Medical degrees in this University are granted on Shrove Tuesday and the first Tuesday in July. The degree of M.B. or Bachelor of Medicine, qualifying to practise and conferring the courtesy title of "doctor," may be obtained by all candidates who have graduated in Arts, and who have completed the requisite Medical courses, and passed the Board of Examiners, consisting of the Professors of the School of Trinity College, and the Professors and officers of the King and Queen's College of Physicians in Ireland. The Medical courses required of candidates for the degree of M.B. are Anatomy and Physiology, Practice of Medicine, Surgery, Chemistry, Botany, Materia Medica, and Pharmacy; Institutes of Medicine, Midwifery, Medical Jurisprudence, Practical Anatomy and Practical Chemistry; Clinical Lectures at Sir P. Dun's Hospital during one Session of six months, and three summer months, and also attendance for one session of nine months on the practice of a general Hospital. At least two and not more than three, of the above courses of lectures must be attended in each of four years; and three of the courses, at the option of the candidate, may be attended in the University of Edinburgh. The fees for each course are 3*l.* 3s.; but those graduating in Arts in the University are allowed to attend and receive certificates for one of each of the required courses, delivered by the University Professors, viz. on Anatomy, Surgery, Chemistry, and Botany, gratuitously.

The graduation fees are, for the degree of M.B., 11*l.* 17s. 6d.; and for the degree of M.D., which may be taken without further examination in three years after the M.B. 22*l.* These degrees are not liable to stamp duty.

The diploma in Surgery may be obtained by such Students as are matriculated in Medicine, and have completed at least one year in Arts, on the following conditions:—

1. To complete one year in Arts, it shall be necessary to have answered at least one examination, subsequent to the Junior Freshman year; or to have completed the Junior Freshman year only, by passing the Michaelmas examination of that year, and keeping one previous term, either by lectures or by examination.

2. Students who have not passed an examination in the Senior Freshman year will be required to attend one course of lectures in Logic. Students who have not passed the Junior Sophister year of the Undergraduate Course will be required to attend one course of lectures on Mechanics with the assistant to the Professor of Natural Philosophy.

3. Students so qualified will be admitted to examination for the diploma in Surgery, as soon as they shall have completed the prescribed curriculum.

4. This curriculum shall extend over a period of four years, and shall comprise attendance upon the following courses of lectures in the School of Physic in Ireland:

Anatomy and Physiology . . .	Three courses.
Demonstrations and Dissections .	Three courses.
Theory and Practice of Surgery .	Three courses.
Practice of Medicine	One course.
Chemistry	One course.
Materia Medica	One course.
Midwifery	One course.
Practical Chemistry	One course each, of three months' duration.
Botany	
Medical Jurisprudence . . .	

Four of the above-named courses, together with a course of Demonstrations and Dissections, may be attended in any School of Medicine recognised by the Board. Also attendance for three sessions, each of nine months' duration, on the practice of any of the following hospitals, together with attendance on the Clinical lectures on Medicine and Surgery there delivered.

1. Richmond, Whitworth, and Hardwicke Hospitals; 2. Meath Hospital; 3. Steevens' Hospital; 4. Jervis-street Infirmary; 5. City of Dublin Hospital; 6. Mercers' Hospital; 7. St. Vincent's Hospital. Of the courses of lectures which are of six months' duration, not more than three can be attended during any one session.

4. Candidates for the diploma, who have complied with the foregoing regulations, must pass an examination before a Court of Examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany. The examination of each candidate will be divided into two parts; one of which shall be devoted to Anatomy and Physiology, Surgical Anatomy, the Theory and Practice of Surgery, and Operative Surgery; and the other to the practice of Medicine, Midwifery, Chemistry, Materia Medica, and Toxicology.

5. Candidates for the diploma must submit their certificates and testimonials of qualification to the Regius Professor of Physic and to the Professor of Surgery, who shall sign the Chart necessary to be laid before the Senior Lecturer and Registrar, previous to the issuing of the *Licet ad Examinandum* to the Professors. A fee of £2 10s. is charged on taking the diploma.

The following courses of lectures and of clinical study are recommended to Students intending to qualify for the Public Service in the above departments:—1. Ophthalmic Surgery. 2. Military Surgery. 3. Pathological Anatomy. 4. Com-

Digitized by Google

parative Anatomy and Natural History. 5. Attendance in an Hospital for the Treatment of the Insane.

Graduates in Medicine (not honorary) of one of the Universities of the United Kingdom, Licentiates of the Royal College of Physicians of London or Edinburgh, officers holding Medical or Surgical commissions in Her Majesty's service, Licentiates of a College of Surgeons, of four years' standing, those who hold the Surgical diploma of Trinity College, Dublin, or Licentiates of a College of Surgeons in the United Kingdom, producing, in addition to their diploma, certificates of attendance on a course of lectures on the Institutes of Medicine and on Botany, and on the Practice of a Lying-in Hospital for six months, are admissible to examination on producing evidence of their possessing any of the foregoing qualifications, in addition to the certificate of Matriculation in the University of Dublin. Candidates will be examined on two several days:—on the first day, in Anatomy, Chemistry, Botany, and the Institutes of Medicine; on the second, in Acute and Chronic diseases, Materia Medica, and Midwifery; those who, in addition to the qualifications just enumerated, are also Graduates in Arts of the Universities of Dublin, Oxford, or Cambridge, are required to undergo the second day's examination only, Botany and Materia Medica being added in the case of members of a College of Surgeons.

By a recent regulation of this College, every person receiving its licence is obliged to make a solemn declaration to observe its laws and ordinances, and among other things he solemnly engages not to practise any system or method (so called) for the cure or alleviation of diseases of which the College has disapproved; nor to endeavour to obtain practice, or to attract public notice by advertising, or by any other unworthy means; "I also engage that I will neither permit nor sanction the use of my name by any other party for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College." By the Dublin College of Physicians this regulation has been carried out in the letter and in the spirit.

THE QUEEN'S UNIVERSITY IN IRELAND,

granting the degree of M.D., is the centre or head of the Queen's Colleges of Belfast, Cork, and Galway, each of which possesses a Faculty of Medicine. The curriculum of Medical study extends over a period of at least four years, and is subdivided into two periods of two years each; the first period comprises attendance on Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy. The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. Also, during the first period, Practical Chemistry in a recognised laboratory during three months, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with Clinical Lectures delivered therein. During the second period, three months' practical Midwifery in a recognised Hospital with not less than thirty beds; three months' Practical Pharmacy; and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which Clinical Instruction is delivered. At least one-third of the courses of Medical Lectures must be attended in some one of the Queen's colleges; the remainder may be taken at the option of the candidate, in any School, College, or University recognised by the senate of the Queen's University. Candidates are required before graduating to have also attended in one of the Colleges of the University, Lectures on Natural Philosophy, and on one Modern language, and to have passed the Matriculation Examination. There are two University examinations, one comprising the subjects of study in the first period, the other the subjects of the second period. Candidates may, if they prefer to do so, pass both these examinations at the same time.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This College grants a Licence and Fellowship. Candidates must produce a certificate of matriculation in the University of Dublin, unless they have been students of Arts in the Universities of Oxford, Cambridge, or Dublin; also proof of having been engaged for at least four years in the study of medicine, of having attended not less than two of the required courses in each year. These courses are Anatomy and Physiology, Chemistry, Institutes of Medicine, Materia Medica and Pharmacy, Practice of Medicine, Midwifery, and Diseases of Women and Children, Surgery, Botany, and Medical Jurisprudence; of the last two, courses of three months each; of the remainder, courses of six months each; besides which, six months' dissections with demonstrations, and three months' Practical Chemistry, are required. The lectures must have been attended with the Professors of the School of Physic, or others recognised by the College. Hospital attendance for two years and six months, and six months' practice of a Lying-in Hospital are also necessary.

CATHOLIC UNIVERSITY, DUBLIN.—MEDICAL FACULTY.

SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

Cecilia-street, Dame-street.

The Winter Session for 1858-59 will commence on the 1st of October, with Practical Anatomy.

The Lectures will commence on 1st of November, and terminate in April, 1859.

Anatomy and Physiology, Human and Comparative—Thomas Hayden, F.R.C.S.I., and Robert Cryan, L.R.C.S.I. and K., and Q.C.P.I.

Chemistry—William K. Sullivan, Dr. Ph.

Theory and Practice of Surgery—Andrew Ellis, F.R.C.S.I.

Practice of Medicine and Pathology—Robert D. Lyons, M.B., T.C.D., L.R.C.S.I., and M.R.I.A.

Materia Medica—Robert M'Dermott, A.B., M.B., T.C.D. and M.R.I.A.

Medical Jurisprudence—Stephen M. M'Swiney, M.D. L.K. and Q. Col. Phys., and M.R.C.S.E.

Natural Philosophy—Henry Hennessy, M.R.I.A.

Demonstrators of Anatomy—Henry Tyrrell, L.R.C.S.I. and Francis Quinlan, L.R.C.S.I.

At the termination of the Session, Public Examinations will be held, when, in addition to the usual Prizes in each class, Three Gold Medals will be awarded for the best answering in the three following combined subjects:—1. Anatomy, Physiology, and Chemistry. 2. Surgery and Practice of Medicine. 3. Chemistry, Materia Medica, and Medical Jurisprudence. The examinations consist of three parts:—Written, *Vivâ Voce*, Practical or Demonstrative.

The Certificates issued for attendance on Lectures at this School are fully recognised and received by the King and Queen's College of Physicians in Ireland, the Colleges of Surgeons of Dublin, London, and Edinburgh, the Queen's University in Ireland, the Universities of London, Glasgow, Aberdeen, and St. Andrews, the Faculty of Glasgow, the Army, Navy, and East India Medical Boards, and by the Apothecaries' Halls, Dublin and London.

ROYAL COLLEGE OF SURGEONS, IRELAND.

President.—James W. Cusack.
Vice-President—Chr. Fleming.
Secretary of the College.—Edward Hutton.

COUNCIL.

Arthur Jacob.	James S. Hughes.
Thomas E. Beatty.	Edward Hutton.
William Hargrave.	Robert Pentland.
Andrew Ellis.	Samuel G. Wilmot.
Robert C. Williams.	Augustus E. Tabuteau.
Robert Adams.	Thomas L. Mackesy.
James Barker.	Auley P. Banon.
William Colles.	Peter Shannon.
John H. Power.	Rawdon Macnamara.
Hans Irvine.	

Court of Examiners.—Josiah Smyly, R. G. H. Butcher, Richard Tuohill, Thomas Byrne, M. H. Stapleton, B. W. Richardson, Edward A. Stoker.

Digitized by Google

Examiners in Midwifery.—William Jameson, Robert Johns, Jerome Morgan.

PROFESSORS.

Anatomy and Physiology: Dr. Jacob.
Descriptive Anatomy: Dr. Power and Dr. Bevan.
Surgery: Mr. Porter and Mr. Hargrave.
Practice of Medicine: Dr. Benson.
Chemistry: Dr. Barker.
Materia Medica: Dr. Williams.
Midwifery: Dr. Sawyer.
Medical Jurisprudence: Dr. Geoghegan.
Practical Chemistry: Dr. Barker.
Comparative Anatomy: Dr. Jacob.
Botany: Dr. Mitchell.
Military Surgery: Mr. Tufnell.
Logical Science: John Murray, A.M., LL.D.

Fellows of the College are Members of the Corporation, and are admitted by examination; letters testimonial are granted to Licentiates, and a diploma in Midwifery to Fellows and Licentiates educated and examined in that branch of Surgery.

Candidates for the Fellowship must be 25 years of age, and must give proof of liberal preliminary education and good conduct during professional education. They are required to produce certificates of Surgical studies for six years (three of which must be for exercises in Dublin), and also of practice as House-Surgeon or dresser in an Hospital: as well as certificates of attendance on Hospitals, lectures, and dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, £26 5s.; if the candidate be a Licentiate, £10 10s.

Candidates for Letters Testimonial are required to produce certificates of preliminary classical education, of four years' professional study (three of them in metropolitan schools,) also three years' attendance on hospital lectures and dissections. Fee, £21.

Candidates for the Midwifery Diploma must be Fellows or Licentiates of the College, are required to produce certificates of attendance on midwifery lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The examiners are elected by a sworn jury of the council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as Surgeons in any part of the British dominions, and to be appointed Medical officers to the army and navy, public hospitals, infirmaries, dispensaries, and workhouses.

SCHOOL OF PHYSIC IN IRELAND.

Under this head are comprised the educational establishments, partly on the foundation of Trinity College, and partly on the foundation of the late Sir P. Dun, in connexion with the King and Queen's College of Physicians in Ireland.

THE APOTHECARIES' HALL OF IRELAND.

Every candidate must undergo two separate examinations, one for the certificate of Apprentice, the other for the licence to practise. Every candidate for the certificate of Apprentice will be examined in the following books:—In Latin—The Catiline War of Sallust, and the first three books of the Æneid of Virgil; in Greek—the Gospel of St. John and the first twenty Dialogues of Lucian, or the first two books of Homer's Iliad; in French—Telemachus, or the History of Charles XII.; in Science—the first two books of Euclid, and Algebra, to the end of Simple Equations; in Arithmetic, especially decimals; and in English composition. Every candidate for the licence to practise as an Apothecary must lay before the Court the following documents:—1. The Certificate of Apprentice. 2. The Indenture of Apprenticeship for three years, enrolled according to the Act of Parliament, and bearing the certificate of the Licentiate Apothecary to whom he has been indentured, of a good moral character, and of having fulfilled the period of his Apprenticeship. 3. Certificates duly signed that he has diligently attended the following courses of Lectures, delivered at some school of Medicine recognised by the Court:—(The order of study here laid down is recommended for the guidance of Students,) Chemistry (six months), Anatomy and Physiology (twelve months,) Practical Chemistry (a), Botany and Natural History (three months), Materia Medica (six months) (b), Demonstrations and Dissections (twelve months), Theory and Practice of Physic, Surgery, Midwifery, and the Diseases of Women and Children (six months), Medical Jurisprudence (three months).

Attendance for the entire period of eighteen months, on the Medical and Surgical practice in an Hospital or Hospitals recognised by the Court, and where Clinical instruction is regularly given also, with a certificate of attendance on thirty cases of Midwifery.

The examination for the licence to practise as an Apothecary will occupy two days—the Candidate will be examined on the *first day*.—In Chemistry and General Physics; in Pharmacy, Theoretical and Practical; in Materia Medica; in Natural History and Medical Botany; in Anatomy and Physiology; on the *second day*, in the Theory and Practice of Medicine; in Pathology; in Therapeutics; in Midwifery; in Medical Jurisprudence.

The examination for the certificate to act as Assistant to an Apothecary in compounding and dispensing will be confined to the subjects included in the first day's examination as required for "the licence." The Court of Examiners sits every Friday, at two o'clock, and proceeds with the examination of candidates in the order in which their names appear on the list. Candidates are obliged to lodge their testimonials a clear week before the day of examination. A rejected candidate cannot be re-admitted to examination until the expiration of six months. An examination of Apothecaries' apprentices takes place at the Hall in the first week in May, annually, upon some subject in Pharmaceutic or Physiological Analysis, which is publicly announced by the Court at the commencement of the previous winter session, and a prize of five guineas is awarded to the successful competitor.

Rotunda Lying-in Hospital, Dublin.—This Institution, a monument of the philanthropy of the late Dr. Mosse, contains nearly 130 beds. Upwards of 2000 women are annually admitted. There is a museum and lecture-room, and clinical courses are delivered in winter and summer. There is accommodation for 6 intern pupils: fees for interns, 20 guineas; for externs, 10 guineas for six months.

Coombe Lying-in Hospital and Anglesea Lying-in Hospital.—Instruction in Midwifery is given in both these Institutions.

(a) The Practical Chemistry must be attended in a Laboratory, and no certificate will be received by the Court that does not testify that the candidate has prepared the several Pharmacopœial Preparations which are usually made in the Laboratory.

(b) The Materia Medica if attended in summer must consist of two courses of three months' duration each.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 18, 1858.

BIRTHS.

Births of Boys, 829; Girls, 812; Total, 1641.
Average of 10 corresponding weeks, 1848-57, 1471.

DEATHS.

	Males.	Females	Total.
Deaths during the week	555	491	1046
Average of the ten years 1848-57	669·1	681·9	1351·0
Average corrected to increased population	...	...	1486
Deaths of people above 90	...	2	2
Deaths in 15 General Hospitals	28	16	44

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	3	8	4	7	5
North....	490,396	2	4	25	2	8	13
Central ..	396,256	2	6	11	4	6	5
East	485,522	1	5	30	8	14	11
South	616,685	..	9	44	8	18	12
Total..	2,362,286	5	27	118	26	53	46

Digitized by Google

University College, London.—Faculty

of MEDICINE.—SESSION 1858-59.

The CLASSES will COMMENCE on FRIDAY, October 1.

Introductory Lecture by Professor WALSHE, M.D., at Three o'Clock.

Classes in the order in which Lectures are delivered during the day:—

WINTER TERM.

Anatomy—Professor Ellis.
Anatomy and Physiology—Professor Sharpey, M.D.; F.R.S.
Chemistry—Professor Williamson, F.R.S.
Comparative Anatomy—Professor Grant, M.D.; F.R.S.
Surgery—Professor Erichsen.
Medicine—Professor Walshe, M.D.
Dental Surgery—(Teachership vacant).
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis and Mr. William F. Teevan, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Forensic Medicine—Professor Carpenter, M.D., F.R.S.
Practical Chemistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæo-Zoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.
Botany—Professor Lindley, Ph.D., F.R.S.
Practical Physiology and Histology—Dr. G. Harley.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chemistry—Professor Williamson, throughout the Session.
Logic, French and German Languages, Natural Philosophy, Geology, and Mineralogy—according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr. Walshe, Dr. Parkes, Dr. Garrod, Dr. Jenner.
Obstetric Physician—Dr. Murphy.
Assistant Physician—Dr. Hare.
Surgeons—Mr. Quain, Mr. Erichsen.
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.
Ophthalmic Surgeon—Mr. Wharton Jones.
Assistant-Surgeons—Mr. Marshall, F.R.S.; Mr. Henry Thompson.
Dental Surgeon—(Office vacant.)
Medical Clinical Lectures by Dr. Walshe, Dr. Garrod, and Dr. Murphy; also by Dr. Parkes, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations in the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.
Surgical Clinical Lectures, specially by Mr. Quain, and by Mr. Erichsen.
Lectures on Ophthalmic Cases, by Mr. Wharton Jones.
Practical Instruction in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.
Practical Pharmacy—Pupils are instructed in the Hospital Dispensary.
Prospectuses may be obtained at the office of the College.

PRIZES.

Gold and Silver Medals for excellence in the examinations at the close of the courses in most of the Classes.
Liston Gold Medal for Clinical Surgery.
Dr. Fellowes's Medals for Clinical Medicine, two Gold and two Silver.
Longridge Prize for general proficiency in Medicine and Surgery, £40.
Notice has been received of a bequest to the College by the late Mr. Atkinson Morley of the sum of £5900, for establishing in perpetuity Three Surgical Scholarships, to be called "The Atkinson Morley Surgical Scholarships;" each to consist of the third part of the Dividend of the Fund, and to be held for three years.
Residence of Students.—Several of the Professors receive students to reside with them, and in the office of the College there is kept a register of parties unconnected with the College, who receive boarders into their families. Among these are several Medical gentlemen. The register will afford information as to terms and other particulars.

A. W. WILLIAMSON, F.R.S., Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1858.

The Lectures to the Classes of the Faculty of Arts will commence on Wednesday, October 13th.
The Junior School will open on Tuesday, September 21st.

Charing Cross Hospital Medical

COLLEGE, WEST STRAND, LONDON.

WINTER SESSION, October 1st, 1858, to end of March, 1859.
Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—R. V. Tuson, F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Willshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION, May, 1859, to end of July, 1859.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries (except Practical Chemistry), £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting-Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.
Medical Practice.—Full period required, £18 18s. Surgical, £18 18s. Both Medical and Surgical practice, full period, £31 10s.

JOHN ROBERTSON, Hon. Sec.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION 1858-59 will commence on FRIDAY, October 1st, 1858, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock, by Professor BLOXAM.

The following Courses of Lectures will be given:—
Anatomy—Professor Richard Partridge, F.R.S.
Physiology and General and Morbid Anatomy—Professor Lionel S. Beale.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians .. George Budd, M.D., F.R.S.; R. B. Todd, M.D., F.R.S.; George Johnson, M.D. } With care of In-Patients.
Physicians .. W. A. Guy, M.B., F.S.S.; Lionel S. Beale, M.B., F.R.S. } With care of Out-Patients.
Physician for Diseases of Women and Children and Physician-Accoucheur—Arthur Farre, M.D., F.R.S.
Assistant-Physicians—Charles Murchison, M.D.; Conway Evans, M.B.
Surgeons .. W. Fergusson, F.R.S.; Richard Partridge, F.R.S.; William Bowman, F.R.S. } With care of In-Patients.
Surgeons .. Henry Lee, F.R.C.S. .. .. .. With care of Out-Patients.
Assistant-Surgeons—John Wood, F.R.C.S.; John Whitaker Hulke, F.R.C.S.
Surgeon-Dentist—S. Cartwright, jun.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the Hospital.

SCHOLARSHIPS.—New Students will have the privilege exclusively of contending, in October, 1858, for seven Warneford Scholarships—viz. two of £25 per annum, for three years, and five of £25 per annum, for two years. The Examination will commence on the 29th of September, in Divinity, Classics (subjects the same as for the Matriculation Examination this year at the University of London), Mathematics, History, and the Modern Languages.

One Scholarship of £40, tenable for three years; one of £30, for two years; and three of £20 each, for one year, will be filled up in April next, the subjects of the Examination being exclusively Medical.

Further particulars may be obtained from Professor Partridge, Dean of the Department; and a detailed prospectus will be forwarded by application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

St. George's Hospital Medical School.

—The WINTER SESSION will commence on FRIDAY, the 1st October, with an INTRODUCTORY ADDRESS by Dr. BARCLAY, at 2 p.m.

LECTURES.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. Athol Johnson.
Chymistry—Dr. Noad.

The Hospital contains 350 beds. Clinical Lectures are delivered during the Winter Session by Drs. Page, Bence Jones, and Fuller;—and by Mr. Cæsar Hawkins, and Mr. H. C. Johnson.

A Maternity Department, for the delivery of lying-in women at their own homes, is superintended by the Obstetric Physician, Dr. Robert Lee.

A Course of Clinical Lectures on Ophthalmic Surgery by Mr. Tatum, and a Course of Lectures on Dental Surgery, by Mr. Vasey, will be delivered during the Summer Session.

Instruction is given in Practical Pharmacy in the Laboratory and Dispensary of the Hospital.

EXHIBITIONS AND PRIZES.

"The William Brown Exhibition," of £40 per annum, tenable for three years, will be awarded to a perpetual pupil of the Surgeons or Physicians, who has commenced his third, but not completed his fourth Winter Session, and who "shall show the best general fitness for the exercise of the Medical Profession." This Exhibition will be open to pupils entering to the Hospital as perpetual pupils in 1859-60, and 1860-61.

"Sir Charles Clarke's prize for good Conduct;" "the Thompson Silver Medal," for Clinical Reports of Cases; "Sir Benjamin Brodie's Clinical Prize in Surgery;" "The Lewis Powell Clinical Prize in Medicine," will be awarded at the termination of the Session.

A Prize of Twenty Guineas for General Proficiency in Medical Knowledge will be awarded at the termination of the Session to the most distinguished pupil of the first year.

A Prize of Twenty Guineas for Surgeons' pupils in their second year.

A Prize of Twenty Guineas for Physicians' pupils in their second year, will be awarded under certain regulations.

Perpetual pupils to the Surgeons are eligible as Assistant House-Surgeon for six months, and House-Surgeon for twelve months.

Gentlemen entering to the Hospital Medical School may qualify themselves for Examinations at the College of Surgeons and the Apothecaries' Hall, on paying FORTY guineas the first year, FORTY guineas the second year, and TWELVE guineas the third year.

Further information may be obtained of Mr. Pollock, the Treasurer of the Medical School, or of Mr. Hammerton, the Apothecary of the Hospital.

Demonstrations of Pathological

ANATOMY.—WINTER SESSION.—ROYAL FREE HOSPITAL.—Monday, October 4th, at Three p.m., will commence, to continue on every succeeding Monday, DEMONSTRATIONS of PATHOLOGICAL ANATOMY, specially applied to SURGICAL DIAGNOSIS and to OPERATIONS, by FREDERICK J. GANT, Surgeon and Pathological Anatomist to the Hospital.

Members of the Profession are invited to attend on presenting their cards.

Students' fee, £1 1s.—Office, Royal Free Hospital.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE ON CONCUSSION OF THE BRAIN.
(Continued.)

In illustration of this intense congestion, you will also find a strongly-marked case, reported by M. Denonvilliers, the notes of which were given to him by Dr. Bayard. You will observe that many of the circumstances connected with this case are strangely like those of the celebrated case of Littre.

A man, 23 years of age, Martin by name, was arrested and locked up in one of the guard-houses in the outskirts of Paris; and there, as he threatened to destroy himself, his clothes were taken away, and his hands were tied behind his back. Failing in his efforts to break away, this man dashed himself against the wall, head-foremost. He was picked up immediately afterwards, perfectly insensible, and died three-quarters of an hour after the injury. A scalp-wound was found over the left parietal eminence, and a bruise over the left brow, and upper lid. There was not the slightest trace of injury about the bones of the skull; neither were there any traces of blood extravasated within the skull—none between the bone and the dura-mater—none within the visceral membranes—not even a speck on the surface, or in the substance of the brain, the consistence of which was perfectly natural. But the intense congestion of the vessels of the brain gave rise to a manifest alteration in the colour of the structures of this organ, the cut surfaces of which were thickly studded with the minutest blood-points, from whence oozed specks of fluid blood upon gentle pressure.

But in this case, minute as was the examination in many respects, again must I express my regret that no mention is made about any examination of the other parts of the body.

And, now, as to the still slighter cases of concussion, where the patient is only stunned for a short time, and then recovers his senses completely. It is usually supposed that here, too, we have some disturbance in the circulation of the brain, which being but slight soon passes off.

As may be readily supposed, it happens but very rarely that we have any opportunity of examining the state of the brain in these slight cases of concussion. Sometimes, however, in cases where very slight concussion has existed, death does occur, not from the injury done to the brain, but from some other severe lesion. And in two cases of this kind which I have had an opportunity of examining, and in which symptoms of concussion, of the slightest nature, had altogether passed off within a very short time, I was surprised to find that the brain-substance itself was actually injured.

A man fell out of a cart, and struck his head. He felt giddy, but soon rallied, and then vomited. Having taken a little stimulant, he was shortly afterwards quite himself, and proceeded about his business during four hours driving the cart, and calling at different places. While thus engaged, he was suddenly seized with urgent symptoms of compression, and died within a few hours. An enormous extravasation of blood was found between the bone and the dura-mater,—this had evidently been the cause of death. There was no blood within the arachnoid membrane, but several patches of extravasated blood were found at the base of the brain, in the subarachnoid tissues, and corresponding to these were patches of circumscribed contusion in the brain-substance itself; marked by minute specks of blood closely clustered together: these patches were in two or three places of the size of a shilling, and extended into the structure of the brain about a line in depth. There were no disseminated specks of extravasated blood.

A woman, aged 60, was admitted into St. George's Hospital with slight concussion of the brain, the symptoms of which were complicated with those of intoxication. There was also a small scalp-wound, not exposing the bone, at the back of the head, and the outer malleolus was broken. The brain symptoms soon passed off. Erysipelas and diffuse cellular inflammation of the scalp supervened, but the patient was recovering from these, when suppuration made its appearance in the ankle-joint; then came mortification of the foot and leg, and she died within eight days after the accident. In the cavity of the arachnoid were thin layers of extravasated blood, adhering to the parietal layer, corresponding to both hemispheres, and still retaining their colouring matter. No laceration could be detected in any part of the serous membrane, neither was there any extravasation of blood in the sub-arachnoid tissues. The large veins on the surface of the brain were congested, and the brain structure itself was much darker than usual from congestion. In the centrum ovale, close to the right side of the corpus callosum, and extending partly into it, was an extravasation of blood of the size of a nut. This clot still retained the greater part of its colouring matter, but the cerebral structure around it was neither discoloured, nor softened.

Here, then, we have two cases of concussion of the brain in which the symptoms were so slight that they soon passed off; indeed so soon and so completely did these symptoms pass off, that there was no suspicion of any actual injury having been inflicted upon the parts within the skull, and yet well-marked traces of injury were found after death in the brain itself. May not this also be the case in many of our so-called slight cases of concussion of the brain which recover? My own impression is that such appearances exist more frequently than is generally supposed.

Many other morbid appearances have been given to concussion of the brain; but, to these, I should not allude, were it not that I find them mentioned in some recently-published text-books on Surgery. For instance, among the after-death appearances in concussion of the brain, separation of the dura-mater from the inner surface of the cranium, when the blow on the head was severe, is said to be a very common condition. As well might we say that in concussion of the brain, the bones of the skull are often broken.

Concussion of the brain may, it is well known, be produced in different ways; either directly, from the force being applied to the skull itself, or indirectly, from the force being carried thither through some other part of the body. There is in Hennen's surgery a very curious case, quoted from Schmucker, of concussion being produced by a cannon-ball, which took away the queue from the nape of a soldier's neck, without injuring the integuments in any sensible degree.

What is the mechanism of concussion?

From the anatomical disposition of the skull, and of the parts therein contained, we are led to infer that whenever a blow on the elastic walls of the skull produces sudden and rapid changes in the shape of this cavity, a series of vibrations and momentary compression takes place in the soft, pulpy structure of the brain. And this, M. Gama has ingeniously endeavoured to demonstrate by means of a glass matrass filled with a solution of isinglass, approaching as nearly as possible to the consistence of the brain, in which he arranged several pieces of thread. The following were the effects observed by M. Gama. 1. In the circumference of the globe, a slight blow always gave rise, at the point struck, to marked vibrations in the gelatinous mass, which vibrations extended, however, but to a short distance. A heavier blow was followed by a momentary separation of the gelatine from the glass at the point struck, and, at the same time, a similar effect was also observed at the point diametrically opposite, after which matters returned to their original state. By this impulse in two opposite directions, the shock was propagated to the centre of the mass, from whence it was sent back again to the circumference. The threads disposed in different parts of the gelatine also served to show what effects had been thus produced upon the mass contained in the glass matrass: at first, carried from without inwards, these threads then vibrated in the opposite direction, and were subsequently affected by some irregular motions. 2. When the glass matrass was held with the neck downwards, a blow struck upon its neck made the threads vibrate from within outwards, the very reverse of what occurred in the first experiment, and the gelatine did not separate from the glass at any part of its circumference. Whatever the force of the per-

Digitized by Google

cussion, the vibrations appeared to be uniformly propagated from the centre towards the circumference; the movements in the threads indicated that these vibrations were sent back again from the circumference to the centre; but this secondary movement was scarcely perceptible; indeed, so little marked was it, that it required the narrowest and most careful watching to perceive that it really did take place.

And now, applying these results to the skull and its contents, M. Gama concludes that the vibrations communicated to the cerebral mass, in injuries of the head, will follow much the same course as the vibrations observed about the gelatine. For instance, a blow bearing upon any part of the vault of the skull, in such a manner as to have its opposite point also in the vault of the skull, will lead to a separation of the brain from the skull at these two points, and effects, similar to those noticed about the gelatine in the matrass, will take place in the brain itself. Again, if the blow bear directly upon the vertex, the separation of the brain will only take place at the point struck; and, towards the base of the skull, all that will occur, on account of the flatness and extended surface of this part, will be a disseminated *contre-coup*. Lastly, in a shock transmitted through the base of the skull, the motion being distributed from within outwards, there will be no separation of the brain at any point of the skull; thus pressed outwards, the cerebral mass, on the contrary, here becomes applied all the more forcibly against the sides of the osseous box.

Such are M. Gama's conclusions as to the mechanism of concussion of the brain. True it is that the brain is not much like a mass of gelatine, and that the various constituent parts of the skull cannot be adequately represented by glass. Still, from what may be actually seen in these experiments, I think that we may gather some notion as to what probably takes place when the brain is concussed.

It is not many years since, that Surgeons were at great pains to point out the different symptoms, which, it was thought, served clearly to distinguish a case of concussion from one of compression. Has further experience proved the correctness of the distinctive characters about which there was at one time so much controversy? I think not. It must be admitted that there is no one symptom, or combination of symptoms, which will enable us to determine positively between concussion and the slighter cases of compression.

And this it is which renders an accurate diagnosis so very difficult, if not altogether impossible, in many cases of injuries of the head; the difficulty itself being, no doubt, dependent in many cases upon the complex nature of the injury.

Cases of concussion of the brain are now commonly divided into three broad classes. All classifications of this nature must necessarily be vague and arbitrary; but we shall nevertheless find some classification of these cases to be useful both as regards the symptoms and the treatment. In the slighter cases, the effects of the concussion are momentary; loss of sensibility and of muscular power, interference with the circulation—these symptoms soon pass off. The patient comes to again, and proceeds about his avocations as if nothing had happened; retaining often no knowledge whatsoever as to the accident.

In the severest forms of concussion, the patient dropping instantaneously lies senseless and motionless; scarcely breathing, and with no pulse at the wrist. Little or no reaction takes place, and the patient expires within a few minutes, or lingers on for a few hours.

But cases of concussion holding the mean between these two extremes are to us, as practical Surgeons, of the greatest interest. At first, perfectly insensible, the patient lies motionless, and all but pulseless; with a countenance marked by extreme pallor, and a skin quite cold. The breathing, although feeble, is, in the great majority of cases, performed easily and naturally. The pupils vary very much—contracted, dilated—or one may be contracted and the other dilated. The urine and the fæces are sometimes voided involuntarily. And, in this state, the patient may remain for a longer or a shorter period, after which he begins to rally.

No longer altogether insensible, he may be roused by loud calling; pinch the leg, and you will see it withdrawn with an expression of peevishness about the countenance; the pulse becomes less frequent and more distinct; colour returns to the face, and the skin gradually regains some warmth. And among the earliest signs of amendment must be mentioned vomiting, which is to be looked upon as a good sign; and, when it supervenes, sometimes appears to hasten the recovery.

And thus matters may go on for a few hours, or for a few days; but, as soon as the patient is so far restored as to be able to make any complaint, headache of a more or less severe character is almost always found to be present. This pain in the head may exist for a longer or a shorter period, and then pass off; or it may soon be followed by other symptoms indicative of intra-cranial inflammation. Of this, however, I purposely avoid saying more at present, as it is my intention to bring the subject of traumatic intra-cranial inflammation before your notice at some future period.

Such are the symptoms attributed by most Surgeons to concussion of the brain, when it has been of a somewhat severe character. But, at the bed-side of a patient labouring under such a train of symptoms, after an injury of the head, can we undertake to say that he is suffering from concussion of the brain only? Nay more, let the symptoms gradually pass off, and let the patient be so far restored as to be able, within 48 hours, to answer questions put to him; let him, in fact, give ample proof of returning intelligence; could we venture, in such a case, upon stating that the case was one of simple concussion? that the prolonged symptoms were not, in a great measure, at any rate, due to an extravasation of blood within the membranes, to which the brain had become accustomed?

We may think that the case was one of pure concussion; and, at the death of the patient, what do we find? perhaps, an extensive extravasation of blood within the arachnoid.

An elderly woman, having been knocked down, and run over by a cab, was admitted into St. George's Hospital, under the care of Mr. Tatum, with concussion of the brain, and a large lacerated wound at the back of the right hand, exposing the extensor tendons. There was some bleeding at the nose, and the eyelids were very much bruised. She soon recovered from the effects of the concussion, and then vomited some blood which had been swallowed. The wound on the hand took to sloughing, with low, typhoid symptoms, and by these she was confined to her bed for some days; but, as soon as the hand began to mend, she was allowed to get up, and go about the ward. She was on the eve of being discharged from the Hospital, when erysipelas made its appearance on the hand; then followed sloughing, and the patient died within a few days. Altogether she was in the Hospital about two months.

The head symptoms in this case had been, from first to last, attributed to concussion of the brain, but the after-death examination told a very different tale. For, in the cavity of the arachnoid were found the remains of an extensive extravasation of blood. The blood-membranes, adherent to the parietal arachnoid, and a line in thickness, corresponded on the left side to the whole of the upper surface of this hemisphere. On the right side, the extravasation had even been more extensive. The membranes, two lines in thickness, covered not only the whole of the upper surface of the hemisphere, but extended also to the lateral parts, and even into the middle fossa at the base. The brain itself was perfectly healthy.

(To be continued.)

ORIGINAL COMMUNICATIONS.

CASES OF EMPYEMA OPENING THROUGH THE LUNGS.

By THOMAS B. PEACOCK, M.D. F.R.C.P.

Assistant Physician to St. Thomas's Hospital, and Physician to the Victoria Park Hospital for Diseases of the Chest.

Case 1.—David Rennie, aged 23, a sailor, admitted into St. Thomas's Hospital on the 29th of May, 1854. (For the notes of this case I am indebted to Dr. Stone, who was my clinical clerk at the time.) He was a tall, thin, and delicate-looking young man, and stated when admitted that he had been ill for three weeks, the first week having been passed at sea on his voyage home from Calcutta. Previous to this illness he had enjoyed good health, except an attack of cholera, from which he had quite recovered before his seizure.

Digitized by Google

He stated that his illness began with cold, accompanied by rigors, loss of appetite, and general febrile symptoms. When he landed he was somewhat better. About ten days before his admission, or on the 19th of May, he was seized with severe pain in the right side, and this continued at the time of his admission, and was increased by walking or even moving in bed. He was much prostrated. Pulse 84, and feeble. Tongue foul, and coated with a yellowish fur.

The following notes were taken on the 1st of June. He has a very pallid, sallow appearance; but the conjunctivæ are not materially tinged. Pulse 104, and feeble. The pain in the side has become more severe. The right side of the chest is seen to be more expanded than the left. In the inferior part of the dorsal region it is entirely dull on percussion. The dulness extends in front from above the nipple to about an inch below the lower edge of the last ribs. There is no material difference between the expansion of the two sides in the act of inspiration. The vocal thrill is felt over the whole of the right side, but less distinctly than on the left. Respiration is heard less distinctly on the right side than on the left, and it is absent at the lower part. Under the angle of the right scapula there is distinct ægophony. The level of dulness on the right side varies somewhat with the position.

He was directed to have one grain of calomel and one of opium every night, and to continue a mixture containing quinine, with the sulphuric acid and decoction of cinchona mixture: to have a blister applied to the right side.

June 5.—The pain in the side is somewhat relieved, but not entirely gone. Pulse 100, small and feeble. Tongue covered with a whitish ragged fur; gums slightly spongy. The dulness on percussion is marked in the right dorsal region, and extends round to the front. There is a total absence of the vocal thrill in the dull part, and respiration is entirely abolished.

6th.—He complained yesterday of increased pain in the right side, and it was relieved by a pill containing two grains of calomel, and five of Dover's powder. He is at present free from pain. The effusion in the right pleura is increased; there is marked ægophony at the lower angle of the scapula; the tongue is covered with a whity-brown fur; the gums are spongy; the pulse is 100, small and feeble. He was directed to have another blister applied on the side, and to take two grains of hydrarg. c. cretâ, and eight of Dover's powder every night, and three grains of the iodide of potassium, and fifteen minums of the liq. potassæ in an ounce of decoction of cinchona three times daily.

14th.—Tongue on the whole cleaner, but still coated with a brownish fur. Pulse 88, and soft. He looks less depressed, but perspires profusely. He has had but little pain in the side since the last notes were taken. He has no cough; his appetite is returning, and the bowels are regular.

The chest is still entirely dull at the lower part of the right side, and the vocal thrill is absent over the dull space; but there is some slight return of respiration at the lower angle of the scapula, and an ægophonic twang with the voice in that situation. The dulness changes its situation slightly with change of position. To omit the pills: empl. lyttæ lat. dext. Wine four ounces.

29th.—Has been slowly improving since the last notes were taken. Has had some diarrhœa, which is checked. He has gained flesh and strength. The pulse is 100, and feeble. At the upper part of the right side posteriorly, the resonance is clearer than in the corresponding position on the left side, but the right side is entirely dull below the lower angle of the scapula; a very feeble vocal thrill can be felt over the whole dull space, but it is very distinct over the resonant portions.

Respiration is feebly audible below the lower angle of the scapula, and is accompanied by a slight friction sound at the end of a forced breath. In front, when lying down the entire dulness begins at the nipple, and the partial dulness a little above that point. When sitting up, on the contrary, the partial dulness extends fully an inch below the nipple. In the resonant portion of the right side the respiratory sounds are natural. At the apex of the left lung there is a slight souffle heard with the cough, but the air enters freely into all parts of the lung. For the last week he has taken the quinine and iron mixture, with wine, and has had a slice of meat.

On the 30th the pain in the side continued, and he became much depressed, and while up in the ward he was suddenly taken with a sensation of something rising in the throat; he began to cough, became sick, and brought up a large quantity of offensive greenish-coloured matter. He continued to cough and expectorate during the night and the two following days, filling in twenty-four hours about one-third of a spittoon.

On the 3rd of July he complained of severe cough and expectoration, but was better; the tongue was clean but pale; the skin cool and moist; the pulse 104. The right lower dorsal region was entirely dull on percussion, but feeble respiration was to be heard at the lower angle of the scapula, and some vocal thrill could be felt there. In the recumbent position respiration could be heard over the whole of the anterior part of the right side, and there was slight pleural crepitation. When erect the respiratory sounds could only be heard down to the level of the nipple. He was expectorating a little glairy, viscid, bronchial mucus. The bowels being relaxed, some tinctura opii was added to the quinine and iron mixture, and the acetate of lead and opium pills were prescribed. He was much prostrated, and the wine was increased to ℥vj.

July 10th.—Pulse 120, feeble. Tongue dryish, with a whity-brown fur towards the base. He complains of pain beneath the right scapula and about the spine of that bone. The bowels are acted upon once daily. He takes very little food, and has begun to spit a considerable amount of fluid, principally of a glairy and thin serous character. In the recumbent position, the right side of the chest in front is morbidly resonant at the upper part, and loud bronchial respiration is there heard, with a subcrepitant rhonchus near the nipple. Posteriorly respiration is imperfectly audible at the upper part. In the upright position the clear resonance on percussion is limited to the infraclavicular region, and respiration is there very indistinct.

He was directed to have a blister applied to the right side.

13th.—He is improved in general health. The pain in the side is somewhat relieved; the bowels are regular. The resonance on percussion is abnormally clear in the right infraclavicular region, and the respiration is there harsh. Respiration is more distinct at the lower angle of the scapula, and is accompanied by an obscure friction sound.

20th.—Two days ago he had more pain in the side, and a blister was again applied. He still complains of the pain; the tongue is clean; the pulse 116, and feeble. He takes his food better, and is gaining strength. Above the resonance on percussion, both before and behind is clear, and the respiratory sounds are feebly audible. Below the nipple there is dulness on percussion, and the respiration is entirely abolished. On the left side the resonance is natural, and the respiration somewhat compensatory.

24th.—Yesterday while sitting quietly, he again began to expectorate without any cough the peculiar purulent matter. The attack continued for an hour, and again returned this morning, and the expectoration has now continued for an hour. The sputum is of a greenish-yellow colour, and in large masses free from air, and of an offensive odour. His breath has the smell usually accompanying gangrenous lung. The tongue is clean, the pulse quick but quiet: the bowels are regular. At the apex of the right side there is clear resonance on percussion, with feeble respiration behind, and loud amphoric breathing in front: the dulness and absence of respiration continues low down.

27th.—At 3 o'clock on the morning of the 25th, he was awoke by the cough, and again brought up about a third of a spittoonfull of matter, and he has expectorated some since. It has a less offensive smell than before. For some days he has been taking the cod-liver oil as well as the tonic mixture, and he is improving in every way.

From this time he continued to gain strength steadily; the cough and expectoration entirely ceased, and he was discharged very much better on August 8.

He returned to the Hospital some months later, and stated that he was then quite well; indeed he had returned to his occupation, and was engaged as a sailor in a coasting vessel.

Case 2.—A clergyman, aged 30, residing in North Wales, and much exposed to the weather in the performance of his parochial duties, consulted me on the 27th of July, 1855. He stated that he was quite well till about three years before, when he suffered from severe paroxysmal pains at the pit of the stomach, followed by enlargement of the liver and spleen, and these symptoms continued for some months. He, how-

Digitized by Google

ever, entirely recovered his health and continued well till six months before I saw him. He was then seized, somewhat suddenly, with pain at the lower part of the right side; it was at first of a severe character but gradually subsided. The pain was attended by cough, but there was no expectoration. His complexion was sallow but he was not jaundiced, and he lay on the right side. One night, about four or five weeks after the first occurrence of the pain, he had a violent attack of coughing and expectorated fully half a pint of yellowish coloured matter, mixed with blood, and very offensive to the taste. After the matter was expectorated he experienced some relief, and, in five or six weeks, he had considerably recovered, though he continued to bring up matter at intervals, and especially when he lay on the right side.

When I saw him he was very delicate-looking; he had ost much flesh; his eyes were glassy, and the conjunctivæ lightly tinged; his appetite and digestion were impaired and the bowels torpid. He still complained of pain in the right side and of cough and expectoration, and he had occasionally brought up small quantities of blood; his voice was feeble; he had before suffered much from night perspirations, but was then much relieved from them. On examining the chest the resonance on percussion was not impaired at either apex, and the respiratory sounds were natural; but a loud blowing sound was heard at the right apex when he coughed. From the level of the nipple downwards the right side was entirely dull on percussion, and the respiratory sounds were entirely inaudible in the dull space, and were replaced by very marked stretching sounds. There was some tenderness on pressure in the right hypochondrium, but the liver was not enlarged.

The patient was sent to me under the suspicion that he laboured under phthisis. The physical signs did not, however, indicate tuberculous deposition in any part of the chest; but afforded conclusive evidence of a pleuritic exudation on the right side which was undergoing organization. I therefore concluded that the matter which had been expectorated had proceeded from without; but it was not clear whether the original seat of disease had been in the pleura or liver; but from the obvious signs of pleurisy which still existed, and the absence of decided jaundice or other evidence of hepatic disease, I was led to conclude that the case was one of empyema, which had been evacuated through the lungs. The disease had probably affected chiefly the lower part of the cavity and the base of the lung, and the hepatic disturbance was not greater than is frequently seen in cases of pleurisy in that situation. It was evident that, whatever had been the original affection, the patient was gradually recovering; a favourable prognosis was given, and he was directed to have recourse to a tonic course of treatment. He was recommended to abstain from all duty during the following autumn and winter; and in July, 1856, I had the pleasure of hearing from Mr. F. P. Davis, an old pupil of my own, that he had steadily improved since I saw him; had been able to resume his parochial duties in May, and was then quite well.

(To be continued.)

HISTORY OF A CASE OF CRANIOTOMY.

By ROBERT LEE, M.D., F.R.S.
Obstetric Physician to St. George's Hospital.

On Sunday morning at half-past one of the 26th September, 1858, I was called to an obstetric case. The patient was 31 years of age; first child. The practitioner had first seen her at half-past six o'clock on the Saturday morning. Labour it was stated had been progressing slowly ever since. "All to-day fæcal matter has been passing per vaginam. She appears to be getting exhausted. Pulse 120; tongue furred. It appears to be a case where there is nothing left for us but perforation."

The husband, who came with a letter from the Medical attendant, was in a state of great alarm, and said in driving home, "Will it be necessary for you to give my wife chloroform?" My answer was, "Certainly not; I have never seen chloroform do the slightest good in any case of midwifery, and in some the greatest mischief." On reaching the house, I found two Medical practitioners in attendance. The circumstance which had excited the greatest anxiety was, "the fæcal matter passing per vaginam." They assured me it was not the meconium, but the contents of the mother's bowels which were escaping. I inquired if there was any symptom of rupture of the vagina, but there had been no vomiting, and the head was in the pelvis, and actually resting upon the perineum. One of the Medical attendants spoke of the forceps, but did not actually propose to use the instrument. I inquired if the forceps had ever been applied by him to the head of a child positively known to be dead, which was the fact here? To this question no reply was given; but it was my impression he had never done this.

I found the patient a good deal exhausted, and the pulse rapid. The pain had entirely ceased. The discharge from the vagina extremely fœtid. The head was so flaccid, and the bones so much pressed over one another, that there could be no doubt the child had been dead for a considerable period. I examined the posterior wall of the vagina; but there was no rent and no feculent matter was passing per vaginam. I had not a thermometer with me to determine exactly the temperature of the head; but it did not feel colder than the vagina. No chloroform was given before proceeding to perforate and extract the head, which was speedily done. There was no thermometer in the house; but I applied my hand to the body of the child immediately after its escape, and there was no sensible difference in the temperature between this and a living child. Both practitioners did the same, and we all came to the conclusion that the temperature must have been about the same as that of the mother. The bandage was applied, but the placenta did not come away for about half an hour; and as it adhered was removed by the Medical attendant very carefully and successfully: slight hæmorrhage followed, but soon ceased.

The forceps would have been employed in this case, had the child been certainly known to be alive, or if its death had remained doubtful.

It might, now I think, be considered as an aphorism in midwifery—that the forceps is not applicable to dead children, nor in cases where the os uteri is not fully dilated, and the head has not descended into the cavity of the pelvis and can be felt. But I had forgotten the aphorisms in midwifery, have all of late been turned topsy turvy.

4, Saville-row, September 27, 1858.

ON SOME OF THE

INJURIES AND DISEASES OF JOINTS,

AS ILLUSTRATED BY CASES FROM GUY'S HOSPITAL.

By THOMAS BRYANT, F.R.C.S., Eng.
Assistant-Surgeon, etc., to Guy's Hospital.

If the experience of the Metropolitan Hospitals could be carefully collected, analysed, and compiled, for the short period of five years, the amount of information and benefit which would be given to the world would, without doubt, be of immense value. And although at this time I am not disposed to enter into the question of how far the public have a right to demand for the record of that experience, there is no doubt that men who stand in a position favourable for observation, are in some degree debtors to the professional public, and should give them, when able, the benefit of their experience.

Having now for upwards of five years held the post of Surgical Registrar to Guy's Hospital, and thus been enabled to observe and take notes of every Surgical case admitted during that period within its walls, it is my intention to select from my notes of upwards of two thousand cases of injuries and diseases of the joints, such examples of interest as may present themselves, and which will illustrate the different points to be alluded to in the following papers. And, as it is my hope, that cases will be found adapted to illustrate most of the injuries and diseases of joints, I shall commence the series by the subject of Wounds of Joints.

WOUNDS OF JOINTS.

The experience and knowledge of wounds of joints which the civil Surgeon acquires must necessarily be somewhat

Digitized by Google

limited, and it is to his military brethren that he generally turns for the information he may desire, as to the symptoms, results, and treatment of such injuries. My notes of cases admitted into Guy's Hospital, however, afford instances of all the different wounds to which joints are exposed, and include the incised, lacerated, and punctured, together with examples of compound dislocation, compound fracture with laceration into the joints, and gunshot wounds.

The symptoms which generally follow a wounded joint are very variable, and are by no means in their severity proportionate to the extent of injury: a wound may in one subject be followed by but slight inflammatory symptoms, and in others acute suppuration of the joints with its attendant dangers may be the sequence. In one case, even of severity, the joint may perfectly recover, in another its loss by disorganisation or by anchylosis may be the end; the constitution and habits of the patient, in these cases as in others, having a marked influence in their result, independent of any treatment, however skilful.

Case 1.—The first case I shall relate is one of a severe character as regards the wound, but of simplicity with respect to symptoms: the joint opened was the knee, but its result was all that could be wished. A healthy, but strumous-looking girl, aged 9 years, when running fell upon an oyster-shell, which produced a wound one and a half inch long, above and to the side of the patella, exposing the joint, as indicated by the flow of its synovia. The knee was kept at rest, and fixed by sandbags at an obtuse angle, sutures applied to the wound, and a piece of wet lint applied. All went on well, with but slight effusion into the joint. Upon the fourth day a straight splint was applied, and upon the twelfth some extra synovial inflammation took place. Antimonials and salines were given with benefit, and in four weeks all inflammatory symptoms disappeared. Tonics were subsequently administered, and in four months from her admission, she left with a good, but slightly stiff joint.

Case 2.—The second case is one of a lacerated wound into the knee-joint, and well illustrates the value of the application of cold in subduing inflammatory action.

A man, aged 27, in a quarrel with his wife, received a blow upon his left knee from a china basin, which she threw at him. An oblique lacerated wound was the result, extending across the joint from above downwards and inwards, laying it completely open.

Sutures and strapping were applied, but only sufficient to keep the parts in apposition, and the joint kept cool by a process of irrigation, or the constant trickling of cold water over the part covered with a layer of lint. A mercurial in the form of the hyd. c. cret. gr.ii., pulv. Doveri, gr. v. was given twice a-day, and perfect rest enforced. For three days all inflammatory action was checked, and the wound healed; but by accident the application of the cold was omitted for one night, and severe inflammation followed; this, however, was speedily subdued by the re-application of the remedy; and in one month the man left the Hospital with a sound joint.

Case 3.—The third case is one of injury to the elbow, equally fortunate in its termination to the preceding; and affords a good example of the power of nature to produce a cure, assisted but slightly by art; rest being the chief element of treatment.

A man, aged 17, fell down a cellar upon some empty bottles; a portion of the glass perforated the left elbow beneath the external condyle, producing a wound an inch long. Some slight hæmorrhage followed, accompanied with great faintness. The wound was brought together by sutures, and water dressing applied, and the arm placed in a semiflexed position. But slight constitutional disturbance followed, and the wound healed rapidly, the joint for the first four days being slightly swollen. After two weeks some slight movement of the joint was permitted, all symptoms of injury having subsided, and after one month's rest in the Hospital he left with the joint as sound as its fellow.

The four next cases are punctured wounds, and, as might be expected, are of a more severe character. The accident in three was followed by acute inflammation of the joints, and in one by inflammation of a less severe character. In one of the former amputation was resorted to with immediate success, although the patient died of some secondary disease a year afterwards. In the second, a good recovery was made; and in the last, death rapidly ensued.

Case 4.—A boy, aged 10 years, fell out of a window upon a brass spike, the point perforating the joint close to the patella. Some oily fluid made its escape after the accident. The child was kept perfectly quiet; the joint rapidly enlarged, and some fever was present, but no Medical advice sought for two weeks; when he was brought to the Hospital as he made no progress. The joint was then painful and swollen from effusion. The point of perforation was distinct, but nearly closed, and the constitutional disturbance was very slight. Ice was applied in a bladder, and rest enforced. In three days all swelling had subsided, and in two weeks he left with a healthy joint.

Case 5.—A man, aged 26, during a fight was stabbed in the right knee with a fork; the prongs entered quite two inches upon the inner side; no bleeding followed, but the joint became rapidly painful and enlarged. For three days he rested at home, and then sought advice. When admitted the joint was enormously swollen, and exquisitely painful; the skin was hot, and pulse full. Thirty leeches were applied, and purgatives with antimonials, and colchicum given. After three days the symptoms abated, although the pain was still intense, but relieved by opium. The swelling gradually disappeared, and on the 14th day a blister was applied with decided benefit, for upon the 16th the joint had nearly regained its natural size. Upon the 26th the joint was strapped up; and in six weeks from his admission he left with a sound joint.

Case 6.—A man, aged 65, of a bad habit, when at work, making chairs, punctured his right knee with an adze; acute inflammation and suppuration followed, uninfluenced by the treatment adopted, viz. leeching first with antimonials and mercury; and subsequently, tonics and support. The powers rapidly gave way, not allowing any operative interference; and after five weeks he died.

Case 7.—A man, aged 27, of a strumous aspect, punctured the inner side of his knee with an adze; enlargement of the joint rapidly followed, unattended, however, with very severe pain. Several weeks after the accident he applied to Guy's, with the joint enlarged and evidently suppurating. The joint was opened freely, as the pus was burrowing upwards and downwards; erysipelas unfortunately made its appearance, preventing amputation. After a severe struggle he rallied and in about eight months, amputation was performed; from this he rapidly convalesced; about six months after an abscess appeared in the opposite hip, which burst, and from this he gradually sunk.

From the cases just quoted we may gather a very fair idea of what we may expect after wounds of joints, and form a just one of the principles which should guide us in their treatment.

In healthy and young subjects, as the first five cases illustrate, the inflammation that follows such an injury will vary in its intensity; but will generally, by early and proper treatment, be kept within a dangerous limit.

In the first four cases the inflammation was never of a very acute character, although in case 2, the omission of the application of cold indicated what it would be, if left untreated.

In case 5, also, the symptoms set in with marked severity, and were subdued only by a prompt and energetic treatment.

Case 6 shows the result of such an accident in an old and cachectic man; the joint proved unable to resist the inflammatory action which the injury is prone to induce, and the powers of life unable to withstand the drain upon its strength.

Treatment in such cases seems of little service, the rapidity of the diseases preventing their taking effect. In case 7 we have a subject as unfavourable for such an injury as could be imagined; the inflammatory action induced by the puncture was sufficient to set at work the latent disposition to strumous disease to which he seemed naturally liable. Rapid disorganisation of the joint was the result; and although the extra drain upon an exhausted system, as caused by erysipelas, proved a temporary impediment to any operation, still he rallied after the removal of the limb, and recovery might have been expected if the tendency to strumous disease had not manifested itself in other parts. In such a subject any injury would have been sufficient to make manifest his general tendency to disease, and a wounded joint was too serious for his weak powers to overcome.

Treatment.—The treatment that should be adopted in these cases is not complicated. Absolute rest is indispensable, and

Digitized by Google

without it all other treatment is of no value. In simple cases where signs of inflammatory action are very slight, as in case 3, but little else is requisite, a cold lotion or wet rag only being necessary. The joint should be placed in the position which is most comfortable, a slightly flexed one being, as a rule, to be preferred, and kept there by means of sand-bags or splints. The wound in all cases should be speedily closed, and its edges adapted, if necessary, by sutures. All probing the wound, bandaging and strapping the joint, should be avoided, as being not only unnecessary, but absolutely injurious. The local treatment to be preferred in most cases is cold, not generally in a dry form as ice in a bag, although this is sometimes of value (*vide* case 4); but applied as in case 2, by allowing a gentle and constant trickling of water over the part, covered with a layer of linen.

The comfort of this application is only equalled by its value, and case 2 well illustrates its beneficial influence. Pain ceases, or is considerably diminished immediately after its full action has been experienced, and the delight that I have felt at its success is surpassed only by the expressions of the patients.

In some cases, when not seen at an early period, leeching must be freely employed, followed by some warm application, such as a poultice, or which is better, a hot wet flannel.

The constitutional treatment in some cases must be most energatic. In acute cases, opium, antimonials, and colchicum, are of great value, mercury having no time for action. In the more chronic form, some mercurial, such as hyd. c. cret. in three or four grain doses for an adult, with an equal quantity of Dover's powder every four hours, may be required. This with purgatives and low diet is all that is necessary.

When the acute symptoms have subsided, a blister will occasionally hasten the absorption of the effused fluid, and the application of pressure by strapping will generally effect a cure. In weak subjects, tonics will be called for, and small doses of the iodide of potassium with the syrup of the iodide of iron, in some bitter infusion, is decidedly the best. When suppuration ensues, other treatment must be adopted, the pus should be speedily evacuated, and the question of some other operative interference must soon occur; but the discussion of that question is not now my object.

Support and tonics must then be freely given, and the case assumes a different aspect, and must be classed amongst those of disorganised joints.

Wellington-street, London-bridge.

OBSCURE CASE OF HERNIA—OPERATION—DEATH.

By HENRY SMITH, Esq., F.R.C.S.

In the last number of the *Medical Times and Gazette* there is related a most interesting case of Hernia returned *en masse*, and which was successfully operated upon by Mr. Wordsworth. A case of interest somewhat equal, but the results of which were not so successful, has lately fallen under my observation; and I think that some details of it may not inaptly follow the one related by Mr. Wordsworth.

I was sent for late at night on Saturday, August 21, by Mr. Alder Fisher, who informed me that he had a severe case of obstruction of the bowels; that he had been called some hours previously to the patient, who had been suddenly seized at mid-day on the day before with the symptoms, which had gradually increased in severity, and that aperient medicine had failed to act. I was also informed that the patient had worn a truss for some years for an inguinal hernia on the right side; but that lately, in consequence of the truss wanting repair, he had left it off, as the hernia did not give him any trouble.

On visiting the patient, whose age was 52, we found him in considerable suffering, having vomited constantly, and latterly, I was informed, stercoraceous matter. The countenance was somewhat anxious, and the abdomen was slightly tympanitic, not very painful on pressure over its general surface, but in the situation of the right inguinal canal, when pressure was applied, the pain was severe. On very careful examination, both when the patient was lying down and standing up, no hernial protrusion could be discovered, the finger could be passed readily through a most capacious external ring into the inguinal canal. The other situations for hernia were as free. There was, however, in the right inguinal region, parallel with and somewhat below the situation of the canal, a fulness which was appreciable, but which seemed to be more like a thickening of the cord or the same effect produced by the pressure of a truss than anything else.

It was pretty clear that mechanical obstruction existed somewhere, as the symptoms were too sudden in their attack to be reasonably placed to inflammation, but it was not so clear as to where the point of obstruction lay, although the history of the case and the present symptoms led Mr. Fisher and myself to suspect that this old hernia must be the seat. As, however, the depression of the patient was by no means great, and medicines by the mouth had only hitherto been given, it was determined that copious enemata should be tried, and that we should meet on the following morning.

22.—10 a.m.—On entering the patient's room we were greeted by the expression that he was much better, and on examination we found him much relieved; the abdomen was less tense and painful, and the countenance was less anxious; a pretty considerable evacuation had been produced by the injection. Under these circumstances we determined that it would not be justifiable to resort to any exploratory operation for which I had prepared myself. We, however, expressed a cautious opinion that there was not yet satisfactory proof that the obstruction was overcome, and we were led to that by the circumstance that the vomiting still continued, but the matters vomited were decidedly not fæcal. It was, therefore, determined that sulphate of magnesia should be given in effervescence every two hours, and that we should meet in the evening.

At 6 p.m. I was suddenly summoned to meet Mr. Fisher: on arriving at the house of the patient we found him in a state of almost death-like collapse. It appears that soon after we left in the morning, the symptoms returned with violence, and all the medicine had been rejected; shortly before our visit, the patient felt desirous to pass water, and on getting out of bed fainted off, and he had not recovered from this. We now felt convinced that the obstruction still existed, and that there must be no delay if he were to have the only chance afforded him. It was, however, a question as to whether the patient would not actually die during the process; we therefore waited for half-an-hour, at the end of which time he had somewhat rallied under the influence of brandy; and just as daylight was expiring I commenced an exploratory operation, by making an incision over the spermatic canal, and having fairly opened it by a very cautious dissection and examined its superior extremity, came down upon a dark mass larger than a walnut, which on further dissection I found was a hernial sac: this was opened with great care, and then appeared a small knuckle of intestine, nearly as black as coal, strictured in the tightest manner possible by the neck of the sac. After some trouble this was fairly divided, but unfortunately, the gut was in such a condition that when a little pressure was used with the left hand to return it, a rupture took place, and the contents of the bowel escaped. The patient bore the operation very well, but, of course, we looked upon the case as hopeless, and the poor man died a few hours after the operation.

In this case are some points of interest and instruction, as there always must be in these obscure instances of strangulated hernia. In the first place, although the circumstances strongly pointed to it, the evidence was not sufficient to show where the obstruction lay, for the abdominal ring on that side where a hernia had existed was quite clear; and although I felt that in all probability some portion of gut was strictured at the inner ring, it was not thought that an exploratory and uncertain operation was warranted on our first visit, especially before the trial of enemata; and I was the more led to this view by a case to which I had been called not long before by a neighbouring practitioner, where most violent symptoms of obstruction were present in a man who had a hernia,—the history of the case and the present condition of the hernia led me to persevere with the measures which the practitioner had been adopting; and, fortunately, it turned out that no operation was required. It is thus shown how mysterious and difficult these cases are; and those only who have had to deal with such can appreciate the difficulties.

The second point of interest relates to the relief which was experienced by the patient after the employment of the injection, which had apparently served to overcome the obstruction. This, however, was a deceptive sign, for in

Digitized by Google

truth only that portion of the intestine below the obstruction had been cleared; this was suspected at the time; nevertheless, the subsidence of symptoms was such as to induce the postponement of the operation.

The condition of the gut, after a comparatively short time of constriction, was due to the exceeding tightness of the stricture, it being well known that the danger of mortification is more in proportion to the completeness of the obstruction than to the length of time during which it has existed. Thus, in the very last case I operated on, in the instance of a female, aged 63, affected with crural hernia, the bowels had been obstructed for nine days, and strangulation had existed for the greater portion of a week, yet the bowel was in a fit condition to be returned, and the patient entirely recovered.

It is to be regretted that the symptoms in the case related were not sufficient to indicate in the first instance an immediate recourse to an operation, as in all probability such a proceeding put in force twenty hours earlier than it was adopted, would have been attended with success.

14, Caroline-st., Bedford-square.
Sept. 21, 1858.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

EXTENSIVE LACERATION OF THE KIDNEY.

(Reported by Mr. E. WOAKES, House-Surgeon.)

Charles Holding, aged 17, was brought to St. Thomas's Hospital at 3 p.m., September 4, 1858. The history was that the two wheels of an empty railway van had passed over his body. It was found on examination that these had taken a direction obliquely across the left side, which was much bruised. On the right side the eleventh rib was broken in two places, and it was inferred that others were also fractured, but the exhausted state of the patient rendered it undesirable to confirm this by much manipulation. The face was pale, and wore a most anxious expression, pulse very feeble, skin cold and clammy, but he retained perfect consciousness. The severity of the symptoms induced the belief that some abdominal viscus was injured, and he was at once admitted. He had not vomited.

Hot bottles were applied to the feet, and small quantities of brandy-and-water given at intervals, but without establishing any reaction. He had much pain in the loins, especially on the right side, also much dyspnœa; he could not bear the pressure of a flannel roller round the chest. In about two hours he passed a quantity of bloody urine, and continued to do so during the evening. He also vomited several times. He passed a restless night, though free from pain, and was slightly delirious.

September 5.—Passes urine free from blood, aggravated dyspnœa, and much abdominal pain, increased on pressure. A catheter was introduced later in the day, nothing but clear urine passed, he gradually became insensible, prostration increased, and he died at half-past 7 p.m. Perhaps the most remarkable feature throughout was the very anemic state of the patient, which increased rather than diminished as the immediate effects of the shock subsided. The passing of bloody urine had already induced a strong belief that one kidney at least was much injured.

Autopsy.—The lungs were much congested: the bases of both noncrepitant. They were not wounded by the broken ribs. The tenth and twelfth ribs of the left side were fractured, the latter about one inch from its free extremity. On the right side the nine inferior ribs were all broken about an inch from the spinal column; some of these were only splintered, opposite two or three the pleura lining them was torn through, and the eleventh was broken in two places.

The peritoneum surrounding the right flexure of the colon and the viscera adjoining it was extensively infiltrated with blood; around the right kidney was a half coagulated mass of blood occupying all the right lumbar region, and extending across the spine to the left kidney. The hæmorrhage was found to have proceeded from the right kidney, which, when separated from the clot was seen to be ruptured in its long diameter so much that the two halves were only connected by a small portion of cortical substance, and the tissues forming the pelvis.

The left kidney had a very superficial rupture extending about half a line beneath the capsule; around it was a small clot of blood.

The other viscera were healthy.

THE MOORFIELDS OPHTHALMIC HOSPITAL.

BLINDNESS OF ONE EYE AFTER EPILEPTIFORM SEIZURES.—EXTREME ANÆMIA OF THE RETINA.

Jane B., a married woman of phthisical aspect and very pale, was admitted as an out-patient, under Mr. Dixon's care, on September 20. She had come up from the country for advice respecting her eyes, and the following is an outline of the main facts of her case. All sight in the right eye had been lost for two years, the pupil was motionless, and when the left was covered she could not tell the situation of the window. Her left eye had but imperfect sight, and although able to distinguish large objects, she could not see to read the boldest type. The sclerotics of both were pearly and white, and no morbid appearance was distinguishable in either by the unassisted eye. She had, she said, never suffered from pain in the globes, nor had they ever presented any signs of inflammation. She had been married several years, and had borne four children. After her third confinement, she remained for some time very feeble indeed, and in the second month became liable to severe "convulsive fits," which continued to recur for more than a year. It was after one of these, about two years from the present time, that she found her sight suddenly much damaged, that of the right being quite lost, and that of the left dim and obscure. After this the left a little improved, but the other continued totally blind. She had had a miscarriage attended with great loss of blood just before her eyes became affected. From that time to the present she has continued in very feeble health, at times better and then relapsing; and, excepting a slight improvement in the left, the state of the eyes has never altered. Her fourth infant was suckled for four months; but during this time she had no fits, and, although exceedingly reduced, did not notice that her sight was any worse.

Atropine having been introduced to prepare the eyes for the ophthalmoscope, both pupils dilated well. The humours were seen to be perfectly clear, and the only condition in which the eyes departed from the normal appearance, was in the anemia of their retinæ. In the left the retina looked pale, and its vessels smaller than usual, but in the right this condition was most extreme. The arteries emerging from the optic papilla were as thin and thread-line as can well be conceived, and their ramifications over the pale, whitish pink surface of the retina could only with difficulty be traced (a.) There was no deposit in any of the coats, nor any local thinning of either choroid or retina.

The only advice which could be given to the poor woman with regard to the preservation of her remaining eye, was that she should endeavour most scrupulously to avoid all debilitating influences. A quinine and steel mixture was ordered, and she was directed to use a liberal diet.

The first point which suggests itself in the attempt to unravel the pathology of this lesion is that the primary disease must have been central, and involving the nervous, rather than the vascular system. The deficient supply of blood was in all probability due to the total abolition of function in the tissue to be nourished. The absence of any evidences of retinal disorganisation, and the fact that the other eye had also suffered, both point to some lesion of the optic tracts. An extravasation of blood during a convulsive seizure at a time when the blood was extremely poor, is perhaps the most plausible supposition. We recorded some time ago, a case similar to the above in that the damage to sight was attributed

(a) A sketch of their appearances was made, and is now in the Museum of the Hospital. The eye presented the most typical instance of a bloodless retina which had as yet come under notice.

Digitized by Google

to convulsions which had followed a confinement, in which large patches of ecchymosis into the retina itself were clearly visible. In that instance, both eyes had been affected at the same time; it is therefore quite possible that in the present instance symmetrical effusions of blood into the optic nerves may have occurred, the amount being greater on one side than the other.

The following case affords us another example of partial loss of sight after a fit, in which the only local lesion discoverable was great anemia.

PARTIAL LOSS OF SIGHT AFTER A FIT.—ANEMIC RETINÆ.

Mrs. P., aged 49, a florid healthy-looking woman, was admitted with the statement that since "a fit" which she had had six years ago she had never been able to see to read or work. Her vision was enough to enable her to go about, but she could not distinguish letters of the largest type. The right eye was much the worse. Respecting the "fit," she said that her Medical attendant in the country had told her that it was dependent on fulness of blood in the head. Her memory had been somewhat damaged by it, and her aspect was slightly heavy and confused. Although remarkably florid, she complained that she frequently felt faint. On examination with the ophthalmoscope a remarkable condition of pallor and anemia was seen in both retinæ, but beyond this no morbid state was discoverable. The arteria centralis retinæ at the point of its division was much smaller than usual, and especially so in the right and worse eye, while the retinal expansion itself was uniformly pale and white-looking.

In this case, as in the one above, the theory of extravasation into some part of the intra-cranial optic apparatus is probably the most likely that can be suggested.

MR. DIXON'S METHOD OF EXCISING THE EYEBALL.

We have recently mentioned one or two cases under Mr. Dixon's care at the Ophthalmic Hospital in which excision of the globe was performed, and to save space have spoken of them as being performed by "the usual mode." This expression is, however, not quite correct, as Mr. Dixon's method, although similar in plan, differs in some of its details from that practised by his colleagues. Mr. Critchett, to whom the credit is due of having been the first to supersede the old and most clumsy method with the scalpel by the admirable operation now in general use, employs the strabismus hook and scissors in the dissection. Mr. Dixon has for some time past dispensed altogether with the hook, and employs curved instead of straight scissors. The wire speculum having been introduced, the conjunctiva, elevated by dissecting forceps, is divided all round at the margin of the cornea with scissors curved on the flat and slightly rounded at their points. The tendon of the external rectus and the adjacent areolar tissue are next seized in the forceps and snipped through. An assistant now fixes the globe and draws it forcibly inwards by holding in forceps the insertion of the just divided muscle, and the superior rectus, the oblique and the inferior rectus, are in order snipped through. The globe now starts forwards, and the optic nerve having been easily reached and cut through, it is turned hind part before, and a few more touches suffice to divide the last remaining muscle, and to complete the operation.

SAMARITAN HOSPITAL.

URETHRO-VAGINAL FISTULA—CURE BY SILVER SUTURE.

(Under the care of Mr. SPENCER WELLS.)

In our Number of September 18 we recorded a case in which two vesico-vaginal fistulæ were closed in the same patient, each by a single suture; the one of silk, the other of silver wire. In that case the success was attributed to the precaution of keeping the patient lying on her face and retaining a catheter in the bladder for some days after the operation. We have now to record a case in which equal success followed the application of a single silver suture, although no such precaution was taken.

M. G., æt. 37, mother of six children born alive, wife to the gamekeeper of a nobleman well known as a leading supporter of homœopathy, was sent from the country to Mr. Spencer Wells, and admitted into the Samaritan Hospital on the 13th of September. She had been delivered twelve weeks before admission, and the gentleman who attended her wrote to say, that the labour had been a very tedious one, lasting about thirty hours. "The pains for the last fifteen hours were unusually strong and severe, and the child, which was born dead, was above the ordinary size. About six hours before its birth the patient's strength seemed failing, and the head impacted. The vectis was used for a very short time, but it was not persevered in to produce any effect in moving the head, as the contractions returned more strongly than ever. I believe, had she been delivered sooner by the forceps, the accident would not have occurred; but I was not left to my own judgment in the matter. No mischief could have been done by the instrument."

Since the labour, the woman had been quite incapable of retaining any urine; and her labia, perineum, and thighs were much excoriated by the constant dribbling. On examination, a fistulous opening, hardly admitting a uterine sound, and just admitting a No. 3 catheter, was found, an inch or rather more from the meatus, establishing a communication between the vagina and bladder, or rather with the urethra just at its junction with the neck of the bladder. The opening was situated at the bottom of a deep fold of the vaginal mucous membrane. The edges were formed of flabby reddish granulations. These Mr. Wells removed, in order to make the surface to be brought into apposition even and smooth, and then passed a silver wire suture by means of an ordinary curved needle through the vaginal mucous membrane, carrying it down to the mucous membrane lining the urethra, but without perforating this membrane. The wire was bent until the edges of the opening were closely approximated, fastened by a split shot, and the ends were cut off. Mr. Wells thought that the presence of a catheter in the urethra quite as likely to do harm as good, and preferred trying at first what the effect of simple suture would be. The woman was not confined to bed. A vaginal douche of cold water was ordered night and morning.

The effect of the little operation was immediate. The woman at once recovered the power of retaining her urine, although only for a very short time, for the first day or two. On the fourth day she said she could retain it for three or four hours. Mr. Wells removed the suture on the sixth day, and found the fistula perfectly closed. The cicatrix, though delicate, was quite perfect; and the patient said her power of retaining and passing the urine was as complete as it ever had been. As the cicatrix was not very solid, Mr. Wells wished her to stay a few days longer in the hospital, but she was anxious, for some family reasons, to get home, and left quite well on the 23rd September. When last heard of, four days afterwards, she remained perfectly well.

This is the second case Mr. Wells has met with in which a single suture sufficed for the cure of a very small fistula near the meatus. In the first case a silk suture was used, which was left to cut itself out—a catheter being kept in the bladder for several days.

The application found most generally useful at the Samaritan Hospital in relieving the excoriation which is so distressing in these cases, is a mixture of equal parts of zinc ointment and glycerine.

ROYAL FREE HOSPITAL.—As the arrangements toward the formation of a school in connexion with this hospital have not been completed in time for this session, we hear that the opening of the school has been deferred to next year. In the meantime, Mr. Gant, one of the Surgeons to the Hospital, purposes giving a course of Demonstrations of Pathological Anatomy specially applied to Surgical Diagnosis and to Operations, during the session. Mr. Gant will give his introductory lecture in the theatre of the hospital, on Monday next, at three o'clock. Clinical instructions will be given during the sessions by the physicians to the hospital, Drs. Brinton, Hassall, and O'Connor. The hospital now contains nearly one hundred beds, and it is expected that the number will shortly be doubled. The out-patient department is very extensive, and the opportunities for teaching are considerable.

Digitized by Google

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, OCTOBER 2.

MAIN DRAINAGE DIFFICULTIES.

The time is now come when the Metropolitan Board of Works is proceeding to action in the matter of the Main Drainage of the Metropolis and the Purification of the Thames. Even though it may be too late for remonstrance or argument, yet we venture to claim the attention of the Medical world to some few practical remarks on the subject; for whether regarded as contributors to the public burdens, or as the recognised authorities in matters of health and life, they have no motive, even if they had the right, to be indifferent to it.

So often has this subject been discussed, that it is almost wearisome to repeat that it is proposed to dig huge tunnels to intercept the drainage of the higher districts, and to carry it off eastward, to Barking on the north, and Deptford on the south of the river. The Drainage of the low-lying districts near the river on each side is to be similarly brought eastward, and to be raised into higher channels by pumping. Not less than the Drainage of from thirty-two to forty square miles of land, including Westminster, Brompton, Kensington, Lambeth, and Southwark, will have to be raised by steam to a height of fifty-seven feet. Thence, with the contents of the high-level sewers, and with Thames water admitted for dilution, it is to be conveyed in tunnels or open channels to some point between Erith and Sea Reach on the north, or between Erith and Higham Creek on the south, where it is to be discharged into the river.

We need not dwell long on the cost of this scheme; for if a thing is necessary, and answers the desired end, the cost is the less of two evils. But we all know what is meant by an *estimate.* It argues a highly refined state of rustic inexperience to suppose that an estimate ever means the sum over and above which the cost shall not mount. On the contrary, when an estimate is given every wise man receives it as an assurance that the work proposed shall not cost *less* than the sum named; but how much more it will cost, depends always upon "unforeseen difficulties."

Now the estimate for the intercepting sewers within the Metropolis, for the pumping stations and reservoirs, and the extension to the outfalls into the river, is about five and a-half millions, exclusive of 4 per cent. for superintendence; exclusive, too, of annual working expenses and interest of money. Probably it is fair to consider that from 4d. to 8d. in the pound will be extracted from the ratepayers for the next thirty years.

But never mind the expense. In the face of a great public benefit it is absurd to demur to the price. We know that sewage is pernicious, that it must be got rid of, and that we must pay for our purification. Yet, lest any of our readers should suppose that this work and this payment are all that is required, let us crave attention to one or two details.

The official community was thrown into a panic this year by an unusually offensive state of the Thames, which lasted perhaps a month, was caused by intense heat and unusual concentration, was removed by cooler weather and rain, and was not attended then or since with even the ordinary amount of that kind of illness in London which is proved to be caused by the inhalation of feculent odours. Nevertheless, it is demanded that something shall be done, and at once; and we desire to show what the Main Drainage Scheme will *not* do; and what works besides must be paid for out of other sources, if the Main Drainage Scheme is to add to the healthiness of London.

First, there are the *cesspools* under houses, and the soil saturated with feculent soakage in the low-lying districts; regarding which Mr. Donaldson, the eminent engineer, says, that "immediately the deep drainage is completed, and the ground generally laid dry to the depth of 12, 13, or 14 feet, the gases from these putrid cesspools will rise to the surface, and escape into houses, and cause the most serious results. *Every Cesspool*, therefore," says Mr. Donaldson, "ought to be emptied before the main drainage is completed."

Then supposing every cesspool abolished, what of the *house-drains?* Their character in part of an important district may be judged of from a report by Mr. Merry, the Paddington Surveyor, who says, "brick house-drains connected with old sewers, are exceedingly defective; the bottoms uneven, and choked with foul and offensive matter; and it is only when rats have made their way through into the lower part of the house, that the inmates are made sensible of their danger. I am convinced," he continues, "that a great amount of sickness is caused by an accumulation of noxious deposit under houses, and therefore whatever works may be carried out for the improvement of sewers, will avail little unless the house-drains are put into good and efficient working order."

So much for the house-drains. But then the *district sewers* into which the house-drains open? In about half the London parishes, vast sums yet must be spent in building new sewers, and in repairing old ones. In St. George's, Hanover-square, last year, the surveyor estimated that more than £3000 was necessary; in St. James's, £1000; in St. Marylebone, two and a quarter miles of sewers were recommended to be reconstructed, exclusive of new ones; in the Strand one mile and 1000 yards. In Westminster, £25,000; in Wandsworth, £111,000; in Paddington, £9500, are reckoned as the cost of new and improved sewers.

In the next place, supposing every sewer in as good condition as possible, there is the question of ventilation; or rather of dealing with the offensive gases that escape at every gully. While we purify the Thames, we forget that there is a Thames in every street, and we propose to make new, languid, black, and putrid streams, slowly fermenting under our chief thoroughfares, respecting which a "scientific" man observes gravely, that the sewage can have no value as manure, inasmuch as it must lose its volatile products long before it leaves London!

Then let us point to possible nuisances arising at the pumping stations, or other reservoirs; and the possibility that after all, the sewage may not be carried off at the point of outfall, but may cling to the shore, and form putrid mud-banks there.

Besides, there is the Thames, with its naked banks of black mud exposed at every tide, loudly calling for embankment to cover the mud, and contract the stream.

The sum of the matter is, that it may gravely be doubted whether, if five millions are to spent for the sanitary improvement of London, the Main Drainage Scheme is the mode which

Digitized by Google

promises most advantage in the shortest time; for be it observed, five years are to be spent on it, and till either half is complete, of course the drainage must run into the river as it now does. That the river, so long as it is unembanked, will cease entirely to be a greater or less nuisance; or that the sewers, so long as they are constructed of the present gigantic dimensions, rolling slowly their decomposing volumes of solid excreta, and stirred up but not cleansed, by rain, will cease to taint the air, it is hopeless to expect.

Again, therefore, in common with all the sanitary, chemical, and agricultural community, we repeat the request for the application of the sewage to the land. Applied to the land, within certain ascertained quantities, it is deodorised, and rendered inoffensive for ever. All testimony shows that it will increase the growth of grass, and of root crops immensely. If divided and distributed, it is innocuous and manageable: collected into large masses it is pestiferous. The engineers propose to raise it sixty feet by pumping; and to send it a distance of fifty miles: why not raise it, and send it to the nearest chalk or sandy district?

But, say the engineers, it will not answer as a commercial speculation. To which we reply; instead of spending five millions of money in order to throw away one million and a quarter's value in manure every year; a plan which is dangerous, and will benefit nobody; let us spend the money in distributing the manure; let us give it for five years, free of cost, to any agriculturists who will use it; and we, as citizens, shall be well repaid by the increased production of vegetables and of butchers' meat.

In order to sum up the matter, we beg to offer, after the manner of the French, the following positive maxims, which we believe embody the great truths involved in the question:—

Expenditure in house-drains, street-drains, and district sewers will improve the public health at least cost.

Sewage should be dealt with by dispersion, with a view to speedy absorption and deodorisation by the earth. Large conveying channels are pernicious.

Sewage is of great efficacy in promoting grass and root-crops, which are equal to milk and meat.

Milk and meat are of prime necessity for the "supported debility" of cities, and as preventives of abuse of spirituous liquors.

The metropolis ought to pay for the *plant* and machinery necessary for delivering the sewage in bulk at certain distances, and to supply it gratuitously for five years. Increased supplies of food will be a compensation.

The benefit of divergent distribution begins at once; every gallon pumped away tends to restore the natural balance of the deodorising power of the river.

No system can be complete which does not embank the Thames.

NEWSPAPER STAMP RETURNS.

If the population of this city were to be computed by the number of people who paid hair-powder-tax or rode about in private carriages, a more stupid blunder would not be committed nor a more incorrect return rendered than that which has been just issued upon the motion of a Member of the British House of Commons. When the newspaper stamp was compulsory, and every sheet issued from the press paid the tax and bore the impressed stamp, the return of the number of stamps issued to each paper formed a correct guide to newspaper circulation. But now that the use of the stamp is optional, a return of this sort is so delusive and incomplete, that we only wonder the House of Commons could for one moment entertain such a motion as that which led to the publication of this mischievous bit of statistical delusion. How ridiculously misleading this return is calculated to be, may be shown by our own case. According to the Parliamentary Paper, there were issued to the *Medical Times and Gazette* in the whole year 1857 only 44,725 stamps, which, we doubt not, is quite true; but it is well known that the stamped issue forms but a small part of the entire published number. The copies bearing the impressed stamp go out by post to distant subscribers, whilst blank copies are issued to a much greater extent to such subscribers as are within reach of delivery, whether in London or in the provinces. It is easy to be seen that where twenty subscribers reside in one town, and their copies of the paper are sent down for hand delivery through their news' agent or bookseller, and this is repeated in many towns, the issue of stamps alone does not afford the slightest criterion as to the real circulation. And, moreover, it is most unfair to compare stamps with stamps in contrasting the circulation of different papers, for some publishers adopt one plan of issue, and some another; some have a list of scattered subscribers; others find their supporters very much consolidated in towns; some issue by way of advertisement large numbers of stamped copies gratuitously and periodically, others have no occasion for such a process, and some are in the habit of affixing postage stamps on the covers, using no newspaper stamps at all.

This difference in the practice of publishers is perfectly well known to some of those who have made a most dishonest use of these Stamp Returns, with the obvious intention of deceiving advertisers and subscribers. The *Times* has admitted three letters respecting the comparative circulation of the Weekly Medical Journals, so remarkable both for the *suppressio veri* and the *suggestio falsi* that the following reply has been drawn from Mr. Churchill:—

"Sir,—Two letters have appeared in the *Times*, the one signed by James Sedcole, and the other by Thomas John Honeyman, giving the circulation of their respective journals founded on the stamp returns.

"No deduction can be founded on more erroneous data. As well might the circulation of the *Times* Newspaper be given from the stamped return, omitting altogether the larger circulation of the plain or unstamped copies.

"The circulation of the Medical journals may be thus classified:—

"The Lancet the largest circulation.

"The Medical Times and Gazette the second.

"The British Medical Journal the third.

"The Medical Circular the smallest.

"Now, Sir, it is possible my statement may be also questioned. I therefore challenge any one doubting its truth to deposit £100 in the hands of the Treasurer of the Medical Benevolent College, I engaging to deposit the like sum; the party proved to be in the wrong to be the contributer of this amount to this most excellent charity.

"I am, &c.

"John Churchill,

"*Publisher of the Medical Times.*"

We are not much disposed to trouble our readers with our own affairs, and feel quite content to let this Journal speak for itself, and earn, by its character for practical utility and scientific accuracy, the steadily increasing support and influence it is year after year attaining; but we may just add to Mr. Churchill's letter our own impression, formed after a good deal of careful observation, that although, as he admits, the total circulation of the *Lancet* is somewhat larger than our own, the semi-popular quasi-scientific tone adopted in its pages leading to a larger extra-professional class of subscribers, yet we believe that the circulation of the Medical Times and Gazette, *within the Profession*, is fully equal to, if not larger than, that of our contemporary; and we believe that scientific communications *addressed to the Medical Profession* find a larger circle of readers in these columns than they find, or have ever found, in any British Medical Periodical.

Digitized by Google

THE WEEK.

The Medical Act coming into operation this week, the interest in the composition of the Council is at its height. The selection of the six Government nominees has been made, and some gentlemen have received their letters of nomination from Mr. Walpole; but we have not yet obtained permission to publish their names. A meeting was held at the College of Physicians on Thursday afternoon, when it was proposed that the Constituti should be deputed to recommend a Member to the Fellows. Why the Fellows themselves should not make their own selection is not very clear. Drs. Watson, Alderson, Burrows, and Francis Hawkins, have each been named as the most likely to be chosen by the Fellows. No such meeting has been taken at the College of Surgeons. The right of the whole body of Members to choose their representative is undoubted, but the statement that any party of Members were going to the Court of Queen's Bench to maintain their rights, as gravely asserted by the *Morning Post*, is one of those rumours got up for the mystification of the medical public, and sent to the newspapers because no medical journal can be found sufficiently credulous to give currency to anything so unfounded in fact. There is a little, though not much more, foundation for a rumour which has dreadfully frightened a few old gentlemen, of a combination among the Medical Graduates to obtain a Charter of a new College of Physicians under the Presidency of Sir James Clark. It is well known that a great many Medical Graduates of the University of London, and of other Universities, have a strong feeling against the exclusive party in the College of Physicians, and it is probable that if the College do not put a liberal interpretation upon the new Act, a combined movement will be organised; but the story that such an organisation was actually commenced is very clearly a product of the fervid imagination of some Graduate, whose "wish is father to the thought," and who thinks the Sunday papers more likely to accept what Sir James Stephen calls "social perspective" than the Medical Press. It is probable that the Council will be completely formed very soon, and one of their first duties will be to appoint a registrar. Dr. F. Hawkins, Dr. Cormack, and Mr. Bird, are spoken of as being already in the field for this appointment. On this matter we would simply observe, that the Council must not commence their career by any hole and corner work. It will not do for gentlemen to promise their support to any *one* before they know who are *all* the Candidates. There must be a public notification of the vacant appointment, of the salary attached to it, and of the conditions to be observed by the gentleman elected; and a reasonable time must be given to admit of a fair contest. The Profession will be satisfied with nothing less than an open and fair field without favour.

General Peel appears to have no other test of the fitness of a dwelling for habitation, than what he gets of its conditions by the aid of his nose. We, some weeks ago, referred to the fact, that in visiting certain of the barracks at Chatham, he had been saluted in the men's sleeping rooms by most oppressive odours; and he then, it seems, went so far as to ask if the nuisance—the poisonous atmosphere he should have said—could not be abated. Here, as far as we know, the matter has ended. So long as the General's olfactories are not assaulted, he probably can dream of no insalubrity. This, we say, because of the outrageous Order—outrageous against decency, against health, and against morality—which has been lately issued by General Peel. To effect some small saving, the General has ordered all the staff sergeants of the Royal Artillery and their families to be crammed into small rooms, as if for the express purpose of breeding typhus and pulmonary diseases.

"The quarters hitherto allotted to staff sergeants in garrison have been a couple of rooms each, the more spacious of the two being about an average of eight or ten feet square. The apartment contains one fireplace and one outer entrance only. By the regulations put in force yesterday a double number of the same class of non-commissioned officers, including their wives and families, were told off and directed to enter into a joint occupation of the one room, and what is termed a closet, so that this limited space is considered sufficient by the authorities of the War Department to maintain the sanitary condition of eight, ten, or twelve persons huddled together, without consideration of sex and age. Those who prefer remaining out of garrison will be quartered at their own expense. The artillery soldier, who is not ordinarily a dissatisfied man, has thus been goaded to a state of exasperation never witnessed on any other occasion."

Now it appears that this effusion of uninstructed Red Tapeism is happily not only a contravention of every idea of health, but actually contrary to regulations long ago issued. This is the way these great men do their work! first, they issue their commands; then they learn that they are against sense, and law, and decency; and then of course they must retract; but they gain no wisdom. Let us follow out this tale.

"The whole of the quarters have been carefully visited by the respective colonels, adjutants and quartermasters of the fourteen battalions stationed in garrison, who were amazed, as they proceeded in their inspection, at the scanty and most inappropriate accommodation marked out, which they found in many cases barely consisted of one square foot to each individual for all the purposes of eating, drinking, sleeping, washing, cooking, and other domestic uses, all of which have to be performed in common, and under the unsheltered gaze of some twelve or fourteen persons of both sexes, as in many cases the allotted quarters are even without a screen or any kind of separation. This has been pointed out as a complete violation of the regulations issued in 1851 'to remedy the nuisance of encumbering common sleeping-rooms' which orders that 'two children under ten years of age shall be counted as one lodger; that each room occupied as a sleeping-room shall be furnished with bedsteads, and sufficient accommodation for every person received in such room; that rooms used as kitchen or scullery shall not be occupied as sleeping-rooms; that persons of different sexes shall not occupy the same sleeping-room, except married couples or parents with their children,' under ten years of age, or any children under ten years of age; that more than one married couple shall not occupy the same sleeping-room, unless the beds are separated by a partition of wood or other solid material, and of such height as shall be fixed in each case by some officer duly appointed for such purpose, etc."

And how is it likely that these gross blunders will ever cease from being committed, so long as men who are perfectly ignorant of the first laws of health and life and disease continue to regulate and provide for the health and well-being of the soldier, without the concurrence and consent and advice of the Medical man? And these are the men who cry out against civilians who presume to give them advice!

A circumstance of a very painful character, involving, we regret to find, the character of a member of our Profession, has just occurred in the county of Durham. A poor woman, the wife of a collier, having been taken in labour with her fourteenth child, was attended in her confinement by a gentleman, the assistant to a local practitioner. The labour was a somewhat tedious one; but it does not appear, from the evidence, that there were any circumstances of a dangerous or threatening nature. As the pains were not strong, it was thought advisable to apply the forceps; but after one blade was introduced without effect, it was determined to discontinue the use of the instrument. The woman becoming impatient, and desiring to be speedily delivered, sent for Mr. McHugh, a surgeon in the vicinity, who, on his arrival,

Digitized by Google

proposed to perform the operation of craniotomy. No opposition having been made to this proposal, Mr. McHugh proceeded to introduce the perforator, and immediately after he had done so, a very considerable hæmorrhage took place. The blunt hook was then employed for the alleged purpose of bringing away the child, but this object was not accomplished, and the perforator was introduced again. The blades of the instrument were opened to their widest extent, after which another profuse hæmorrhage ensued, and the woman died almost immediately. On the post-mortem examination, the viscera were all found perfectly healthy, and a full-grown child was in the cavity of the womb. Near the neck of this organ there was an extensive laceration, and there was also a puncture of the right iliac artery, the hæmorrhage from which was most probably the immediate cause of death. We forbear from offering any remarks upon this case for the present, and we omit many points in the evidence which bear very hardly upon Mr. McHugh. He has been committed for trial at the next assizes at Durham, having had a verdict of manslaughter returned against him by the jury, at the inquest held upon the body of the woman. We earnestly hope that he will be prepared with a satisfactory answer to the charges made against him.

We are glad to find that the Winter Session commences with prospects of a more abundant supply of subjects, and at a cheaper rate. The attention of Mr. Charles Hawkins, the recently appointed Inspector, has been drawn by the Teachers of Anatomy to the price charged for the burial of bodies supplied to the schools; and he has succeeded in making an arrangement with the undertakers that £2 10s. shall be the sum charged for this Session—at least till the end of the year—to remain should the undertakers find it possible to continue this price. This is a reduction of twenty-two shillings, and is thought to be as low a charge as is safe without running a risk of diminishing the supply; and an abundant supply is of considerably more importance to the pupil than the small sum he may save in each dissection. Under the present system the supply depends in some measure on the activity of the undertaker in discovering where unclaimed bodies may be procured; so that it must be made worth the undertakers' while to exert themselves, and something more than the mere expenses of burial must be allowed. This arrangement has been agreed to by the undertakers, on the understanding that *no bodies are refused* at schools where the Inspector has been informed that they are wanted. The cause of refusal is generally the fact that the examination the bodies have previously undergone at Hospitals has been needlessly minute. This mode of examination it is quite out of the power of the Inspector to control; but the teachers in the different schools may do much towards establishing the rule, that *unclaimed* bodies should be examined for Pathological purposes as little as possible, at least during the Winter Session. The means of studying anatomy are much curtailed by the very elaborate examination bodies undergo in Hospitals, rendering them unfit for use in the dissecting room. We are happy to add, that some parishes who have not hitherto granted any supply of bodies, have promised their assistance to the Inspector, and we trust that more may do so. Mr. Hawkins has begun well, and we hope he will accomplish the task of making the supply of subjects in the London schools as cheap and abundant as in Scotland and Ireland.

A CASE OF DEATH FROM THE STING OF A BEE is related in the *France Médicale*.—A man in perfect health was stung by a bee on the 8th August, and died six days afterwards.

A VOICE FROM THE DEAD.

AN ADDRESS DELIVERED TO THE

PRESIDENT AND GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL,

By Mr. ABERNETHY, (a)

UPON HIS ELECTION TO THE OFFICE OF SURGEON TO THAT INSTITUTION, AFTER HAVING BEEN AN ASSISTANT-SURGEON DURING A PERIOD OF TWENTY-EIGHT YEARS.

(As the time will shortly arrive when Mr. Abernethy ought, according to his own notions of right, to resign the office of Surgeon to St. Bartholomew's Hospital, he has taken the liberty of sending to the Governors a copy of this address.)

MR. PRESIDENT AND GENTLEMEN—

I will not occupy your time in attempting to express how much I feel obliged to you for the important honour you have conferred upon me; but rather say upon what terms I receive and will continue to hold the office of Surgeon to this Hospital. I will hold it so long only as I may, in the opinion of competent judges, be able to discharge its duties in a satisfactory manner.

I say of competent judges, because no one should be deemed competent to decide in his own cause, wherein he must be personally interested. A considerable degree, both of mental and bodily power, is indispensably requisite for the proper performance of the Surgical duties of this Hospital. Yet, when I first came here, each of the three Surgeons was more than 70 years of age; and I know it was at that time the opinion of all others, as well as of the Assistant-Surgeons, that it was extremely wrong for Surgeons to retain their offices, when, from various causes, they were incompetent to discharge the duties of them. I have, however, lived to see the Assistant-Surgeons of that day become Principals, survive their 70th year, and still continue in office. I have often declared that, as soon as I could speak without suspicion of being actuated by self-interest, I would publicly protest against such conduct; nor will I, Sir, falsify my word, provided you permit me to proceed, and the Governors will condescend to hear me!

The perceptive faculties, and mental and bodily powers of mankind are so various and unequal in different persons, that what I have to say must be considered as relating to men in general, and not to certain individuals who occasionally appear as exceptions to general rules. In general, then, there is a period of our lives when we lose both the disposition and the power to advance in knowledge; and, consequently, the practice of an old Surgeon will remain, as it were, stationary after that period. Now, Surgery always has been, and I trust will continue to be, a progressive science: the practice, therefore, of old Surgeons will not keep pace with the advancing improvements. What kind of operators old men are likely to become, I need not explain to those who know the usual period of life when the sight becomes indistinct, the hand unpliant, and the mind incompetent to that vivid and continued attention which is often requisite in difficult and trying cases.

There is a benefit the public derive from Hospitals which the benevolent supporters and directors of these charities have not, perhaps, sufficiently contemplated. They look chiefly to the good done to suffering individuals. If, however, a case of disease be relieved in an Hospital by peculiar attentions and expedients, the benefit does not terminate here, for the students who have witnessed the case are enabled to impart the same relief to others similarly afflicted, and the good done in these institutions is in this manner extensively disseminated. It is, therefore, of great importance to the public that the Medical practice of Hospitals should be as perfect and energetic as possible.

But, Sir, I am convinced that no old man is adequate to the exertion of attending to the number of cases entrusted to the charge of a Surgeon in this Hospital, in such a manner as it is absolutely necessary he should do in order to understand their nature, or direct and assist in their treatment. When,

(a) This address was printed for private circulation, but it has never been published. Its appearance just now is opportune, and its interest as a memento of Abernethy unquestionable.

Digitized by Google

therefore, the Surgeons become old, the patients will either be unattended to, or the students will become the directors of the practice of the establishment. Now I could produce the most convincing proofs of the strong necessity there is that some one should attempt what I have ventured to undertake, publicly to remonstrate against the conduct of Surgeons who retain their situations in Hospitals, when, from a variety of circumstances, they are incompetent to discharge the duties of them. Yet I need not have recourse to measures which might give offence, nor indeed labour in any way to prove so self-evident a proposition as that the practice of Hospitals, under the superintendence of senile Surgeons, will, in general, become either feeble and antiquated like those who direct it, or licentious from the interference of students (b).

Sir, if then it be wrong, with respect to Hospitals in general, for Surgeons to retain their situations beyond a given period of their lives, it is more especially so with respect to this Hospital in particular; and I venture to say, that the practice either ought to be prevented, or the office of Assistant-Surgeon to be discontinued. I know, indeed, the Governors may think the Assistants can aid their Principal both with their heads and their hands; but though I have lived for six-and-twenty years no unobservant spectator of Surgical transactions of this Hospital, I never yet perceived that the Assistants were called upon to co-operate in this way. From our knowledge of human nature, we cannot suppose that Hospital Surgeons will ask or even admit of such assistance. At all periods of life a man will think his own opinions and conduct the best, and will look with jealousy and distrust upon every one who should attempt to suggest alterations in them. Indeed, in the practice of Surgery, there is but one head that should plan, and but one hand that can execute: others may suggest, but he alone who has carefully watched the progress of a disease through its whole course, and observed its effect upon the patient's constitution, should be considered competent to determine what, in that particular case, nature is likely to perform or endure. It therefore appears to me that Assistant-Surgeons are of no efficient use in this establishment, except by supplying the places of the Principals in their absence; and in this way, indeed, they do essentially contribute to the comfort of the principal Surgeon; for the senior may sleep undisturbed when accidents occur in the night; may absent himself when business calls, or pleasure invites him in another direction; and may thus, without material fatigue or inconvenience, retain his situation to a very advanced age, and, in truth, until he is no longer competent to its labours. It is, then, equally evident that the appointment of Assistant-Surgeons does but facilitate and prolong that conduct on the part of the Surgeons which, in the first place, I felt it my duty to censure.

But, Sir, I do not wish to raise objections to the appointment of Assistant-Surgeons; on the contrary, I perceive great advantages resulting from it. It gives those who are placed in this situation an assurance, that they may at some period of their lives fill, what we Surgeons consider to be a very important station. It affords them both time and opportunities to prepare themselves for this station; and it supplies the Hospital with persons who may be depended upon in unavoidable absence of the principal Surgeon.

Now, here, Sir, I must beg leave to digress, in order to say a few words upon the appointment of Medical Officers to Hospitals, which I deem it important the Governors should consider. It is of great consequence that those who are elected to such situations should not only be men of science and of regular education; but also that they should possess zeal, and feel an interest in the prosperity and improvement of their Profession. Any person may perform the duties of an Hospital in a manner that cannot be readily objected to; but such feelings alone as I have described will make a Surgeon pay as much or more attention to the cases of the poor, as others do to those of the rich for the sake of emolument. A Surgeon, of the character I have represented, is recompensed for his attention by professional knowledge, which he values much more than he does riches. His feelings make him alive to all the wants and comforts of his patients. He observes whether their beds be cleanly and comfortable; whether the air of the ward be wholesome and of a proper temperature; whether the nurses behave kindly and attentively, and keep the ward quiet and free from annoyance; whether the food be regularly served, and be of a quality suited to the nourishment of an invalid; whether the medicines be well prepared and duly administered; whether his dressers pay that attention to the wounds of the patients that they themselves would require, were they the sufferers. The eye of such a Surgeon is directed to every department of the Hospital, and every department knows that it is thus observed. In order to insure the appointment of persons of this disposition, it is indispensably requisite for the Governors deliberately and solicitously to scrutinise into the character and conduct of the candidates, so that they may give their votes to the most deserving. And here permit me to remark, that they can obtain the knowledge they require on this occasion only through the channel of Medical men; for the Medical character and conduct of any person is very little known to the public, while it is in general very well known to those of the same profession. If governors of Hospitals were but informed how the most worthy professional men labour to acquire knowledge; that some die, and few escape a severe or lingering illness, from exertions that nothing but enthusiasm could incite or support, they surely would never give their votes without that deliberate and anxious inquiry which I am recommending. They could not do an act so cruel to the candidate and so injurious to society; injurious because it tends to repress these meritorious exertions, by showing their inefficacy in promoting worldly prosperity.

Sir, returning from this digression, I shall now suppose the Governors to have elected men of zeal, talent, and high promise to be Assistant-Surgeons, and thus given them an assurance that, at some period, they may obtain the highest object of their ambition; yet that period may be very distant. Mr. Sharp, the Surgeon most in repute in the city of London, and to whom all that could repay his services were anxious to apply for advice, was never permitted to devote his valuable talents (as he was exceedingly desirous of doing) to the poor in this Hospital: for, after thirty years of expectation, he resigned his office of Assistant-Surgeon. Most of the Assistant-Surgeons have waited for nearly the same period before they became Principals. I have myself been twenty-eight years Assistant, and now receive the office of Principal, when, from the advanced period of my life, and other avocations, I feel myself far less competent to discharge its duties than I have been for the last fifteen years; and should the lives of your present Surgeons be prolonged to the same term as those of their predecessors; and should we like them continue to hold our places, we should equally keep out the next in succession, (Mr. Laurence,) to the same, or a greater age than mine; and thus, as I believe, do material injury to him, to the Hospital, and to the public. It is not to be desired that young men should ever become Surgeons to Hospitals; yet when the judgment is mature, and the energies are greatest; when they have attained the age of five or six and thirty, it surely is not proper that they should be doomed to fourteen or fifteen years of tedious expectation, and receive the office of Surgeon at an advanced age, when they are less fitted for its duties, and when, in general, they will receive it with feelings and determinations which, I am concerned to think, are natural to man, "I must now hold on in this office as long as I can, and thus remunerate myself for years of tedious expectancy, and retaliate upon others the evils I myself have endured."

Thus, Sir, you see there are causes tending to perpetuate this system, which is founded in error, unless the Governors interpose to subvert it, and therefore have I deemed it an imperative duty to invoke them to do so upon any occasion and by any means in my power.

It appears to me, Sir, indisputable, that the Governors of Hospitals would essentially promote the best interests of these Charities, and also the public good, by ordaining that no Surgeon should continue in office beyond a determinate period of his life. But though reason may require such an

(b) In making these observations I by no means wish to depreciate the knowledge possessed by the seniors of our profession; they have attained what is usually called experience, which must necessarily be of slow growth, and which neither talents nor industry can impart to the young, for it is the result of reiterated meditation on the recurring and multifarious cases which have fallen under their observation. It enables the possessor in general to predict the event of diseases, and the probable effect of the various modes of treatment which may be suggested. Nor have I omitted to advert to the evils which may arise from the experimental projects of young Surgeons anxious to obtain distinction.

Digitized by Google

ordinance, I really do not see how the benevolent Directors of these charities (for benevolent they must be, or they would not take an interest in such Institutions), could possibly comply with this requisition. Could they dismiss a Surgeon who had for a series of years performed his public duties in a meritorious manner; who, perhaps, may not be conscious that his abilities are on the wane; and when, too, as often happens, he may still stand in need of the emoluments derivable from his office? Would they not perceive that by dismissing him from the Hospital, they might injure his reputation with the public, and that from being no longer considered competent to perform his public duties, he might be deemed in general less capable as a Surgeon? Can we turn away old and faithful servants, because they are less capable? On the contrary, we rather keep them to our own annoyance, than violate the common feelings of humanity. Age should always be respected, and never be deprived of those means which contribute to our comforts in the decline of life. Wherefore do we labour when we are young, in a manner contributory to the general good, but to obtain these desirable ends in our declining years? If we take away these rewards, we take away the most potent incentive to useful and meritorious exertion. Surely, ill must betide that nation where age is not respected, and where the infirmities and wants incident to it do not meet with compassionate attention.

And now, Sir, I cannot help suspecting that many who hear me will be disposed to ask, Wherefore, then, does he torment us by the recital of evils, for which he seems to propose no cure? It is necessary, in the first place, clearly to understand the cause and nature of disease, and then I believe, we shall in general readily discover the remedy. Let me then inquire, why do Surgeons continue to hold their public offices? Is it not because they are unwilling to relinquish either their honours or their emoluments? If this be the real cause and nature of the evil, then is the remedy obvious: let their honours, their emoluments, be continued to them, upon condition of relinquishing the active duties of their office. Sir, it appears to me, that in this Hospital, where the errors of which I complain are most grievous and oppressive, the remedy is nearest at hand, and most easy of application. It is in the power of the Governors of this Hospital to ordain that, at a certain period of his life, the Surgeon should cease to be an acting, and become a consulting or superintending Surgeon to the establishments; for I would give him that title which might raise his character highest in the public estimation. This rule being invariable, no idea of incompetency would arise when it was acted upon. It is likewise in the power of the acting Surgeons of this Hospital to continue the emoluments of the retiring Surgeon, by allotting him the same portion of income to which he would have been entitled had he continued in office. Nor, Sir, do I think they can in reason object to such an arrangement, when it is considered, that by this plan they will be brought forward into a situation which will give them rank and consequence in public estimation, at a time when they are most capable of profiting by their reputation, and more especially when it is further considered, that what they now relinquish would be returned to them hereafter, should they survive the period specified; so that they would merely, when young, be laying by a fund for their declining years.

I am convinced, Sir, that some change in the Surgical appointment of this Hospital is requisite; for, under the present circumstances, the Assistants can never cordially co-operate with their Principals, even to the extent of which the subject admits. In the earlier periods of the life of the principal Surgeon, the proffers of assistance from the junior would be repulsed as unnecessary, perhaps as intrusive; and in the latter, they would but tend to facilitate and prolong that conduct on the part of the Principal, which the Assistant feels to be injurious to the Hospital, to the public, and to himself. The scheme I have proposed may I know be considered at first sight as Utopian, yet, on a full consideration of the subject, I see no reason why it may not be realised. Were it so, I perceive great advantages that would result from it. The Assistants would then endeavour to aid the principal Surgeons, because they would be desirous of qualifying themselves for a situation which they know they must occupy at an ascertained period. The acting Surgeons would be incited on the one hand by their juniors, and restrained on the other by their seniors, who would still continue their attendance on the Hospital, from having a personal interest in its prosperity. Thus, Sir, as it appears to me, might the ardour and enterprise of youth, and the experience and caution of age, be made to co-operate with the energies of the middle period of life in perfecting the practice of Hospitals.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE DIET OF THE PARISIAN HOSPITALS.

Dr. Suckley, an American Physician on a visit to Paris, has furnished some details of the diet employed at the Parisian Hospitals that are of interest. The aliments are divided into bouillons (weak broths alone), potages (broths with farinaceous substances or vegetables), soupes au pain (broth with bread soaked in it), solid aliments, and nutritious drinks, viz. milk and wine. The diet of a healthy man is assumed to be about 1350 grammes (about 42oz.) of solid food. This, formerly, when the general diet of the Hospitals was systematised, was called *ons portion*; patients limited to less being ordered ½, ¼, etc., of a portion. It was found, however, that the sick were very dissatisfied at having only *parts* of portions; and consequently the full portion was divided into four parts, each being called a *portion*. The patients who grumbled at the ¾ of the old portion were quite contented with the 3 portions of the new standard; although, in reality, the allowances were equal in weight.

A patient confined to strictly *low* diet is allowed only bouillon, *i.e.* weak broth, without bread, farina, or vegetables, the quantity being ¼ of a litre (1¾ pint imperial) twice a-day. A patient allowed a little better diet has two broths and two soups (containing a little bread, farina, rice, etc.) a-day. When one portion is prescribed, it contains ¼ litre of soup, twice a-day, bread about ¼ lb., and meat about 2oz. To this are added 3 portions of wine, of about 2½oz. each (a light red wine, coming from the centre of France), and three-fifths of a litre of boiled milk. The milk is supplied every day fresh and pure; and it is the duty of the chief apothecary at each Hospital to test its purity daily. The wine and milk may be exchanged for each other at the option of the patient. When 1 portion of meat is ordered the patient is supposed to be weak, and therefore meat of a better quality is given, as roast beef or fowl. The same quality is given when 2 portions are ordered; but 2 portions contain only a little more in quantity than 1 (viz. about 2½oz.) Three portions contain about 4oz., and 4 portions about 6oz.; but the meat of the third and fourth portions is boiled beef. The usual amount of vegetables for one portion of diet is about 5oz.; but of the coarser kinds, as potatoes and cabbage, double weight is given. With all the portions a little boiled fruit or confiture is allowed. Fish is given twice a-week in lieu of meat, a little more by weight being allowed. Four portions of complete diet contain soup morning and evening, meat 6oz. per diem, bread 1lb., wine from 12oz. to 15oz., vegetables 20oz., or more where potatoes, etc., are given. No milk is given, except in lieu of other articles. Extras, such as chops, beefsteak, Bordeaux wine, eggs, chicken, etc., are allowed on the special order of the Physician. Eggs are also sometimes given in lieu of meat, one egg replacing about 2oz. meat. Four portions, are, however, not often allowed, as patients eating these are supposed to be convalescent, and are sent to the Convalescent Hospital at Vincennes. A surgeon occasionally orders his patient five portions, but this is rare.

"The foregoing diet seems excellent and liberal for the usual run of *Medical* cases; but it seems far too little to support those who are being rapidly weakened by excessive and long-continued suppuration."—*New York Journal of Medicine.*

ON THE USE OF OX-GALL IN HYPERTROPHIES.

By Dr. BONORDEN.

Dr. Bonorden believes that this remedy is much less employed than it deserves to be. It has usually been employed internally only as a resolvent in chronic constipation, and externally in opacities of the cornea. He believes it exerts a special effect on the metamorphoses taking place in the capillaries; and for that reason is highly efficacious in all

Digitized by Google

forms of hypertrophy. In induration and hypertrophy of the *mamma* it exerts a surprisingly rapid effect, and in this way tumours and indurations have been dispersed by him which would have been by others removed by the knife. He usually employs it in combination with olive oil, adding conium if there is pain, and liq. ammon. if there is torpidity. The following formula is very useful:—℞. Fell. tauri inspiss. ʒiii.; ext. cenii mac. ʒj.; saponis natronat. ʒij.; olei oliv. ʒj; M. and rub in four times daily. Formerly he was in the habit of excising hypertrophied *tonsils*, a practice he has quite left off since he has been aware of the powerful agency of this substance. The gall, rubbed up with water into the consistency of an ointment, is applied by means of a good-sized camel's hair pencil twice a-day to the entire surface of the tonsil. It causes a slight irritation, which lasts about half-an-hour, and is succeeded by an augmented secretion of mucus. Unpleasant to the patient at first, he soon gets accustomed to it; and indurations which have lasted for years give way under its use in a surprisingly short time. In all hypertrophic affections of the *eye*, as hypertrophic opacity of the cornea, pannus, and staphyloma, the ox-gall does good service. Either the fresh gall may be dropped into the eye several times a-day, or it may be applied to it with a pencil. In various other hypertrophies, which are accessible to external applications, we may resort to it, as when they affect the ear, mouth, vagina, uterus, or skin. He suggests its employment in hypertrophy of the heart, in consequence of the remarkable power it possesses of diminishing the action of this organ.—*Berlin Med. Zeitung*, No. 1.

EXCERPTA MINORA.

Sulphate of Atropine in Scrofulous Ophthalmia.—Dr. Grosmann has found that the sulphate of atropine is of remarkable efficacy in the blepharospasm which is almost always present in scrofulous conjunctivitis, keratitis, and blepharitis. Amelioration follows the second, if not the first application. The action of the remedy does not seem to be confined to assuaging the hyperæsthesia of the fifth pair, the motor nerves of the region becoming partially paralysed.—*Presse Belge*, No. 33.

Excretion of Arsenic and Antimony in the Urine.—Dr. Kletzinsky, as the result of his investigations upon the expulsion of metals in the secretions, comes to the following conclusions:—1. The presence of a small quantity of albumen in arsenical urine is indubitable, but it is problematical in antimonial urine. The excretion of both metals may take place in the form of their alkaline salts. 2. The excretion takes place a short time after poisoning by arsenic, more quickly than in antimony poisoning, and continues uninterruptedly until death or recovery—the excretion of antimony continuing usually longer than that of arsenic. 3. That in its forensic relation, the analysis of the urine in arsenic or antimony poisonings, providing the patient live for from twelve to twenty-four hours, is capable of furnishing a complete negative or positive conclusion.—*Wien Wochenschrift*, No. 8.

A cause of the inefficacy of Mineral Water Baths.—Dr. Bonorden, alluding to the frequent disappointments incurred by both patients and practitioners, observes that, although sometimes the reason of this is that the baths were really not indicated for the cases in question, yet that it also very often arises from the water never getting proper access to the skin, owing to the layer of fatty or sebaceous matter with which this is covered, especially in persons who wear flannel, by which the fatty secretion is much stimulated. The proper course is first to remove this fatty covering by a good washing with soap, soda, or bran. Strong soda-soap is best for this purpose. After this purification, the water penetrates and swells the skin, and its influence becomes much greater.—*Berlin Med. Zeit.* No. 1.

Treatment of Prolapsus Uteri by Medicines given internally.—Dr. Bonorden observes that as prolapsus uteri usually arises from hypertrophy of the organ and a relaxed state of the round and broad ligaments, the indications are to remove the hypertrophied condition, and to strengthen the ligaments. In two cases he has been enabled to completely fulfil them by internal remedies. He administered twenty drops of the *tr. ferri mur.* morning and evening, giving with the evening dose also three gr. of *secale cornut* and ten gr. of *gum galbanum*, the external parts of generation being well rubbed several times a-day with Hofmann's *balsamum vitæ*. At night, the patients were directed to lay with the pelvis somewhat raised. The secale was continued for fourteen nights, next alternate nights, and then awhile at longer periods.—*Ibid.* No. 2.

Filix in Tænia.—Dr. Bonorden protests against the heroic treatment so frequently employed for the treatment of tænia, and which, in some cases, may lay the foundation to serious chronic diseases of the intestinal canal. In his own practice he has found the continuous employment of moderate doses of the powder of the filix very successful, giving from half to one teaspoonful morning and evening for three or four weeks. The ailments which the worm give rise to are relieved, and itself is discharged dead, in pieces. After giving the powder for three weeks, it should be followed by a purgative consisting of ʒj. of castor oil and ten grains of the extract of filix.—*Ibid.* No. 3.

Treatment of Uterine Hæmorrhage.—Dr. Wittcke strongly recommends the application to the whole abdomen of cloths or handkerchiefs well moistened with a lotion composed of weak spt. menth. pip., spt. cinnam. āā ʒvj. aceti ʒviii. At first, they excite a marked impression of cold, to keep up which they have to be reapplied every five minutes. During the second hour, as a general rule, they should be changed only every ten or fifteen minutes. The womb contracts powerfully, the bleeding and faintness cease, and after the application has been continued for six or eight hours, a general warm sweat breaks out, which is a sign that all danger is over. With these applications are occasionally combined two or three doses of a powder consisting of secale and cinnamon āā five grs. If the spirit is not at hand, to a pint of infusion of peppermint may be added half a pint of vinegar, and the same of spirits of wine. On an emergency, too, we may mix one part of water with half of spirit and half of vinegar; but the restoration of strength and the sweating are not so readily produced.—*Ibid.* No. 12.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, September 27, 1858.

In your "Notes and Queries" of the 18th instant, No. 262, your correspondent W. O. M. (in reference to a case published by Dr. Martin in the *Union Médicale* of the 13th ultimo) proposes the following questions:—1. Is it the custom in France to give quinine in acute rheumatism, and if so, 2. For what object is the quinine given? and 3. May not cerebral symptoms, similar to those described in the case of Dr. Martin, be produced by the administration of quinine in large doses?

The first of these questions is easily answered in the affirmative; but the rest are not so readily to be disposed of. As to the second, for example, almost every Practitioner has his pet theory of each malady, and he glories in explaining to himself and all who are willing to lend attention, the therapeutical theory, which follows as a natural consequence of his pathological hypothesis.

Quinine in large doses in acute articular rheumatism seems to have been first employed in England so long ago as the time of Richard Morton, Saunders, Fordyce, Hulse, and Haygarth, all of whom speak very favourably of it; the latter speaks of it as having been administered by him with marked success during a period of forty-five years. However, in spite of this vaunted success, this medication fell into disuse, or was only spoken of by authors in the treatment of acute rheumatism as being useless or even injurious. This state of affairs continued until M. Briquet, who had made the action of quinine in large doses upon numerous affections (particularly the continued fevers) his special study, struck with its marked sedative action, determined to examine its influence upon articular rheumatism. His success here was generally incontestable; but not always so, inasmuch as he lost some few patients with symptoms of meningitis, or of direct collapse, as if the quinine had exerted an immediate, poisonous influence. The dose administered by M. Briquet was from *three* to *five* grammes per diem (the French gramme is fifteen grains), and this dose was continued until both the pain and fever had completely dis-

Digitized by Google

appeared. The accidents observed in some few of the cases of M. Briquet, cast a second damp over the employment of quinine in these cases; but the success observed in the *generality* of cases soon induced MM. Andral, Trousseau, Monneret, and Legroux, to take up the disputed question, and each followed out the affair after his own fashion, with but slightly differing results. M. Monneret (*Journal de Médecine*, 1844) administered the quinine in larger doses than M. Briquet himself, and came to the following conclusions:—

1. The sulphate of quinine exerts an incontestable influence upon the local rheumatic symptoms, especially upon the pain.
2. In a very small number of cases this action is durable and efficacious; most frequently it does not cure the affection more surely or more quickly than many other proposed remedies.
3. It does not hinder the development of endocarditis.
4. It does not enjoy any evident antiphlogistic property.

M. Monneret further denotes in many of his patients well-marked symptoms of gastro-enteritis, and serious symptoms of a typhoid character.

M. Legroux (*Journal de Médecine*, 1845) gives us a more favourable account. This worthy practitioner, an ancient and zealous partizan of the antiphlogistic regimen, employed quinine with much more circumspection and reserve, and was convinced by the results—1. That the symptoms, both general and local, rapidly subsided by this medication. 2. That the characteristic buffy condition of the blood was rapidly reduced without having to recur to any other means. 3. That endocarditis was a less frequent complication; but he acknowledged that the affection recurred as frequently after the treatment with quinine as after the employment of other means.

M. Trousseau, proceeding with his habitual and well-known care and prudence, goes a step further than M. Legroux, and as the result he not only reiterates the first three conclusions of his colleague, but he refuses to endorse that regarding the facility of recurrence. He thinks that the opinion of M. Legroux upon this point was derived from his mode of administering the medicine. M. Trousseau is of opinion that the administration of quinine should be continued after the apparent cure of the rheumatism in the same manner as we continue the treatment after the cessation of the attacks of an intermitting fever. This Professor also remarks that the ill effects observed by M. Monneret ought rather to be imputed to the excessive doses administered than to any error in the foundation of the treatment; and he accuses this gentleman of experimenting rather as a physiologist than as a physician. In summing up and analysing the practice of M. Briquet and his disciples, M. Trousseau concludes that even here, meningitis, collapse, and other adynamic symptoms, ought rather to be attributed to the inexperience of the experimentalists than to the medication itself, and that the quinine was here given in too large doses, no attention being paid to inducing in the system a gradual toleration of the medicine.

M. Trousseau administers quinine in doses of from one to three grammes per day, beginning with the smaller dose, divided in eight or ten parts, to be separately taken during the twenty-four hours, and gradually increasing the dose until the desired result is obtained, or until cinchonism appears. In the latter case this medication is abandoned, but in the former—that is, upon the disappearance of pains and febrile symptoms—the dose is merely decreased, the fifteen grain dose is administered daily for the first three or four days, then the same dose is given every other day for at least a fortnight. In this manner M. Trousseau is of opinion that he avoids the evils noticed by MM. Briquet and Monneret, and the relapses of M. Legroux; and he asserts that the quinic cause is at present definitely gained.

But he adds: That although the action of quinine is incontestably beneficial in acute articular rheumatism, that it is not equally suitable to all cases; and that there are cases in which it would be rather injurious than otherwise. He states that this medicament is most suitable in æsthenic cases in individuals naturally delicate, lymphatic, or debilitated by previous antiphlogistic treatment or anterior disease; and that the strongest indication for its administration and the best condition for its success is that with the above conditions the articular lesions should be general, superficial, and erratic.

On the other hand, this agent is contraindicated in patients of a plethoric temperament with intense inflammatory action, hard, full pulse, and a predisposition to cranial congestion or cerebral hæmorrhage; and it is of but slight avail in cases, where the articular affection is local, fixed, and evidenced by arthritis, with considerable effusion into the affected joint; but even in these cases the quinine may become a powerful auxiliary when we have modified the constitutional inflammatory condition by the use of calomel, veratrine, or digitalis, and reduced the general plethora by blood-letting; and we may at the same time relieve the engorged articulations by cupping, leeches, etc. Neither is this treatment contravened in cases accompanied by inflammatory complications of the endocardium, pericardium, or pleura, that is, if we add the above-mentioned antiphlogistic and revulsive treatment.

The cases in which M. Trousseau forbids this agent are those in which there exists either accidentally or as a complication an inflammatory condition of the kidneys, bladder, digestive tube, or cranial contents, as in each of these cases the quinine would merely act as a direct irritant, not having time to exert its sedative influence.

I shall be happy, in a subsequent letter, to give some clinical results of the above practice in the Parisian hospitals generally, and also the results of a discussion upon the subject at the Société des Hôpitaux in which M. Vigla played an important part.

GENERAL CORRESPONDENCE.

GENERAL AND PERPETUAL FEE AT ST. MARY'S.

LETTER FROM SPENCER SMITH, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—An act of the greatest injustice has been done to the St. Mary's Hospital Medical School in your journal for Saturday last. At page 313 a list of the Metropolitan Schools, with their fees, is given. The writer having taken the *maximum* or *perpetual entrance* fee of St. Mary's (which, by the way, affords unequalled advantages to the Student), has contrasted it with the *minimum* fee of every other school, whereby St. Mary's is made to appear as the highest rate of fees: had the table been correctly compiled, St. Mary's would stand seventh in order of expense, its *minimum* fee being £89 5s. Your statement is so manifestly incorrect that we look to you for a correction as public and prominent as is the erroneous statement. I may add that the fees are perfectly clear upon the prospectus forwarded to the journal.

I am, &c. SPENCER SMITH, Dean of the School.

St. Mary's Hospital Medical School,
September 27, 1858.

[We deeply regret the error alluded to by Mr. Smith. Our mistake in preparing the table arose from the fact that, in most of the schools the *General* Fee is named for the lectures and practice required by College and Hall, no separate allusion being made to a *Perpetual* Fee. We trust, however, that this correction will be as widely circulated as the mistake; and that it will be understood that, while the fee named for all the other schools is the *General* Fee for the lectures and practice required by College and Hall, that of £105 for St. Mary's is for entrance as a *Perpetual* Pupil, "entitling the Student to unlimited attendance on the Hospital Practice, and on every course of lectures delivered in the school, with instruction in Practical Chemistry during one Session."—ED.]

DIPHTHERIA AND ITS CONNEXION WITH A PARASITIC VEGETABLE FUNGUS.

LETTER FROM DR. WILKS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Opinions still vary as to the true nature of diphtheria, and therefore as to its connexion with a parasitic fungus (oïdium albicans). As on several occasions the white film on the throat has been found to consist of this fungus, it has been conjectured whether the malady is not really one having a parasitic origin, and the belief has been rendered more probable from the fact that several new diseases have of late

Digitized by Google

prevailed throughout the organic kingdom, both animal and vegetable, which are clearly traceable to parasites; for example, the oïdium of the vine. Unfortunately, those practitioners residing in districts where diphtheria has been endemic have been silent on this point, and it has only been by occasional observers that the fact has been made out. In the few cases of the disease which I myself have seen, a fungus has always been present, and thus my belief was, until lately, growing strong that in this observation would be found the true character of the malady, or, at least, that the parasitic growth was intimately connected with it, the question still remaining open whether the formation or growth of the fungus is the primary process, or whether a diseased condition of the surface must not previously exist to prepare a suitable nidus for its development; a question still debated in connexion with other parasites, as the porrigo lupinosa (faveuse), a disease in which some cutaneous inflammation is generally found, and thus creating a doubt as to whether this is excited by the fungus, or whether an herpetic or pustular eruption does not previously exist to form a suitable soil for the sporules which are afterwards sown in it. Let the formation in the throat be primary or secondary, it still remains important to know whether its presence is an essential part of the disease; indeed, the spreading character of the pellicle, its separation and destruction by corrosives, are all facts which seem to indicate that many features of the disease are due to its existence.

My attention being directed to this matter, I took the opportunity to examine the films which occasionally form on the mouths of those sick with various diseases; and on submitting them to the test of the microscope felt some surprise in witnessing in all fungous growth which I have not been able to distinguish from that of diphtheria. Thus, I lately had a woman die under my care in Guy's Hospital, with acute cerebral and spinal meningitis, pleuritis, etc., of a supposed phlebitic origin, and on examination of the pharynx after death, a pellicle was found composed of the parasite. Again, a child 4 years old presented itself among my out-patients apparently dying with croup, but on examination was found to be suffering from an extension of diphtheritic disease into the trachea. The throat and tongue were covered with a white pellicle, a portion of which being placed under the microscope, displayed very readily the oïdium; the only difficulty about the case being the statement of the mother, that the child had suffered with a throat affection for several weeks. Mr. Hardy (a student) at my request kindly followed the child to Woolwich, and made a post-mortem examination. The throat, trachea, etc., were covered with a pellicle, as before said; and on removing this to find a cause for the chronic symptoms, a polypus of a papillary character was seen growing from one of the vocal cords, with thickened tissue around. Here was an explanation of the chronic symptoms; and upon this had arisen an acute inflammation, accompanied by the fungus. Another case was that of a man who died last week under my care in the Hospital with softening of the spinal cord. A few days before his death his mouth and tongue became covered with a white secretion, which very rapidly formed a complete layer over the whole buccal surface. An examination of this by the microscope showed a remarkably fine specimen of the fungus, the mycelium and sporules exhibiting themselves to perfection. On mentioning these circumstances to Dr. Barlow, he stated that he had under his care a child with a white film on its mouth (the case not being one of diphtherite), and he sent me some of the secretion for examination, when I found it to resemble the specimens already named; and the same occurred in one or two other cases which I have seen, but need not detail. These facts are sufficient to show that a vegetable fungus may spring up on the buccal mucous surface in various cases of disease, but requiring probably some previously morbid condition for a nidus. Is it not so in diphtherite? Is the disease, strictly speaking, a malignant sore-throat, and the formation of a pellicle an accident; or is the latter an essential part of the affection? In the case of the child just mentioned, if no post-mortem examination had been made to discover the chronic disease, the case would have been called diphtheria; and in the man with spinal paraplegia, the condition of the mouth would have been sufficient to have marked it a case of the same kind had there been no other affection present. Such cases may throw some light upon the opinion of those practitioners who, not residing in diphtheritic districts, and who see only isolated cases, regard the disease as a mere modification or peculiar form of some ordinary maladies, as cynanche and scarlatina, and this may in some instances be correct. In speaking of the parasitic growth found in the above-mentioned instances we are aware of the objection which can be made—That the fungus of diphtheria is peculiar (supposing it always to be present), and that found in the mouth of other sick persons is in connexion with aphthæ, and is another variety. In answer I can only say that I failed to discover in the above cases any difference, and, moreover, the character of the pellicle and its rapid extension over the whole mouth, throat, and tongue, was totally unlike ordinary aphthæ.

My object in bringing the subject before your readers is, that some may extend these observations, and note how far throat affections, with these peculiarities, are prevailing in other patients besides those with true diphtheria; and also that those gentlemen who are seeing much of this latter disease, will confirm or not the observations made by myself and others that the pellicle is *always* composed of a vegetable parasitic fungus. When more facts are ascertained on this point we shall be better able to judge of the characters of the disease.

I am, &c.

Samuel Wilks, M.D.

17, St. Thomas-street, Southwark.

MEETING OF THE MEDICAL PROFESSION.

A Letter from Harry William Lobb, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—A preliminary meeting of the Medical Profession for the purpose of forming a Committee to consider the clauses of the New Medical Act, and to take such steps as may be considered necessary to protect the interests of the *great body of General Practitioners of the United Kingdom*, will be held at the Freemason's Tavern upon Tuesday, the 5th of October, at 7 p.m. Gentlemen taking an interest in the subject are invited to attend. I am desired by the promoters of this movement to request the insertion of this notice in your forthcoming Journal.

I am, &c.

Harry William Lobb, Hon. Sec. *pro tem.*

63, Gloucester-terrace, Hyde-park.

September 27, 1858.

GROWTH OF THE CRYSTALLINE LENS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a paper by Mr. Hulke, in the Ophthalmic Hospital Reports for July, 1858, on the Growth of the Crystalline, that gentleman, having mentioned that the anterior capsule of the lens is covered internally by a layer of tesselated epithelium, states his belief, that the fact of the lenticular fibres being developed from the nucleated cells of that epithelium, was first taught by Mr. Bowman in his Lectures on the Eye in 1847, and afterwards confirmed by Kölliker in his "Mikroskopische Anatomie." The discovery of the crystalline epithelium Mr. Hulke does not refer to any particular individual. He states, however, that it was formerly thought to line the whole of the inner surface of the capsule; but by whom this idea was entertained he does not say.

The discovery of the intra-capsular epithelium belongs to the late Dr. Werneck, of Salzburg, and that of the formation of the lenticular fibres to Professor Schwann.

It is in a paper in the fourth volume of Ammon's "Zeitschrift für die Ophthalmologie," published in 1834, that Werneck describes the capsule as lined by a layer of cells or vesicles, each measuring about $\frac{1}{10000}$ inch in diameter. The figures he gives of these cells correspond closely to those of Mr. Hulke.

Schwann, whose "Researches into the Accordance in Structure and Growth of Animals and Plants," appeared in 1839, acknowledges that Werneck first observed these cells. The transition of the cells, in the fœtus, into the crystalline fibres, was first noticed by Schwann, and is fully described by him

Digitized by Google

in the work just mentioned. See "Sydenham's Society's" Edition, p. 87.

The fibres, or tubes rather of the lens (for they are thin-walled tubes, with clear, albuminous contents), are really, as Schwann remarks, cells, however much they may deviate from the fundamental type of the cellular form. No more difficulty exists, then, in explaining the process of nutrition in the lens, than in explaining that of plants. The cells grow by their own independent force, and blood-vessels are unnecessary, as the nutrient fluid, borrowed from the vessels of the choroid and iris, can be conducted by impulsion and expulsion, or what Mr. Hulke calls asmotic currents, through the capsule and from one cell to another. A morbid change of the cell-vitality, rendering the cell-contents opaque, will give rise to cataract.

As even from those who have original observations to communicate, it is expected that their references should be accurate, and still more from those who but repeat what has been done by others, it would be well for Mr. Hulke to study with more care the historical part of the subjects on which he writes. Mr. Bowman will little thank him for ascribing to him what is known to belong to another.

I am, &c. ALETHINES.

49, Bath-street, Glasgow.

CASE OF SPINA BIFIDA.

LETTER FROM WILLIAM CARR, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read with much interest the cases of spina bifida recently given in the *Medical Times and Gazette*, I am induced to put the following at your disposal.

Mrs. T., a healthy, but not robust person, gave birth to her first child after a tedious and severe labour at the age of 26 years. Soon after her recovery she noticed for the first time a small swelling on the upper and middle part of the sacrum, about the size of a nut.

It caused her no pain or inconvenience, and she sought no Medical aid in consequence.

I saw it for the first time some few months after, when it was as large as a good-sized walnut.

Within a comparatively short period it attained the bulk of a small egg, was soft and fluctuating to the touch, and any pressure upon it caused an instantaneous sensation to rush up the spine, and a sense of confusion in the brain, leading her to the belief that if it were continued she would fall unconscious. As the increase in size continued, and I had advised that no steps of an operative nature should be adopted, some friends induced her to consult a Hospital Surgeon of some celebrity, who wrote to me upon the case, stating his opinion that the tumour was an encysted one, and that he should have no hesitation in removing it. My convictions as to its nature were, however, so strong as to induce me to protest against such a proceeding, and a consultation was the consequence.

A grooved exploring needle was introduced, and some drops of fluid escaped, exhibiting the appearance of the spino-cerebral fluid, and demonstrating the intimate connexion between the tumour and the cavity of the spinal column.

The very small quantity of fluid which escaped produced uneasy sensations about the brain.

From this time for the four following years the tumour increased in size. The patient was greatly distressed by its weight, and the fear she felt of receiving a blow upon the part. There were constant "strange sensations" about the head, and the gait became so unsteady as to require the support of the different articles of furniture in the room as she moved about.

The bulk of the tumour was so great as to fill a padded tin shield which she constantly wore, of the size of a quart basin. Eventually she died, worn out and exhausted by distress and suffering.

I was permitted after death only to examine the tumour.

On opening it as the body lay on the abdomen, about a pint of clear watery fluid escaped. The interior was lined by a membrane, exactly resembling the spinal sheath (of which it was clearly a continuation), passing through an opening in the upper part of the sacrum, through which I could easily pass the tip of my little finger. I am, &c.

Fareham. WILLIAM CARR.

REPORTS OF SOCIETIES.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The twenty-eighth annual session of the British Association commenced on Wednesday week, at the Town Hall in Leeds. The principal officers of the Association met at 10 o'clock in the morning, and at 1 o'clock the general committee assembled to receive the Council's report and that of the Kew Committee, to arrange the general business, and to elect sectional officers.

At the first general meeting in the evening, the Rev. Dr. Lloyd, retiring President, inducted Professor Owen, the President elect, into the chair, who then delivered a most interesting address. Our Profession appears to have been well represented; but we do not see among the names of those present so many of the Dii majores as we could desire. The meeting was most numerously attended; more *savans* being collected together on the present than on either of the two previous annual meetings.

A great number of very interesting papers were read in the different Sections, which were all well attended. The next meeting is to take place at Aberdeen; and His Royal Highness Prince Albert has consented to become President on the occasion. Sir Roderick Murchison having put the Prince through his facings, finds him equal to the position. He says of the Prince:—"That he thought His Royal Highness was specially qualified, from his knowledge of the various sciences, to preside over a meeting of this kind. He did not say this by way of adulation. His Royal Highness, of his own accord, had attended three meetings of the Association. One of these was at Southampton when he (Sir Roderick) was President, and at that meeting the Prince was in attendance two days, and sat through several of the discussions in two or more of the sections. He had the honour of riding in the carriage with the Prince from section to section, and His Royal Highness, from the explanations which he gave to the members of his suite, showed that he thoroughly understood what had taken place. If they should fix upon Aberdeen, he was sure they could not flourish under a nobler presidency than that of the Prince Consort."

The number and variety of character of papers read in the different sections are so great as to prevent us doing more than alluding to them on the present occasion. We may hereafter record any facts especially interesting to our Profession, which were brought forward on the occasion; but our space to-day limits us to a report of the following paper by Mr. Humphry:—

ON THE HOMOLOGY OF THE SKELETON.

Having lately been engaged in writing on the human skeleton(a) the author has carefully investigated the whole subject of its homology, in relation to the skeletons of the other vertebrate classes, and in relation to its mode of development and its connexion with the nervous system. The conclusions at which he has arrived differ, in some particulars, from those of the plan proposed by Professor Owen, more especially with regard to certain bones of the skull, such as the temporal bone, and the components of the anterior cranial vertebræ. His views, and the terms he employs, are shown by the accompanying table I.; and in table II. the bones are arranged according to the system of Professor Owen, the differences between the two plans being indicated by italics. He considers that the pelvis is composed of the hæmal elements of two sacral vertebræ; that the scapular arch is composed of the hæmal elements of two cervical vertebræ; and that the limbs are appendages diverging from the points of junction of the hæmal spines with the hæmal arc. The key to the exact comparison of the fore limbs with the hinder limbs, which has been a source of much difficulty to anatomists, is furnished by the fact that they are placed, the former near the anterior, and the hinder near the posterior, head of the trunk; and that, consequently, the opposed surfaces of their upper segments, as well as the

(a) See "Treatise on the Human Skeleton." By G. M. Humphry, Cambridge. 1858.

Digitized by Google

Table I.

TABLE OF CRANIAL BONES.

Serial Bones and Cartilages.	Auditory.			Optic.	Nasal.		
	Tympanic and petrous parts of temporal.	Ossicula auditus.	External cartilages.	Tarsal cartilages.	Turbinate bones.	Cartilage of septum.	External cartilages.

Cranial Vertebræ arranged homologically.

Vertebræ.	Central parts.			Neural.			Transverse.			Hæmal.		
	Central.	Supra-Central.	Infra-Central.	Ala.	Spine.	Articulating processes.	Process. Superior	Process. Inferior.	Ala.	Ala.	Spine.	Diverging appendage.
1. Occipital	Basilar part.		Pharyngeal tubercle.	Sides of foramen magnum.	Expanded part of occipital.	Condyles.	Jugular process.		Mastoid.	Lesser cornu of hyoid.	Body of hyoid.	Great cornu of hyoid.
2. Post-sphenoid	Post-sphenoid body.	Posterior clinoid. Hinder part of olivary tubercle.	Hinder part of Rostrum.	Great ala of sphenoid.	Parietal.		External pterygoid.	Internal pterygoid.	Squamous.	Condyle of lower jaw.	Ramus of lower jaw.	Angle of lower jaw.
3. Pre-sphenoid	Pre-sphenoid body.	Fore part of olivary tubercle.	Fore part of Rostrum.	Small ala of sphenoid.	Frontal.		Lamine on sides of sphenoid sinus.		Palate.	Superior maxilla.		Malar and Lacrymal.
4. Ethmoid	Median plate of ethmoid.	Crista Galli.	Vomer.	Cribriform plate of ethmoid.	Nasal.		Lateral portion of ethmoid.			Intermaxillary bone.		

Table II.

	Centrum.			Neurapophysis.	Neural spines.	Zygapophysis.	Diapophysis.	Parapophysis.	Pleurapophysis.	Hæmapophysis.	Hæmal spines.	Diverging appendages.
1. Occipital	Basilar part.			Side of foramen magnum.	Expanded part of occipital.	Condyle.		Jugular process.	*Scapula.*	*Coracoid.*	*Episternum.*	*Fore limb.*
2. Parietal	Post-sphenoid body.			Great ala of sphenoid.	Parietal.			*Mastoid.*	*Styloid.*	*Lesser cornua of hyoid.*	*Body of hyoid.*	*Great cornua of hyoid.*
3. Frontal	Pre-sphenoid body.			Small ala of sphenoid.	Frontal.			*External angular process of frontal.*	*Tympanic.*	*Condyle of lower jaw.*	*Ramus of lower jaw.*	*Malar and squamous and Pterygoid.*
4. Nasal	*Vomer.*			*Median and cribriform plates of ethmoid.*	Nasal.				*Palate.*	*Superior maxillary.*	*Intermaxillary.*	

In this Table the terms used by Professor Owen are given; and the Bones are arranged according to his plate, the differences from that in the preceding one being indicated by Italics.

opposed surfaces of the pelvis and scapula, are made to correspond; that is, the anterior aspect of each hinder limb corresponds with the posterior aspect of each fore limb. This disposition of parts takes place during development. At first, each limb is nearly straight; the hands and the feet bud out from the sides of the trunk; the palms and soles look downwards; the thumb and the great toe are directed forwards. Subsequently, each limb undergoes a greater turn, but in opposite directions. The anterior limb is rotated on its long axis, backwards; the hinder limb is rotated in a similar manner, forwards; the ileum and femur slant forwards from the hip; and the scapula and humerus slant backwards from the shoulder; the knee bends forwards; and the elbow bends backwards. In the anterior limb, however, the rotation of the distal segments, during pronation, is in an opposite direction to that of the proximal segments; and pronation is a more easy and habitual position than supination.

MEDICAL NEWS.

Royal College of Physicians.—At a meeting of the Elects, held on Tuesday, September 28, the following gentlemen, having undergone the necessary examination, were admitted *Extra Licentiates*:—

Blumberg, Henry, M.D. Southport.
Howard, Edward, Folkestone.
Menzies, Duncan.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 9th ult.:—

Jefferson, John Blackett, Islington, London;

and three gentlemen passed their first examination.

Digitized by Google

On the 16th ult.:—

Ashley, John, Bristol.
Davies, John, Festiniog, Merionethshire.
Hewlett, Thomas, Army.
Hollings, Robert, Yorkshire.

On the 23rd ult.:—

Bayley, Robert Luther, Eign Brook, Hereford.
Jenkins, Joseph, Bassingbourne, Cambridgeshire.
Langdon, Thomas Charles, Bampton, Devon.
Rowland, Evan, Goginam, near Aberystwith;

and two gentlemen passed their first examination.

Army and Medical Department.—List of Candidates who passed the Examination at the Army Medical Department on the 13th and 14th September, 1858:—

Barnwell, Tobias.
Gardiner, William Alexander.
Graves, William.
Griffith, Alicius John.
Hoile, Edmond.
Holmes, William.
Killery, St. John.
Longmore, Charles.
Macarthur, Thomas Alexander Clapperton.
O'Connell, Edward.
Robinson, John.
White, Lancelot Andrewes.
White, Mathew Lawrence.
White, Richard.
Venour, William.

APPOINTMENT.

Dr. W. Wood, of Wakefield, has been elected Surgeon to the West Riding House of Correction. The salary is £225, all Medicines and Medical necessaries being supplied by the county.

DEATHS.

Gibbs.—September 27th, at Exeter, Harry Leeke Gibbs, M.D. Univ. Aberd. 1816; M.R.C.S. Eng. 1803; and S. M.D. Univ. St. Petersburg, 1820; F.R.C.S. (Hon.) 1844; Knt. Order St. Volodimer, 1813; Knt. Comm. St. Anne, 1820; aged 78.

Reynolds.—Sept. 9th, at Wilmont, Kingstown, Ireland, William Verner Reynolds, Surgeon R.N., Knt. of the Legion of Honour, aged 31.

Wood.—Sept. 26th, at Bird Street, Lambeth, John Wood, M.R.C.S. Eng. 1838; aged 48.

Yellow fever continued to rage with violence at New Orleans. The deaths from the disease during the thirty hours ending at noon on the 14th numbered 98.

M. Gavarret has been elected a member of the French Academy of Medicine. He is the Professor of Physical Science of the Faculty of Medicine of Paris.

Peat Gas.—A village in Ireland has just been lit by gas obtained from peat under a patent of Mr. R. L. Johnson. The importance of this fact it would be hard to appreciate in all its bearings; but this much is certain, that the light thus introduced into Ireland is another ray of civilisation shed upon that improving country.

Caution to Snuff-takers.—The *Moniteur* admonishes its snuff-taking readers, that they will do well and wisely to avoid the purchase of their excito-pulverent article, as usually packed up in lead. Acetate of lead forms on the inner surface of the lead, it is asserted, and is absorbed into the system when taken into the olfactory organ with the snuff in which it is mingled.

Maritime Residences for the Phthisical.—Dr. Garnier has, in a report to the Academy of Medicine, given an account of the value of different sea-residences in France in the cure of phthisis. Some turn out favourable, some indifferently good, and some very bad. If Dr. Garnier's statements be founded on sufficient data, our fashionable treaters of pulmonary disorders will do well to consult them, before consigning their next batch of phthisical patients to different Continental sea-coast departments.

Presentation of Plate to Dr. Frederick Martin, of Ticehurst.—On Monday evening, September 13th, a dinner and a costly Testimonial was given to Frederick Martin, M.D., parish surgeon of Ticehurst for the last four years. Some very beautiful and valuable pieces of plate—a tea-pot, cream-jug, mustard-pot, four salt-cellars, with spoons to match, muffineer, sugar-tongs, and a handsome inkstand, which bore the inscription:—"Presented to F. Martin, Esq. M.D., on his leaving Ticehurst, by above 450 of his patients and friends, 1858," were presented by the Rev. A. Eden at a public dinner.

Deaths from the Principal Diseases in England and Wales in 1856, viz.—14,160 from scarlatina, 9,225 from pertussis or whoopingcough, 13,815 from diarrhœa, 762 from cholera, 15,398 from typhus, 8,213 from dropsy, 48,950 from phthisis or consumption, 7,299 from hydrocephalus, 8,278 from apoplexy, 8,497 from paralysis, 23,946 from convulsions, 12,803 from cardiac diseases, 21,528 from bronchitis, and 22,653 from pneumonia or inflammation of the lungs. The ages at death were 159,067 under 5 years, 16,165 from 5 to 10, 9143 from 10 to 15, 26,654 from 15 to 25, 26,371 from 25 to 35, 25,861 from 35 to 45, 25,024 from 45 to 55, 29,353 from 55 to 65, 35,085 from 65 to 75, 28,962 from 75 to 85, 8,273 from 85 to 95, and 548 from 95 and upwards.

English Surgeons in the Crimea.—Mr. Rawlinson, a civil engineer, was sent out to the Crimea on the sanitary commission. Having been wounded, he had to be Surgically treated in the front—an opportunity of observation which a civilian rarely obtains, or is anxious to obtain—and he says, "I can state that in that division in which I lay, from the officers to the men, the Medical officers, if I may use so strong a term, were almost worshipped—idolised." "I cannot," he said, with honest fervour, on another occasion, having been requested to give his opinion as to the philanthropy, kindness, and skill of the Army Surgeons, "find language strong enough to express what I think of our Surgeons."—*Blackwood.*

Longevity.—In the Registrar-General's report for the week ending June 5, 1858, is recorded the death, on May 25, of John Ewing, aged 103 years. He had been formerly a serjeant in the Foot Guards, and had served in the Walcheren expedition and the Peninsular campaigns, and was a pensioner previously to the battle of Waterloo. He possessed remarkable physical strength, and retained his mental faculties to the last. The certificate of his birth, now in the possession of his daughter, runs thus:—"John Ewing, born 16th of October, 1754, at Carron-shore, parish of Larbert, shire of Stirling. Extracted from the record, John Bunce, clerk."—*Notes and Queries.*

A Suspicious Case.—A young girl who has been for some time in the hands of a Marseillais Magnetiser, is found to be in the family way. She replies to the discovery by asserting her entire ignorance of how the condition was brought about. Then come the police, as proper guardians of the public morality, and they demand certain questions of Messrs. les Docteurs Coste and Broquier affecting the point. To these questions these are the answers given by those experts:—1. The girl Marguerite is enceinte. 2. She is about four months gone in that state. 3. We consider it is possible that a young girl may be deflowered and made a mother if contrary to her will,—this will being annihilated by magnetism.

The Corsican Brothers.—"I once," says M. Trousseau, "had two brothers for clients, who were twins, very rich, and both directors *de maisons de jeux célèbres*. They were so like each other, that I did not know them apart. But more than this, they had a remarkable pathological similitude. Thus, one of them whom I saw at Néesthermes, suffering from a rheumatic ophthalmia, said to me, 'My brother at this moment must have an ophthalmia like mine.' And as I dissented to this, he two days afterwards showed me a letter from his brother, who wrote: 'I have my ophthalmia, thou must also have thine.' However singular this may appear, it is perfectly true; I have witnessed similar facts. These twins were also both frightfully asthmatic."

Digitized by Google

CERTAIN OF THE HOSPITALS AND HOSPICES OF PARIS are to be removed into the country. As elsewhere, in large towns, habitations have sprung up and surrounded these abodes of the indigent, which were originally built on their outskirts. Thus, the Hospice des Ménages is to be transferred to Issy; at present it is situated in the quarter of Thomas d'Aquin, one of the most densely-populated in Paris. The Hospice Sainte-Perrine is also to be transferred to Auteuil. The famous Hôtel-Dieu also, the most ancient of all the Hospitals of Paris, must soon come under consideration. The state of parts of this ancient building requires immediate attention; there is danger, indeed, lest parts of it should actually give way.

ULCERS AND CAUTERISATIONS OF THE NECK OF THE WOMB.—"I admire," says M. Velpeau, "the profusion of authors in the classification of these ulcers; they admit scorbutic, scrofulous, herpetic, etc. etc. ulcerations. This is all confusion; for most assuredly they take for ulceration what is nothing else than a slight softening of the neck, with development of granulations and superficial excoriations. Do not fall into the excesses of certain Practitioners, who cauterise during the whole year without relaxation, and are then surprised at their want of success. Cauterisations with the red-hot iron do not seem to me to merit the praises bestowed upon them. Their success is founded as much on the effects which they produce on the imagination of the patient as on any real benefit they produce."—*Gaz. des Hôp.*

PARIS ACADEMY OF SCIENCES.—On the 3rd ult. there was a great afflux of Robes Noires at the Academy. "How came they there," asks the Union Médicale, "in such an extraordinary place? Had they found out the means of reconciling Science and Faith, and were we to assist at the sealing of the compact of alliance? Not exactly." But one Père Secchi, young and intelligent, read a paper on photography, and exhibited views of the moon. He expressed himself in French, almost without an Italian accent, "mais non sans l'accent prêtre; son débit est un peu monotone, et il lit sur le ton de la mélopée liturgique." Afterwards a gentleman of modest pretensions asks the Academy to give him 120f., if he will communicate to them the secret remedy for cholera.

A CURIOUS accident happened a few days ago at Zara which may, perhaps, serve as a warning to persons who are employed in repairing telegraphic wires. After a violent thunderstorm, accompanied by heavy rain, some workmen attempted to raise two or three posts which had been thrown down. Two of the men took hold of the wire, which was not broken, in order to assist their comrades, but hardly had they touched it when they uttered piercing screams. The one man staggered, and fell to rise no more, but the other remained on his legs. A third man, who was struck by his falling comrade on the shoulder, complained of violent pains in the head, singing in the ears, and indistinct vision. The hands of the two men who had taken hold of the metal were much burnt, and the one who escaped with his life stated that as soon as he touched the wire he suffered "indescribable" pains in the head and body.

PRIZE QUESTIONS PROPOSED BY THE BELGIUM ACADEMY OF MEDICINE FOR THE YEARS 1858 to 1861. 1st. The causes, symptoms, character, and treatment of diseases peculiar to colliers. Prize, gold medal, 600 francs, and a sum of 1600 francs.—2nd. The value of the different therapeutic methodes in cholera. Prize, gold medal, 800 francs.—3rd. The nature and etiology of the morbid conditions in the horse, classed under the vague term *Influenza;* showing the relations which may exist between them and the typhus in man, and the remedies best adapted to their cure. Prize, gold medal, 1000 francs.—4th. The services rendered by Belgium Physicians to Medicine and its allied studies (the veterinary art excepted) during the 16th, 17th, and 18th centuries. Prize, gold medal, 1000 francs.—5th. The relations existing between oxygen absorbed in the lungs, and the carbonic acid exhaled by the skin; the influence exercised on their interchange by repose, motion, temperature, and food. Prize, gold medal, 1500 francs.—6th. The state of science, in respect to nervous diseases in the horse. Prize, gold medal, 800 francs.

☞ MISCELLANEOUS STATISTICS.—A light blue-book of 300 pages contains some miscellaneous statistics of the United Kingdom, from which we take the following figures. They are compiled by Mr. A. W. Fonblanque, of the Board of Trade, and the latest return refers to the year 1856. There were in that year 22,080,449 persons living in England, Wales, and Scotland—viz. 10,802,279 males and 11,278,170 females. England and Wales contained 19,045,187 of these souls, and Scotland 3,035,262. There were 769,201 births, 448,962 deaths, and 179,824 marriages. There were 614,802 legitimate, and 42,651 illegitimate births in England and Wales, and in the metropolis 83,787 legitimate, and 3646 illegitimate births. The proportion of illegitimate to legitimate was 1 in 14·0 and 1 in 23·0. The proportion of marriages to the population was 1 in 119 in England and Wales, and 1 in 100 in London. In England and Wales at large 129,960 marriages were between bachelors and spinsters, 7163 between bachelors and widows, 14,462 between widowers and spinsters, and 7752 between widowers and widows. The ages of the males married varied from 15 to 80, and those of the females from 15 to 75. 16 girls were espoused at the age of 15, and 6 old women at the age of 75. By far the greater number of marriages occur between the ages of 20 and 25. The proportion of deaths to the population is 1 in 49 in England and Wales, and 1 in 46 in London. The metropolis, Leicestershire, and the West Riding of Yorkshire supply the largest number of votaries to Hymen, and the same counties supply the largest number of deaths.

ANALYSIS OF METROPOLITAN WATERS.—The waters supplied to the metropolis have been examined during the month of August by Dr. Robert Dundas Thomson, F.R.S., of St. Thomas's Hospital, who has found their composition to be as exhibited in the subsequent tables. It will be observed that the amount of impurity in each water is less than in any previous month of the year, in consequence of the greater dryness of the period to which the analyses refer. A comparison of the present with former tables will show how far the condition of the waters is improving. For the sake of comparison, the composition of Glasgow waters is appended. The inhabitants of that city are not satisfied with the Clyde supply, although much purer than that of the Thames, and the water of a Highland lake, approaching distilled water in purity, will soon flow into the city by gravitation.

	Total Impurity per gallon.	Organic Impurity per gallon.
	grs. or °	grs. or °
Distilled Water .	0·0	0·0
Clyde present supply at Glasgow	9·57	1·08
Loch Katrine new supply to Glasgow	2·15	0·80
THAMES COMPANIES.		
Chelsea	15·88	·92
Southwark	16·00	1·96
Lambeth	17·40	1·08
Grand Junction	16·40	1·72
West Middlesex	15·36	1·28
OTHER COMPANIES.		
East London	16·68	1·60
New River	15·52	1·32
Kent	22·60	1·88

This table exhibits the amount of foreign matter contained in each gallon of water expressed in degrees or grains. The samples were all taken from main pipes.

PURSUANT to a Circular, a Meeting of the Medical Profession of the Southport and Ormskirk Union was held in the Board-room of the Strangers' Charity, Southport, on Wednesday, September 22. Present—Charles Clough, Esq. (Chairman), Dr. Ashton, J. P., Dr. Palmer, Mr. Marsden, Ormskirk, Dr. McNicholl, Dr. Longton, Mr. Woods, Mr. Scowcroft, Mr. Lees, Dr. Legar, Dr. Goodman, and Mr. Mathias. A long conversation ensued upon the various clauses of the Act, and it was generally considered that, although it did not accomplish all that was desirable, still, as the chairman remarked, "the thin edge of the wedge had been inserted." It remains, therefore, for the Profession to unite in carrying out its provisions to the fullest extent, and thus avoid losing the advantage already gained. The sub-

Digitized by Google

joined resolutions were unanimously passed. Proposed by Dr. McNicholl, and seconded by Mr. Woods, that the Medical practitioners of the Southport and Ormskirk district gratefully accept the recent Medical Act, and will assist in carrying it out to the best of their abilities. Proposed by Mr. Marsden, and seconded by Dr. Longton, that a Society be formed, and that it be entitled, "The Southport and Ormskirk Registration Association." Proposed by Dr. Ashton, and seconded by Mr. Scowcroft, that the Society consist of the legally-qualified practitioners of Southport and Ormskirk, and that each member pay the sum of 2s. 6d. admission fee; and that any three members shall be at liberty to call a meeting through the secretary when such meeting shall be by them considered necessary. Proposed by Dr. McNicholl, and seconded by Dr. Palmer, that Mr. Scowcroft be appointed secretary to the association. After a vote of thanks to the chairman, proposed by Dr. McNicholl, and carried unanimously, it was agreed to that the association should meet again in October, or as soon after the appointment of the Council as possible. Dr. Mort and Mr. Craven, who were absent at the time of the meeting, have since joined the association.

A Medical Minister of Foreign Affairs.—Fuad Pacha, Minister of Foreign Affairs of Turkey, began business in his native country as a Doctor of Medicine. He was born in 1814. His father was a distinguished writer, and a celebrated poet, of the name Ketzijizade Izzek Mullah; he sang glory to Turkey, and down with Russia, and was called the Eastern Lamartine. His song was stopped prematurely by a dose of poison. The young Mehmed was taken up by the Governor of Bagdad, married by his orders when 16 years old, and then entered at the Imperial School of Medicine, at Constantinople. There he made rapid progress, and soon was actively employed in the Hospital at Tophana. Next he was made Physician to an expedition to Tripoli, and Under-Secretary of the Admiral commanding. This Under-Secretaryship gave him a taste for diplomacy, and a distaste for the practice of Medicine in the Turkish army, which, from all we have heard of the condition of it, is a thing not to be wondered at. In 1840 he came to London as Secretary to the Turkish Ambassador, and ever since then has been mounting up the diplomatic ladder. The Sahib Hakim is an honoured personage in the East; in more civilised countries the Doctor is nothing but a Doctor, after the taste of Lady W. Montagu. The present Director of the School of Medicine at Constantinople has been several times Minister of Commerce, and Governor of Smyrna. Sahib Effendy, Professor of Botany of the said school, is Physician in Chief of the Empire, is Counseller of the Ministry of Commerce, etc.; and half-a-dozen more Doctors all stand high up in the ranks of the Turkish Government.

TO CORRESPONDENTS.

The publication of a series of papers by Dr. Robert Lee, entitled Clinical Midwifery, will be commenced next week.

Dr. Conolly's tenth paper, on the Physiognomy of Insanity, will appear next week, with Two Portraits.

M.A.B.'s letter on Feeding Infants is unavoidably delayed.

Dr. Wilson's Cases of Spina Bifida shall appear next week.

A great Admirer.—Most certainly.

Kent.—The suggestion shall be attended to.

Mr. Deamer's case shall appear next week.

Inquirer.—The question will be one for the Council to determine.

Mr. Valentine's case is in type.

Mr. C. Hunter.—Many thanks.

Letters from Dr. Ogle, Dr. Hunter, and Mr. Eden, are in type, but are unavoidably postponed.

An Apprentice.—We never notice anonymous communications. The name of every correspondent must be sent in confidence.

L.L., M.D.—The question has been submitted to a lawyer. The answer shall be given next week.

Mr. Binns.—Jones, Aldersgate-street; Kimpton, Wardour-street, and Nuck, Bloomsbury-street, are second-hand Medical booksellers.

The tracts of the Ladies' Society are to be had of the publisher, Groombridge.

Dean.—We do not feel competent to give a decided opinion as to the Company alluded to by our Correspondent.

Queens.—One year's residence required. The value of the two degrees is about equal.

Dubious.—The question of the rights of Medical Graduates to practise within seven miles of London, is settled by the 31st Clause of the Act.

L.S.A. must join one of the Colleges of Surgeons if he wishes to call himself "Surgeon" legally under the Act.

Dr. Hildige.—The communication was in type, but as it had appeared in another Journal, we cannot break the rule, not to publish what has appeared, or which we believe is to appear, in other Journals.

Medicus.—For answers to 1, 2, and 3, refer to our Student's number of last week. 4. Subjects are plentiful and cheap in the Irish Schools. 5. The attendance of Students is not *enforced* more than in England. 6. Non are the titles more distinctive.

W.F.—A Licentiate of the Glasgow Faculty can practise Medicine and Surgery in England; but he cannot recover for medicines supplied to his patients unless he have the licence of the Apothecaries' Company. 2. The Council can only register Foreign Graduates who have practised as Physicians in the United Kingdom before the 1st of October, 1858.

Several Practitioners with one qualification only, who have written to us under various signatures, seem to think that the Council have power to alter the Act. The Council are bound to carry out the Act. It will rest with the Colleges or Halls to determine on what conditions gentlemen in practice prior to the passing of the Act can be admitted, and it is to the Colleges or Halls that application must be made.

Hiensis does not say if he practises as a Consulting Physician, or as a General Practitioner. If the former, his fee is a very low one, and would, without doubt, be admitted by a jury. If the latter, and it could be shown that the fee was above his known and ordinary charge for visits at the distance named, the jury might consider it too large. It is not a question to be settled by *law*, but by what a jury may be led to decide. Our correspondent would have to sue upon his qualification as an Apothecary.

Begging for Advice Gratis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You will oblige me by noticing, for the benefit of my Professional brethren, that the Promoter Life Assurance Society, 9, Chatham-place, near Bridge-street, Blackfriars, does *not* pay a fee to the private Medical attendant of any applicant for assurance.

I am, &c. J. Harrinson, F.R.C.S.

Reading, September 20, 1858.

The Cæsarean Section.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your paper of the 11th inst., which has just been placed in my hands, you allude to the Cæsarean operation having been performed lately in this town, and ask for the particulars. I beg to inform you that I was the operator, and intend reading the notes of the case at the next meeting of the South Midland Branch of the British Association, to be held on the 30th of this month at Wellingborough: you will then have an opportunity of judging of the propriety of the operation. I was able to justify the proceeding by a post-mortem examination. I think it a good case, and very satisfactory that we were able to save one life.

I am, &c. George Ashdown, Surgeon.

Northampton, Sept. 24, 1858.

Unqualified Assistants under the Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am an unqualified Assistant engaged in charge of a branch practice in a colliery district, and I have held the situation for some time, to the satisfaction of my employer, and the patients committed to my care. My principal is resident a few miles from my abode, and I perform all the duties of a regularly-qualified Practitioner. I have attended some seventy midwifery cases this year, and regularly perform the minor operations in Surgery, without calling in the aid of my employer. It is not my duty or my inclination to inform my patients that I possess no legal qualification, and I dare say that nine-tenths of them are perfectly ignorant of the fact. Shall I be considered liable under Clause 40 of the New Medical Act "for falsely pretending to be, or take, or use the name or title of ... Surgeon?" and shall I be doomed to seek my bread in some new field of labour; or if I continue to act in my present capacity, risk the consequences of proceedings being taken against me—of conviction and imprisonment, my means not permitting me to qualify at present?

The unqualified Medical assistants in this country are a numerous class, it being the rule, not the exception, to employ them. It may be a matter of parsimony, but is the case nevertheless, as I can point to hundreds of instances in proof of my assertion.

I should be glad to hear the opinion also of those gentlemen in the Profession who are now employing unqualified men, on the matter, and by giving this a place in your columns you will greatly oblige,

September 23, 1858. Unqualified Legally.

[We believe the case of our Correspondent to be a common one. It may show that the Medical Act may press hardly on some industrious men, but there can be no question that the few must suffer for the public good. One great good effect of this Act will be to prevent any one who pleases, with or without Medical knowledge, from calling himself Surgeon. Our advice to all in the situation of our Correspondent is to make some temporary sacrifice in order to gain a future position of respecta-

Digitized by Google

bility, and legal right to practise. The facilities for doing this are now so great that no industrious persevering man can be excluded.—Ed.]

COLLEGE AND HALL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The suggestion of your Correspondent L.A.C., as contained in the *Medical Times and Gazette* of the 28th ult., has called forth so many rejoinders, that I should not have troubled you with another, had it not appeared to me that the most essential point had been overlooked.

The College of Surgeons testify in their diplomas that they have "deliberately examined" the holder, "and found him to be fit and capable to exercise the art and science of Surgery." The document is, therefore, not merely a legal authorisation to practise a particular branch of the healing art, but a guarantee that a man's fitness to do so has been tested by competent authority.

But your correspondent craves the legal right to practise Surgery, without, as far as it appears, being willing to submit his pretensions to do so to the test of examination. If it were a fact that fifteen or even fifty years' general practice would supply the necessary knowledge, the proposal might not be wholly unreasonable; but such is not the case.

The experience of most Medical men must have furnished them with opportunities of knowing that Surgery is not to be learned, in a general way, in the course of ordinary practice. The proportion of Surgical to Medical cases is, except in Hospitals and particular districts, so small that one is not surprised to find would-be Surgeons overlooking fractures and dislocations, setting limbs which have never been broken, treating iritis with collyria, and so forth. It will be the downfall of the College when it grants testimonials without examination.

I am, &c.

MEDICO-CHIRURGUS.

LICENTIATES IN MIDWIFERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Now that the Medical Bill is about to become law, I beg leave to call the attention of those who are to carry its provisions into effect to two or three matters in connexion with registration, and to the curriculum of study to be required in one very important branch of the Profession.

Two abuses, amongst others, at present exist, which registration can and ought to correct. The one, a Member of College of Physicians, not being a Graduate of any University, styling himself M.D., and placing such on his door. The other a man not having a Midwifery Diploma, assuming the title of Licentiate in Midwifery. The former is comparatively harmless; still it is a great presumption, as Universities alone can confer such a distinction, Colleges can only give licences to practise, and some of these have that power only within certain limits.

The latter is of a more serious nature, being detrimental alike to the interests of the Profession and the public. I do not exaggerate in asserting that nine-tenths of the Practitioners of Ireland have not any licence to practise Midwifery, they merely possess a Certificate of attendance on the lectures and practice of a Lying-in Hospital (as is evidenced on its face), but which they call a diploma, and persuade the public to accept as such. But it is a fact that not any institution, in this country, save the Colleges of Surgeons and Physicians can grant such a diploma; indeed it would be monstrous were those Certificates acknowledged as licenses to practise, for as well might a similar document for attendance on a Surgical or Medical Hospital empower the holder to practise Surgery or Medicine. I therefore hardly expect that these certificated gentlemen shall be permitted to register as Licentiates in Midwifery.

The term of attendance (six months) on a Lying-in Hospital, as now required to qualify students for examination, is far too short; it ought to be at least one year. What would be thought if only such a period at a Surgical Hospital was required to obtain a licence in Surgery? Besides, it is by no means uncommon for those six months so-called practitioners to be rejected, when they seek a licence from the Colleges empowered to grant such; a fact, in my opinion, attributable to the short pupilage, and that certificates are often given to those who do not deserve them; because it is well known that pupils will not attend these institutions where a different course is adopted. In some instances I regret to say that certificates have been obtained from hospitals inside the walls of which the recipients never entered.

I also conceive that none but Licentiates in Midwifery should be recognised as Lecturers or Examiners in that department.

I am, &c.

AN EXAMINER OF EIGHTEEN YEARS' EXPERIENCE.

Dublin, September 14, 1858.

COMMUNICATIONS have been received from—

Dr. ROBERT LEE; Mr. SPENCER SMITH; Mr. P. HEWETT; Dr. PEACOCKE; Mr. H. SMITH; Mr. HAYNES WALTON; Mr. MRUNDER; Mr. GAMGEE; Mr. SHEE; Dr. KING; Mr. HUNT; Mr. WILLIAMS; Dr. CHRISTIE; Dr. MACMILLAN, Hull; Dr. HILDIGE; DEAN; REGISTRAR GENERAL; QUERIES; SECRETARY, GENERAL BOARD OF HEALTH; Mr. SCRIVEROFF; Mr. FOWKE; Mr. GRANTHAM; Mr. DALE; MEDICAL OFFICERS AND LECTURERS AT THE WESTMINSTER, LONDON, UNIVERSITY COLLEGE, ST. MARY'S, MIDDLESEX, and other Hospitals; Mr. TALBOT; Mr. ADAIR; Dr. DEVENISH; Mr. COPNEY; Mr. J. DARWOOD; Mr. W. PAGE; Mr. C. GOODALL; Mr. R. DAVIES; Dr. J. PROBYN; Mr. J. ROBERTS; Mr. SPRING; Dr. T. C. WIGG; Mr. PEWER; Mr. H. LEE.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·942 in.
Mean temperature	58·6
Highest point of thermometer	72·2
Lowest point of thermometer	41·5
Mean dew-point temperature	52·6
General direction of wind	N.E.
Whole amount of rain in the week	0·20 in.
mount of horisontal movement of air in the week	740 miles.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 25, 1858.

BIRTHS.

Births of Boys, 899; Girls, 818; Total, 1657.
Average of 10 corresponding weeks, 1848-57, 1531.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	508	447	955
Average of the ten years 1848-57	624·3	627·8	1252·1
Average corrected to increased population	....	....	1160
Deaths of people above 90	....	1	1
Deaths in 15 General Hospitals	39	11	45

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,487	..	2	15	8	5	5
North	490,396	1	3	25	5	5	6
Central	393,256	2	4	14	6	7	6
East	485,522	..	5	35	6	15	12
South	616,625	2	7	36	6	18	6
Total	2,362,286	5	21	125	26	47	35

APPOINTMENTS FOR THE WEEK.

October 2. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

4. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

5. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

6. Wednesday.

Hunterian Society: 8 p.m.—Dr. Habershon, "on some Fallacies in the Diagnosis of Abdominal Disease."

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.

7. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

8. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Varicose Veins; Trephining Humerus; Cicatrix after Burn. By Mr. Lee.

Westminster Hospital.—The following operations will take place on Tuesday next at 2 o'clock:—

For talipes equinus, necrosis of the head of the tibia, fistulæ in ano, amputation of the thumb, by Mr. Holt; for varicose veins of scrotum, by Mr. Holthouse; for exostosis of tibia, by Mr. Hillman.

St. Mary's Hospital.—Mr. Brown intends operating on cases of prolapsus uteri, and for ruptured perineum, on Wednesday next, October 6, at 1 o'clock.

Digitized by Google

Medical Society of London.—The

FIRST MEETING of the SESSION 1858-59 will be held on MONDAY, the 11th of October, when a Paper will be read by W. H. WILLSHIRE, M.D., the President of the Society, on "The Constitutional Relations of Rickets."

32a, George-street, Hanover-square. C. H. ROGERS HARRISON, J. SHERWOOD STOCKER, M.D. } Hon. Secs.

Grosvenor-place School of Medicine.

(Adjoining ST. GEORGE'S HOSPITAL.) The WINTER SESSION commences on FRIDAY, OCTOBER 1st, with an INTRODUCTORY LECTURE by Dr. THUDICHUM, at Eight p.m.

General Anatomy and Physiology—Dr. Richardson.
Anatomy—Dr. Halford and Mr. Lawson.
Anatomical Demonstrations—Mr. Pittard.
Chemistry—Dr. Thudichum.
Medicine—Dr. Cockle.
Surgery—Mr. Spencer Wells and Mr. W. Adams.

In compliance with the New Regulations of the College and Hall, and to enable Students to devote the whole of the daylight to Dissections and Hospital Practice, the Hours of Lecture are arranged, before 10 a.m., and after 5 p.m.

PRIZES and HONORARY CERTIFICATES will be awarded for general proficiency at the termination of the Session.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by Mr. Pittard and the Lecturers on Anatomy.

The Lecturer on Chemistry has a Private Laboratory, where Students are instructed in Analytical and Physiological Chemistry.

Practical Lessons in Physical Diagnosis are given by Drs. Cockle and Richardson, and in the examination of the Urine, by Dr. Thudichum, constituting a distinct course on Physical Diagnosis.

Midwifery cases are provided for the Pupils of the Midwifery Class.

FEE TO LECTURES.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, 35 Guineas.

Fee to all the Lectures required by any one of the above boards, 30 Guineas.

FEE TO LECTURES AND HOSPITAL PRACTICE.

Gentlemen attending this School can attend conveniently, either at St. George's Hospital, which adjoins the School, or at University College, King's College, Charing-cross, the Middlesex, or the Westminster Hospitals. The Fees to all the lectures at this School, and to the Medical and Surgical Practice qualifying for both College and Hall are as follows:—

	£	s.	d.
Grosvenor-place School and Practice of St. George's Hospital ..	74	11	0
,, ,, ,, King's College or St. Mary's Hospital	78	10	0
,, ,, ,, Charing-cross Hospital ..	68	5	0
,, ,, ,, Middlesex Hospital ..	66	15	0
,, ,, ,, Westminster Hospital ..	64	1	0
,, ,, ,, University College Hospital	63	15	0

Further Information may be obtained of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Charing Cross Hospital Medical

COLLEGE, WEST STRAND, LONDON.

WINTER SESSION, October 1st, 1858, to end of March, 1859.

Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—R. V. Tuson, F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Willshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION, May, 1859, to end of July, 1859.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries (except Practical Chemistry), £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting-Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

Medical Practice.—Full period required, £18 18s. Surgical, £18 18s. Both Medical and Surgical practice, full period, £31 10s.

JOHN ROBERTSON, Hon. Sec.

University of London, &c.—A First-

class B.A. and M.D. prepares Gentlemen Privately or in Class for the Matriculation, Medical, and Arts Examinations, the Preliminary, &c., at the Hall, the Membership, the Fellowship, the E. I. Co.'s Examinations, &c. Full MS. and Printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z. Ferriman's, stationer, 49, Albany-street, Regent's-park.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will give an EVENING COURSE of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the WINTER SESSION. The Demonstrations will take place on Monday, Wednesday, and Friday Evenings, from 7 to 9, and will commence on Monday, October 4th. Fee for the Course, Five Guineas.

St. Bartholomew's Hospital and Medical

COLLEGE.—The WINTER SESSION will commence on October 4th, with an INTRODUCTORY ADDRESS by Mr. COOTE, at 7 o'clock p.m.

LECTURES.

Medicine—Dr. Burrows and Dr. Baly.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey.
Physiology and Morbid Anatomy—Mr. Paget.
Chymistry—Dr. Frankland.
Superintendence of Dissections—Mr. Holden and Mr. Savory.

SUMMER SESSION, 1859, commencing May 1.

Materia Medica—Dr. F. Farre.
Botany—Dr. Kirkes.
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy—Mr. M'Whinnie.
Practical Chymistry—Dr. Frankland.
Demonstrations of Operative Surgery—Mr. Holden and Mr. Savory.

Hospital Practice.—The Hospital contains 650 beds, and relief is afforded to more than 95,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—on the Medical Cases, by Dr. Burrows and Dr. Farre; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey; on Diseases of Women, by Dr. West. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

Collegiate Establishment.—Students can reside within the Hospital walls, subject to the rules of the collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the Teachers and other Gentlemen connected with the Hospital also receive students to reside with them.

Scholarships, Prizes, &c.—At the end of the Winter Session, examination will be held for two scholarships of the value of £45, for a year. The examination of the classes for prizes and certificates of merit will take place at the same time.

Further information may be obtained from Mr. Paget, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers, or at the Anatomical Museum or Library.

Queen's University in Ireland.—

QUEEN'S COLLEGE, GALWAY.

SESSION 1858-9.

FACULTY OF MEDICINE.

Dean of the Faculty.—CHARLES CROKER KING, M.D., F.R.C.S.I. M.R.I.A.

PROFESSORS.

Anatomy and Physiology—Ch. Croker King, M.D., F.R.C.S.I., M.R.I.A.
Practice of Medicine—Nicholas Colahan, M.D.
Practice of Surgery—James V. Browne, M.D., L.R.C.S.I.
Materia Medica—Simon M'Coy, F.R.C.S.I.
Midwifery and Diseases of Women and Children—Richard Doherty, M.D., V.P. Dublin Obstetrical Society.
Medical Jurisprudence—Simon M'Coy, F.R.C.S.I.
Modern Languages—Augustus Bensbach, M.D.
Natural Philosophy—Arthur H. Curtis, A.M.
Chemistry—Thomas H. Rowney, Ph. D.
Natural History—Alexander G. Melville, M.D., Edinburgh, M.R.C.S. England, M.R.I.A.
Logic and Metaphysics—Thomas W. Moffett, A.M., LL.D.

The Matriculation Examinations, in the Faculty of Medicine, will commence on Tuesday, the 19th of October.

Additional Matriculation Examinations will be held on the 24th of November.

Matriculation is necessary for those Students only who intend to proceed for the Degree of M.D. in the Queen's University, or to become candidates for Scholarships, Exhibitions, or Prizes in the College.

SCHOLARSHIPS AND EXHIBITIONS.

In the Faculty of Medicine Six Junior Scholarships of the value of £20 each, and Six Exhibitions of the value of £15 each are appropriated as follows:—Two Scholarships and Two Exhibitions to Students of the first, second, and third years, respectively. Also, Two Senior Scholarships of the value of £40 each, and Two Exhibitions of the value of £25 each are appropriated to Students of the fourth year.

The Examinations for Scholarships and Exhibitions will commence on Friday, the 23rd October, and be proceeded with as laid down in the prospectus.

In addition to the Scholarships and Exhibitions above mentioned, Prizes will be awarded by each Professor at the close of the Session.

Scholars of the first, second, and third years, are exempted from a moiety of the Class Fees.

The Medical School of Queen's College, Galway, affords every means for the acquisition of Medical and Surgical knowledge.

MUSEUMS.—An extensive Museum, illustrative of Anatomy and General Pathology, Materia Medica and Toxicology, has been provided; and to facilitate the study of the Obstetric branch of Medical Science, the College has purchased the Montgomery Museum.

HOSPITALS.—The Hospitals, to which Students are by a recent arrangement admitted, contain Two Hundred Beds, and are visited every morning by the Medical Professors, who deliver Clinical Lectures.

In order to induce Medical Students to attend the practice of the Hospitals during the entire course of their education the fee for Hospital Attendance and Clinical Lectures conjointly, has been reduced to £2 for each Session.

COLLATERAL SCIENCES.—Laboratories and every requisite appliance exist for the cultivation of Chemistry and Natural Philosophy. The College is furnished with a Museum of Natural History, and a Botanical Garden. Botanical excursions are conducted by the Professor in the proper season.

Further information may be had on application to the Registrar, from whom copies of the prospectus may be obtained.

By Order of the President,

25th August, 1858. WILLIAM LUFTON, M.A., Registrar.

Digitized by Google

INTRODUCTORY LECTURES TO THE MEDICAL SESSION, 1858-9.

CHARING CROSS HOSPITAL.

Mr. Barwell, who delivered the address, pointed out that wherever human beings reside there diseases afflict them, and there Medical art is necessary. The necessity of a close study of anatomy, physiology, and chemistry, and the method whereby these might be studied were then pointed out. The lecturer said that the mission of the professional man being to relieve suffering whenever called upon, he must be always ready to sacrifice his enjoyment or his repose to the needs of others. The patient might be rich, and able to remunerate the labour he imposes; or might be poor, and unable to find even the necessaries of life. To the Medical man these matters were of secondary importance; he had not two sorts of advice, one of a good quality for the rich, and one of a less valuable character for the poor; but to whomsoever called does he give his time and the results of his studies. For much of this labour he would be in no wise paid; let his services to his neighbours be ever so great they were too often scantily recognised and grudgingly remunerated; let his talents have added to his country's resources, redounded to her honour, or saved her citizens from pestilence, his reward will be, if possible, withheld, or be given so late as to have lost great part of its value. Popular notions had assigned to the Medical student a mode of existence hardly likely to render him self-denying in after years; and, indeed, if he led a life of debauchery, it was probable that his Medical education, and that also of which he was now speaking, would fail. London was full of temptations of all sort. Means of amusement—some innocent, some vicious—crowded on every side. They could, if they pleased, make of these so many snares and entangle themselves therein, or might make them means of rendering themselves stronger in the right. I am no advocate (said the lecturer) for sombre thoughts and disfigured countenances; but I am a zealous one for that sort of life which shall make you gentlemen, not merely in manners and position, but in upright truthfulness of heart, in that charity which desires to injure the feelings of no one, however poor and humble, and in that virtue which shall make sacred any fault or any innocence, however helpless, that may be entrusted to your keeping.

GROSVENOR-PLACE SCHOOL OF MEDICINE.

The Introductory Lecture at the Grosvenor-place School was given by Dr. Thudichum. The theatre was well filled, and the lecturer kept the audience in attentive good-humour throughout.

Dr. Thudichum took up the subject of method in the study of Medicine as his theme. He dwelt on the study of Anatomy, Surgery, Physiology, Chemistry, Forensic Medicine, Materia Medica, and Botany. In these descriptions the Lecturer introduced stores of kindly and pleasant wit, which kept the "benches in a roar;" but later, as he approached the end, he entered on more serious argument, and eloquently pointed out the difficulties in the way of the Student, the mode in which these are to be met, the realities of true science, and the necessity of duly exercising probity and honour in the Professional career. As the lecturer concluded, the applause of the audience was loud and long continued.

ST. GEORGE'S HOSPITAL.

Dr. Barclay delivered the Introductory Lecture. After a few words of welcome and encouragement to those commencing their Medical studies, he gave a general and comprehensive sketch of those studies, pointing out exactly what the beginner had to do. In addition to the usual lectures and reading, he strongly recommended the study of such books as Whately's Logic, and concluded as follows: "Let me then once more call on you to give your earnest attention to the courses of study which you are about to commence. Let me again welcome you to the sphere of your labours, the arena of your contests, and I hope the scene of your triumphs. Gird on your armour to the fight, and you need not fear the result. You cannot, indeed, all be Hunters or Brodies; you cannot even be all Physicians or Surgeons to this Hospital; but you can all be honest, industrious, conscientious; and you can win for yourselves the respect of every right-thinking man. As such, let me invite you to the friendship of your Teachers and the companionship of your Fellows. And in all that you undertake, let me heartily bid you God-speed, as you set forward on your journey of life."

GUY'S HOSPITAL.

At this Hospital the address was delivered by Mr. Thomas Turner, the treasurer. He said:—The school, as an adjunct to the Hospital, and carried on within its precincts, necessarily fell under the superintendence and direction of the Hospital authorities, and he stood there that morning to welcome them on behalf of his colleagues and on his own to that magnificent foundation, and to assure them of the warm interest which was felt by them all in the prosperity of the school, and in the welfare and success of its members. Adverting to the studies to be prosecuted, he said, the popular cry at the present day was against over-lecturing. There was some foundation for it; but the cry was so loud, and it was naturally so agreeable to the ears of Students, that he thought there was some danger of its leading to the undue neglect of one of the most important instruments of Medical education. There could, indeed, be no doubt that if a student should devote himself to the lecture-room, either to the sacrifice of dissection or of attendance in the wards, he would commit a grievous mistake, but he believed that this was a not very common case. A diligent Student would generally find time for all his duties, and the most regular attendant in the lecture-room would also be most frequently found in his place in the dissecting-room and in the wards. After some lengthened observations on the dignity of the profession, Mr. Turner proceeded to say, "Well, then, gentlemen, in deciding to devote yourselves to the study of Medicine, you have made a worthy choice, and one which, whatever may be the amount of your success, either in reputation or in money, you need not regret. As regards pecuniary advantages, indeed, the emoluments of the Medical Profession are not, perhaps, on the average, equal to those of other pursuits. It has its prizes, however, and besides the advantage of being free from the risks incident to commercial pursuits, it provides a competence, if not large wealth, to most who follow it with industry, and do not destroy their prospects by their own faults. It is, doubtless, a disadvantage that success in the Medical Profession is, more even than in other pursuits, influenced by what are commonly called accidental circumstances, and that it is liable to be affected by dishonest artifices, that there is no recognised or clear test of professional skill, and that the well-informed and competent practitioner will sometimes have the mortification of seeing the place which he is himself entitled to occupy filled by a plausible charlatan. The only answer that I can make to this complaint, if it should occur to any one of you—and almost every one has his seasons of discouragement and despondency—is to remind you that chance has, in reality, no existence; that ignorance and prejudice, impudence and fraud, intrigue and slander, have just that amount of success, and that only, which is permitted by the All-wise and All-good Disposer of the Universe; that no one can really injure a man but himself; that, according to the general course of Providence, industry and honourable conduct are attended sooner or later with worldly success; and that if this success is delayed, or if it does not come at all, it is because the postponement or denial of these advantages is better for the individual than their immediate bestowal. You have chosen, as I have already observed, a noble profession. It is noble, because it is the highest privilege of man to be employed in the service of God, and it is the highest service of God to do good to man. But the praise of your Profession assumes that it is pursued in a right spirit. A good action implies a good motive. And a noble-minded physician is one who in all that he does feels himself to be the student of God's works, the adorer of His wisdom, the steward and minister of His bene-

Digitized by Google

violence. In dealing with your patients, indeed, you will have to regret at one time the imperfection of your knowledge, at another the limits of your ability. But the Physician under whose care you yourselves are, is at once a being of boundless intelligence and absolute power. With Him no case is desperate, no treatment is susceptible of error. Only give yourself up with perfect trust and cheerful obedience to the directions of this truthful and wise Physician, and He will gradually purge you from every distemper, heal every sore, and eventually raise you to the full health and perfection of your being. Only follow Him, and He will guide you safely through life; and when that which is so inappropriately termed the 'closing scene' arrives, His smile of love will cast a gleam over the dark passage which separates the dim twilight of earthly existence from the full sunshine of everlasting day." (Loud cheers.)

KING'S COLLEGE HOSPITAL.

Professor Bloxam delivered the Inaugural Address in the hall of King's College. He said he had no doubt from what he had heard on the best authority that, fifty years ago, it was a very easy undertaking to deliver the introductory address at a Medical school. It was only necessary for the lecturer to be in some degree acquainted with the habits of the Medical students of that day to find as many subjects for advice and warning to the freshmen as would suffice for a whole course of lectures. He knew that many of their new companions, wild, reckless, good-natured, were eager to initiate them into all the mysteries of London life, to lead them into all possible mischief; and he therefore felt it his duty to take advantage of his prior possession of their minds to fortify them against such dangers. Now-a-days, however, the aspect of affairs was very different. The student of the present day came endowed with all the refinements of modern education and manners, and it would be both superfluous and in bad taste to admonish him of those vices and follies which used to form the staple topic of introductory discourses even within his own recollection. It was true that in no profession were the substantial honours and rewards so few, and in none was a bare subsistence more hardly earned; but the Medical Practitioner had at least this consolation that no other profession could boast so great a share of that intrinsic dignity, which consisted in true usefulness, in occupying a position from which he could not be removed without leaving a very perceptible blank. The Professor dwelt at some length on the advantages of teaching by lectures, more especially on those subjects which required practical illustration, and remarked that he had known many a student who had turned away in disgust from a chapter upon chemical affinity or the articulations of the skeleton, become a zealous admirer of chemistry and anatomy, under the influence of the earnestness of purpose and appropriate illustrations of his respected colleagues in these departments. Some sterling advice followed on the too common practice amongst Medical students of deferring the main portions of their studies until the last years of their studentship, and then being obliged to have recourse to the discreditable system of "grinding": to enable them to pass their examinations. The Professor concluded by referring to the distinctions which the students of that Institution had gained in the examinations in the University and elsewhere for Medical degrees, and entreated them by strict attention to their studies to maintain the prestige of the Medical school of King's College. The lecture was delivered with great earnestness and fluency, and was greeted by repeated applause.

LONDON HOSPITAL.

The session opened in this Hospital with an Introductory Lecture by Dr. Gibbon, who said:—That Hospital had long been considered as a nursery of Medical science, and it had the proud boast of numbering some of the brightest ornaments of the Profession among those Medical and Surgical Practitioners who year after year had left its walls to pursue their honourable calling in different parts of the world. Among these he need only mention Sir W. Blizzard, Abernethy, and Dr. Graves. (Cheers.) The students must endeavour to cultivate an intimate acquaintance with the practical details of the Medical Profession. This was the great object of the Institution; for they regarded it as a crime to let loose upon society a body of Practitioners who had never practised. Their sincere thanks were due to the house committee for the generous spirit in which they appreciated and seconded the desire of the professors to make their Medical School the means of imparting practical instruction. They had erected that College at a considerable cost, they had distributed gold medals, and they had recently thrown open to the Students important posts in the Hospital, so that the offices of Dresser, House-Surgeon, House-Physician, Assistant-House-Physician, and Resident Accoucheur were now tenable by the Students for a limited period. (Hear, hear.) He would recommend every Student to devote his earnest attention to the practical details of the Profession as they came before him in Hospital Practice, and to strive at least to fill one of these posts, for the interests of the school and the hospital, he need hardly remind them, were inseparable. He urged the necessity of paying attention to the practical part of their studies all the more strongly, inasmuch as he was glad to see that the new regulations regulating the examinations would require them to be conversant with such matters. In the course of some general observations, he spoke in the highest terms of Dr. Arnott's hydrostatic bed, which had proved of the utmost value. Many diseases it prevented, many it arrested, and, in fact, it had been the frequent means of saving life. But Dr. Arnott was not only entitled to the thanks of the Profession for so useful an invention; he was entitled to the gratitude of the public for placing that invention within its reach without any of those obstructions which would have limited the extent of the benefits it conferred, if he had, by reserving to himself the usual patent rights, so far placed restrictions upon its universal adoption. After some facetious observations on the "logic" which now formed a part of the examination which was for the future to be undergone by the students, he returned again to the necessity of regarding the practical part of their studies as of supreme importance. He gave a striking illustration of this in the case of a friend of his who had taken his degrees, and been rewarded with medals at the London University, but who, after he had commenced to experiment upon the public, had frankly confessed to him that he would give them all for a month's hard hospital practice. (Hear hear.) A young student who was known to them as a first-rate cricketer—(laughter)—had come to him one day in the out-patient's room, and inquired what works he should study on auscultation and percussion. The lecturer said to him, "What works did you study on the subject of cricket?" "None at all, sir; I never read a book on it in my life." "Nor have I on the subject of auscultation and percussion," rejoined Dr. Gibbon. Practice was the surest and the speediest means of familiarising themselves with such subjects. After a variety of practical suggestions of a general and useful character, the lecturer invited the students never to allow a case they did not understand to pass by without elucidation, but to come at once to him, or some one else amongst their teachers, and have the matter explained to them; he could answer for it, both in his own case and in the case of his colleagues, an explanation would promptly and cheerfully be given. (Cheers.)

MIDDLESEX HOSPITAL.

The address was delivered by Professor Bentley. After a few introductory remarks, he alluded to the present condition of the Medical Profession, and the prospects it held out to its members. He said a few years ago it was generally believed that the Profession was overstocked, and that he would be a bold man who entered it unless backed by influential friends. A change for the better, however, had taken place arising from several causes, amongst others the demand for Medical men occasioned by the late wars, the opening up of new departments for Medical practice, and the higher estimation in which the Profession was held by the general public. With such additional opportunities and advantages he could not but believe that any gentleman thoroughly conversant with his Profession, and who would act conscientiously in his dealings with his Professional brethren, his patients and the public, need have no fear of acquiring an honourable position in society. Professor Bentley then referred to the Medical Bill

Digitized by Google

of last session of Parliament, which he considered would be of the greatest service to the Profession. He also alluded to the successful efforts of the Pharmaceutical Society in opposing the Sale of Poisons Bill, which, he said, would, if it had passed into law, either have become a dead letter or increased to an alarming extent the evils which it proposed to remedy. He approved of the clause in the Medical Bill providing for the establishment of a special department in the College of Surgeons for the examination of Surgeons who intended to practise as Dentists, believing that beneficial results would arise from it, both as regarded the body of Dentists and the public. He then congratulated the Students now entering the Profession on the enjoyment of advantages which were not possessed by Students in former years. Those advantages were the establishment of new Medical offices, the throwing open to competition others which were formerly obtained by interest, and the more lucrative fields opened to the industrious Student, whether possessing interest or not. He mentioned particularly the valuable appointments of the Medical Officers of Health, and the Medical appointments in the East Indian Service. Attempts had been made to undervalue the latter, but he could assure them that the East Indian Medical service was not only the best managed, but the most advantageous in a pecuniary point of view, that they could enter. He would, therefore, especially recommend that service to those who had no certain prospects in this country. During the last session important changes had been made in the courses of study required by the College of Surgeons and the Society of Apothecaries, the objects of which were to promote a preliminary education in classics and mathematics, and a better acquaintance with the sciences connected with medicine and surgery. These changes were most desirable, as they would gradually lead the student from the study of first principles to those of a purely professional and practical character. The examinations under the new system, both at the college and the hall, would be more severe than hitherto, so that the idle student would be no longer able to pursue a course of dissipation till within a few months of his examination, and then trust to the grinder to carry him successfully through. One change he should still like to see effected was an alteration, in point of fact an abolition, of the apprenticeship system at Apothecaries'-hall, which was but a species of servitude injurious to the young student of medicine, and wholly unsuited to the present condition of the Medical profession. (Cheers.) The professor then laid particular stress on the advantages arising to Medical students from a good preliminary education, not only as regarded Greek and Latin, but the modern languages, especially French and German, and likewise mathematics. After adverting to the facilities which were afforded to students in the hospital for acquiring a perfect knowledge of the different branches of medicine and surgery, he commented at considerable length on the benefits to be derived from a careful study of the science of botany, the teaching of which constituted the duties of the chair which he held in the medical school. He pointed out, first, its advantages as bearing directly upon the professional studies of the medical student; secondly, its importance indirectly as a training to his mind; and, thirdly, as a recreation. Having reviewed the subject under these several heads, he said he himself commenced the study of botany as a recreation and with a view to an improvement in his health, which had suffered by a too laborious application to in-door pursuits. By its study he was soon led into the fields, where he speedily regained his health, and at the same time formed associations and friendships, many of which had lasted ever since, and to which he looked back as amongst the brightest in his life. (Cheers.)

ST. BARTHOLOMEW'S HOSPITAL.

Mr. Holmes Coote delivered the Introductory Address on Monday evening. He commenced by observing that the ground on which they stood was hallowed by many historical recollections. The founder of the hospital dedicated to St. Bartholomew was one who was called a jester, and the favourite of a powerful monarch. In the later years of his life, when the blood of youth no longer circulated in his veins, and when the hand of sickness was upon him, he conceived the idea of establishing a priory to which he could himself retire, and where the offices of religion could be performed—a poor-house for the entertainment of the wayfarer and the traveller, a maternity charity for poor women seized with the pains of labour, and an orphan asylum. This munificent design Rahere lived to accomplish, but confiscation subsequently deprived the institution of many of its broad acres; a conflagration, the like of which had never visited the city before or since, raged within a stone's throw of its gates; and since that period, though many powerful dynasties had fallen, the hospital survived, a memorable instance of the imperishability of good deeds. (Applause.) After giving some further particulars with regard to the history of the hospital, Mr. Coote after discussing at some length the new regulations of the examining bodies with regard to lectures, the prize system, and holidays, mentioned the career of some gentlemen brought up at St. Bartholomew's as illustrating his position of the serious nature of the duties which might suddenly fall on any of the class, and especially spoke of Mr. John Ashton Bostock, the Surgeon-major of the Fusilier Guards, who had served with great distinction in India and the Crimea. He passed a deservedly high compliment on Mr. Alexander, the head of the Army Medical Department, and upon the Medical officers generally of the army. Mr. Coote urged those Students, who to talents of superior order united gentlemanly tastes and personal bravery, to avail themselves of the opportunity of distinction offered now in this branch of the service. The Medical Officer who discharged his duty was ever appreciated by those who had witnessed the horrors of war. Those only professed to undervalue him who were very young indeed, in the service, or knew nothing of what was before them, or were very old, having indulged a taste for a life in the London clubs. In conclusion he observed, "Yours is not a Profession which offers the temptation of either vast riches or high-sounding titles; but it bestows on you the privilege of active exercise in a mission which approaches the nearest to the injunctions of Him whose teachings we all revere; it enables you to gain the respect of every honest mind, and, in declining years, when yielding your responsibilities to young men, to enjoy such a retrospect as neither wealth can purchase nor ambition command."

Mr. Coote concluded amid the hearty acclamations of a numerous and animated auditory.

ST. MARY'S HOSPITAL.

Dr. Sibson gave the Introductory Address, and availed himself of the new regulations of the College and Hall, to urge the Student to work closely in the laboratory, the dissecting-room, and the wards, especially the Medical wards. While he is acquiring the various elementary sciences, he ought never, even from the first, to lose sight of what will be of use to him afterwards in practice. The use of the microscope in examining healthy and morbid structures and fluids has more than anything else led to the recent advances in our knowledge of disease. Surgical anatomy has had an especial influence on the improvement of Surgery, and Medical anatomy is having a similar influence on the advance of Medical Diagnosis. An exact knowledge of the relative position of the internal organs, and of the effect upon their situation of disease as well as of respiration and digestion is needful in the practice of auscultation, percussion, and the other helps to physical diagnosis. Without that knowledge the diagnosis is confused and obscure; with it, precise and clear.

The main object of the address was to induce the Student to spend the greater part of his time, during the third year especially, in the Medical wards. The present movement on the part of the Court of Examiners will, inevitably and speedily, lead to the bed-side test of the practical knowledge of the candidate. They will require him to make out and record actual cases in the wards, and give the diagnosis and treatment. Thus only can they satisfy themselves as to the fitness of the candidate to practise our profession. By far the larger proportion of cases of internal disease are simple in their nature, easy of diagnosis, and tend strongly to recovery. Such cases may be made out easily and with but little attendance in the wards. It is not so with the more important but less frequent class of cases that present difficulties

Digitized by Google

in diagnosis that are always great and sometimes insuperable. These difficulties may arise from the constant and remarkable variety presented by the same disease in different cases. This applies not only to those cases which are chiefly recognised by the general symptoms, but to those also which are made out by the physical signs, or from the complications which so frequently obscure the more important disease, which often goes overlooked when the minor ailment caused by the major is erroneously put down as the sole malady. This great source of difficulty applies with especial force to cases of physical diagnosis. Again, it is often extremely difficult to make out the stage of the disease at the time it is first seen; yet, unless this be done, a case that is of itself rapidly recovering, may be injured by ill-timed, and therefore misdirected, treatment. The last important difficulty alluded to was the remarkable number of different, often opposite diseases, in which the same symptom is the most prominent feature; thus sickness may be due to stomach affection, to injuries or diseases of the abdominal organs and lower limbs, and to the severe, often fatal affections of the brain and spinal marrow.

After urging on the Student the close study of disease in the wards, the lecturer concluded the address by impressing upon them that while the necessity for an income, the approval of others, the love of fame, the desire to do good, a strong sense of duty, and a high feeling of honour are all of them proper, some of them high motives to action, the highest incentive of all is the love of our profession; "with that as your leading motive, and the others as your incentives, your practical sense will be quickened; you will bring to bear your best faculties with continuous force upon each patient; and you will unravel and bring to a successful issue many a case that would otherwise be obscured by almost insuperable difficulties."

ST. THOMAS'S HOSPITAL.

The chair was taken by Alderman Sir J. Musgrove, Bart., and the hall was almost completely filled. The audience included a large number of ladies, for whom seats had been specially reserved.

Dr. Bristowe commenced his address by observing that the 1st of October was the new-year's-day of Medical chronology. On an occasion like this, when the prizes were distributed to those Students of the College who were about to sever their connexion with the Institution, cheered by the presence of those whom they respected, and of those whom they loved, it was fit that he should address a few words of advice to those on whose account they were met. Many of them were no doubt elated at entering upon a new career, casting off the fetters of school life, and escaping from the control of parents and teachers, which they had found irksome, less from its severity than from its necessity and wholesome discipline. In entering on that perfect freedom which had often been painted in colours so alluring and so false, they did right to look forward; but ere they plunged into the future they should reflect on the events of their boyhood—a period which was by no means unimportant, and the experience of which was not to be despised. Let them not forget what they had acquired; it had been laboriously learned, and might be easily retained, but it was sometimes forgotten. Let them not lightly cast it away. He cautioned his young hearers against unsuitable companions. He did not mean positively bad and profligate companions. They would not find many such in that Institution, nor were they likely to fall into traps baited with carrion. But he would caution them against the gay and thoughtless, who were apt to think it rather manly than otherwise to neglect the studies and the duties upon which they ought to be intent, and who, without positively bad intentions, would lead them into negligence and frivolity. In other respects, too, companions not otherwise objectionable might be unsuitable. Those who had larger means might lead others into a habit of indulging in pleasures harmless in themselves, but too costly for those who ought not to squander the small means intrusted to them by needy friends. In respect to the course of studies they should pursue, there was some difficulty in choosing a course intermediate between that of giving the general advice to work industriously and steadily, and that of entering into minute details. The former would be enough for most of them if rightly carried out; and the courses which individual students might pursue, according to their several cases, were so various, that minute directions would, in many cases, be found but a useless encumbrance. He recommended them, however, to avail themselves equally of the three modes of instruction which the Hospital afforded, viz. lectures, reading, and the experience to be gained in the wards and other practical departments. He advised them to acquire experience and become practical men, but warned them against the vulgar misrepresentations of these terms. He cautioned them against reading too many authors. It was better to study one book well than to turn over the leaves of many. He applied a similar observation to practical experience. A slight observation of many facts was of little value; they should rather strive to study closely what they saw in one particular department than to extend their observations over a wide field. After some further observations to a similar effect, he addressed a few words of advice to those who had worked for the prizes unsuccessfully, and also to those who had gained them. He concluded with an eloquent and impressive dissertation on the various motives, or rather the combination of motives, which should influence, first the selection, and afterwards the pursuit, of the Medical Profession. The lecturer was warmly applauded at the close of his address.

After the address the Chairman proceeded to distribute the prizes.

UNIVERSITY COLLEGE HOSPITAL.

Dr. Walshe delivered the Introductory Address at this Institution. The lecture was remarkable for deep thought, and brilliant passages not often heard on such occasions. We shall print this lecture entire next week.

WESTMINSTER HOSPITAL.

Dr. Frederick Bird delivered the Inaugural Address. After some introductory observations he said—"And now permit me, on the threshold of your studies, before a step be taken, to urge you to remember, now and hereafter, the greatness of the object that has brought you here, and let me then tell you how that object is alone to be attained, and your after lives rendered fruitful sources of happiness and welfare to others and yourselves. In becoming to-day learners in a calling which has for its aim the alleviation of human suffering, your mission will hereafter be a noble but an anxious one, for there is not in society a more important position than that of the Medical attendant at the bedside of disease. So great, in truth, is the responsibility, that able and conscientious men have often shrunk from the charge which obscure but acute disease has thrust upon them, and have retired from the list of those whose daily duty it is to hold, so far as God permits, the dread balance of life and death. Even to the well-taught son of science it is ever an anxious duty; for that cannot be thought a light office which calls us to minister to the greatest exigencies of human life; to cheer the soul under the acute sufferings of maternity, and alleviate the decay of nature; to watch over the glimmering dawn and the closing twilight of existence; to stand beside the mother whose sobs are hushed that the departure of her first-born may be undisturbed, and be comforters at the bedside of the reverend minister of holy truth, whose piety softens on his brow the lines of mortal agony. From the far distant time when the old man of Cos wrote for all ages his wondrous Divine aphorisms, to that recent year which gave to humanity the priceless discovery of Laennec, the mind passes in grateful recollection over names, which in all times and countries have claimed gratitude in life and reverence in death. It recognises in that not only great men, whose lives were associated with the study of medicine, surgery, or anatomy, but includes in its retrospect those who have strayed into the pleasant fields of philosophy and literature, and have bequeathed to posterity names which time will not destroy—Harvey, the deathless discoverer of the circulation of the blood, Sydenham, Haller, the great and good; Locke, whose name shames comment; the Hunters, Akenside, Walcot, and the gentle Goldsmith. It recognises men of great Medical attainments, who in the dark hours of public necessity have given up their lives for their country's welfare. These memorials are fragrant flowers in the picture of the past—

Digitized by Google

sweet notes of that music of the heart which never falls in richer cadence than when man brings his unbribed help to aid his fellowman in the burden of his sorrows. Nor are such loved sounds without their echo in our own day. Witness the devotion of the whole Profession when the plague of our time was rife, and when closed houses and deserted streets told of the pestilence that—

" 'Terrible marches thro' the mid-day air,
And scatters death.'

Then without thought of fee or reward—often, too, without hope of escape from the ravages of the disease they sought to combat—they remained faithful to their high trust till the hand of desolation was stayed. Not least, nor rarely represented in the list of heroes on whose breasts the modern recognition of valour, the Victoria Cross, reposes, and whose names will hereafter blazon the pages of their country's history, are many members of our great Profession, who have gained their honours, not only in the active exercise of their appointed duties, but often when combining with it the functions of the soldier. Rich as the Medical Profession has always been in works of philanthropy and love, there has probably never been a period in which greater devotion and kindness has been given to the afflicted poor. Could the acts of public charity and private aid rendered by medical Practitioners to their suffering fellow-creatures be estimated, it would outweigh all other practical charity. There is no ostentation in all this—the public Medical officer who gives his aid to the sick or wounded man brings for the relief of the sufferer all his laboriously and often dangerously obtained knowledge—he regards no anxiety as too great—no exertion too much, even although it lessen his own health, if he can save the life committed to his care. In the private exercise of his calling the conditions are scarcely dissimilar, for inadequate indeed is the honorarium of the Physician or fee of the Surgeon compared with the benefit often conferred. Days and nights of intense anxiety are often passed in the watching of some almost hope-destroying malady; and when he has been permitted to save the life, it may be of the scion of some great house, his intrinsic reward rarely exceeds that which would hire an opera box or purchase a court suit. Supported by an approving conscience, sustained by a mind tutored by the education it has received, he sees a higher recompense than any fees can give him in the honest fulfilment of a sacred office, and is content with the reward." After making some practical remarks on the order of clinical study, Dr. Bird said:—"There is so much that is great and good in your calling, so much that is rich in encouragement, such promise of abiding reward, that you may well bear with the injury and neglect which the Practitioner of Medicine, as of other professions, sometimes meets. Quackery on the one hand, and the tardy recognition of great Medical service by the State on the other, must sometimes awaken unwelcome feelings in the breasts of the good and deserving; but quackery must exist until ignorance and credulity are expunged from the category of human frailties—it is their natural food, and will never want dishonourable purveyors. There has been no age, and there probably never will be one, unmarked by the prevalence of some form of Medical charlatanism. It is not more rife now than in days of yore, although it may be said that one phase of it has been more strongly supported by fashion than others." The lecturer concluded as follows:—"In the days of your Student-life let these good feelings be earnestly cultivated, and they will become inseparable from you—knit up with every step of your education, you will maintain them through life, and, with them, the honour and usefulness of your profession. While here, let your conduct be marked by respect for your seniors—for each other, and for that vast gathering of misfortune, which, out of its accumulated misery affords you the means of knowledge. Many years ago, when the pupil of my revered friend Sir Anthony Carlisle, he encountered in the wards a coronetted simpleton, who sauntered through them uncovered. 'Take off your hat, my lord,' said Sir Anthony, 'not out of respect to me, but for the afflicted occupants of these beds, whose misfortunes raise them above your nobility.' When in the necessary brevity of clinical language you speak of this or that case, I would pray you to remember that the definition of the word involves a fellow-creature who, wounded by sorrow's shaft, comes in anguish and in sickness to beg the aid of your teachers, and at the same time give knowledge to yourselves—in simple gratitude you will treat their afflictions with respect. Such thought encouraged now will develope in you that love of Christian charity and human sympathy which alone can confer happiness to yourselves and effect the fulfilment of your great trust. In the exercise of that power which your professor will give you, lives will be daily dependent upon the knowledge you may here obtain; wounded spirits will come to you for comfort, the secrets of an erring life often confided to you, and the means of much good and much evil placed in your hands. It is no part of your prescribed duty to trespass upon the sacred function of the minister of revealed religion, but you will often receive far greater confidence than he may claim. Use it aright. Remembering always the words of our great Sydenham, that you must one day give an account to the Supreme Judge of the lives committed to your care, and that whatever skill or knowledge, under Divine blessing, you may acquire must primarily be given to advance the glory of God and the welfare of mankind; and thus, despite your cares, anxieties, and disappointments, your thoughts, like the waters of the sea, when exhaled towards heaven, will lose their bitterness, and sweeten into an amiable humanity until they descend in graceful showers of love and kindness upon our fellowmen." —(Cheers.)

ORIGINAL COMMUNICATIONS.

THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.
Consulting Physician to the Hanwell Asylum.

No. 11.—Religious Melancholia.

No familiarity with cases of Religious Melancholia renders the observer indifferent to the intense expression of mental suffering by which they are characterised. An affliction is portrayed in the face and attitude so profound, and so incapable of relief or consolation, as to communicate an unavoidable sadness even to those who know that the affliction is not the result of real calamity, but of a mere morbid condition of the nervous system, which, terrible as it appears, and terrible as it really is to the patient, is generally only temporary. The feelings of a good chaplain to an asylum are greatly tried by cases of this kind; his most anxious efforts appearing to be long unavailing. For although the melancholic patients (generally women) can attend to and even appreciate his spiritual encouragements, they consider them as inapplicable to their own particular case. A patient admits that for others there may be hope; but for her, she asserts, and most truly believes, there is none. Others may be forgiven; but her faults are unpardonable. She accuses herself of unworthiness and impurity, although ever vaguely; and her ideas are but obscurely associated in the mind of the pathologist with possible physical instincts presenting to the morbid and defenceless mind suggestions that seem crimes.

The intense misery of this state was impressed upon me early in my professional life, by attendance on a lady, first in a long attack of melancholy, and afterward in a malady involving what appeared to be neuralgic pain in the dorsal spine: the bodily agony of this supervening malady was extreme, and might be said to be eventually fatal; but in the intervals of comparative relief, the mind was found to have become even cheerful, and the smile of former days reappeared in the countenance; her frequent remark being, that great as her bodily pain was, it was not to be compared with the horrible anguish she had endured when in a state of mental depression.

It seems most strange that the folly, as well as the cruelty, of aggravating these sufferings, perhaps the greatest of which human nature is capable, should not always be considered by those who presume to deal with the pangs of the conscience. But assuredly they sometimes forget the distinction between natural remorse and disease; and underweigh the dreadful sense of the disordered in mind, of being utterly abandoned by the Almighty. The frequent production of morbid melancholy, and its aggravation by frantic preachers, alluded to in the conclusion of the preceding paper (No. 10, August 28), were perhaps alluded to while yet under the influence of recent

Digitized by Google

impressions, not by any means of a nature soon to fade, and then recently made in the Scottish capital. The excitement of the morning meetings connected with our Medical association, and the closing hospitalities of our cordial brethren in Edinburgh, day after day for about a week, had produced in many of those attending the meetings from the less fervid towns and provinces of England, something approaching to exhaustion. Their intellects had been worthily exercised on great subjects, rather in rapid succession; and the recollections of an interesting city and its neighbourhood, and the renewals of old friendships, and the revivals of many memories of days when both heart and mind were younger, had kept the senses, the feelings, and the intellect in a kind of unintermitting activity. The emotional condition produced by these influences was in many instances observable by those who habitually regard the fine and mingled effects of all the agencies acting on the "knot intrinsicate of life." Never, perhaps, did a Scottish Sunday morning, with its audible silence, appear so welcome, or so salutary. Not a sound of lingering week-day traffic disturbed the spacious street; not a wheel; not a cry, even of newspaper agents. The very air seemed still, and created a kind of Sabbath of the soul, in which every worthier, and better, and holier thought, suggested in our late scientific assemblies, prevailed over all meaner things. But some of our friends sacrificed this welcome repose, not wisely, but yet not unpardonably, to the attraction of the several eminent preachers in Edinburgh, who are distinguished by the stirring and peculiar energies seemingly more desiderated by the Scottish mind than by the calmer temperaments south of the Tweed. The discourses they listened to were far more remarkable for vehemence than for their adaptation to man's necessities. Preachers of great ability, perhaps it may be said, of genius, who might have harangued wild audiences amid rocks, and hills, and antres vast, denounced, with impassioned force, the chief enemy of man; this enemy being not avarice, not worldly ambition, not beauty, not even the devil, but the whisky-bottle; or, in other instances, as if sword in hand, defied and seemed to pursue or to confront, and triumphantly to slay all the passions, one by one. After a whole course of such sermons, one can scarcely imagine any soul to be really improved or instructed. Terror, remorse, and all the horrors of melancholia may be produced; but the Diviner emotions, one would fear, and the profound impressions which conduce to the regulation of life, and the ever comforting contemplation of a Creator who loves his creatures, must be lost in the whirlwind and the storm.

The apparent presumption of meddling with these high things must be pardoned in those who, almost daily, meet with the results of fanatical excesses, and know too well both their commonness and their mournful consequences. Ministers of religion who have intercourse with the insane have a most delicate office to perform, often discouraging, but not unfrequently cheering and eminently blessed. It is only just to say that the chaplains of our public asylums, judging from their reports, appear to be generally distinguished by discretion as well as by piety. When either of these qualities is wanting, the consequences are most unfortunate. In one example only has it been my misfortune to meet with an instance in which a clergyman, opposed to the abolition of mechanical restraints, was so imprudent or so unfeeling as to intemperse his discourses with figures of cords and chains, and to appear gratified by the terror evidently thus excited in the melancholic patients, who left the chapel in paroxysms of agitation, assured that if chains were abolished in this world they would find them constantly employed in the next.

Looking largely at the subject of Melancholia, and even at cases of religious melancholy, it would be uncandid to conceal that there are many examples of this form of depression for which the clergy, whether tranquil as Him who taught on the seashore standing on a ship, or impassioned and far less divinely composed, are in no way accountable. Conditions of the brain and nerves of which we possess no accurate knowledge, sometimes inherited, sometimes following too much excitement, mental or bodily, sometimes apparently associated with morbid conditions of the stomach and liver, and in very many cases with uterine disorder, modify all impressions made on the senses and affections in such a way as to render them all sources of pain, or at least of discomfort. Patients who present this peculiarity have certainly for the most part the external signs of the melancholic temperament; a dusky and partially flushed complexion, tinged now and then with yellow; the head well formed anteriorly; the forehead broad, but usually deficient in height; the vertex often high, and the occipital region broad and bulging; the expression of the face gloomy, and strongly contrasted with the occasional smiles evoked from time to time by cheerful friends, as if without the will of the despairing patients themselves. Over-exertion of mind brings on this melancholy state in men of great mental power, and leads often to a wish for death, and to meditations for effecting it. By perfect mental rest they recover. The same over-tasking of the brain, although more by domestic responsibilities than intellectual exertions, leads, in women of highly conscientious feelings, to the same depression. In all these cases the tendency to self-destruction is commonly observable.

The Plate accompanying the present number, and for which I am indebted to Dr. Hood, is a portrait of a patient whose melancholy had precisely the origin just spoken of; and, after a time, the depression was recovered from, and the patient returned to useful life once more. Unfortunately, the temperament which seems most open to impressions of pain and discouragement when exposed to the common chances and occupations of life was in this case exemplified by previous attacks, on three occasions, although the patient was but twenty-three years of age. Great mental anxiety, incidental to a responsible charge undertaken by her, had been the apparent cause of each attack. In each attack, loss of appetite, and a great sadness of countenance were the precursory symptoms observed by her friends. Entire refusal of food was the next step; and by day and night the afflicted woman wandered up and down her room, moaning and lamenting her lot. The restlessness for a time went on increasing, and a disposition to injure herself arose, requiring much protective vigilance from those about her. When it became necessary to remove her to the asylum her face was disfigured by self-inflicted scratches and scars, not represented in the engraving. The eyebrows are seen drawn into puckers expressive of inward suffering; and the upper eyelids droop over the downcast eyes. Beneath the lower eyelids there are furrows, seemingly the furrows of tears: and images of sorrow surely exist within the dreamy gloom of that preoccupied vision. There is a sorrow expressed, not of sinful memories, but of fatal cares that cannot be resisted. The patient is still young; the angles of the mouth are not yet drawn rigidly down, as commonly seen in older cases, but there are depressions near them which foretel what will be, and there are very deep lines descending from above the ala of the nose, premature lines of a later physiognomy. The lower lip is depressed by the prevalent sorrowful thoughts; and the body and head droop in opposite directions. But there is a great, and perhaps unavoidable, omission in this engraving, which could scarcely be in the original photograph; for it is surely meant in the first of the two portraits to show that the patient was sitting down, and those amputated fore-arms should have ended in clenched hands. So fixed, or with the arms raised, and the hands closely clasped on the breast, there are photographs in the memory of all officers of asylums, representing patients, some now recovered and some dead, who sate in the same attitude by the walls of rooms or of airing courts, from morn to dewy eve, for years. Upon the whole, there is in this portrait an expression of intense distress, concentrated, inward, reflecting, but with no tendency to violent demonstration. When intelligent foreign Physicians visit our asylums, after passing through the wards we still distinguish as refractory, they sometimes ask, "But where are the furious?" The furious are so few in number, and their paroxysms are so transient when force is not opposed to fury, that the foreign visitor doubts our good faith; and, recollecting the insinuations of those very much overpraised sisters who affect to be the nurses in the wards of the continental asylums, leave our noble institutions with uneasy doubts as to rooms of seclusion not avowed, and cellars and dungeons not disclosed.

Yet, although there is a quiet misery only expressed in the first of these two portraits, there is a very appreciable difference between the first portrait and the second. Whether the seasons influence the mind is a question which, though long since settled by the vulgar, is considered by some philosophers as one which merely encourages the fumes of a vain imagination. In this case, however, the cold and variable season of spring passed away and no change took place in the

Digitized by Google

patient's doleful mind; and when June came with its genial sunshine, her watchful and kind Physician perceived a return of brightness and activity in his poor patient. Her melancholy thoughts, fixed only on self, disappeared; her mild and amiable character again shone forth; she gratefully acknowledged that her own heart was freed from the pressure of care, and it became her pleasure to console others whose bosoms were still clogged with perilous stuff, and to comfort those still labouring under sadness. Such are among the twice blessed effects of the modern system of treatment of the insane; by which the most terrible departures from health and composure are met, and frightful evils repaired; but the temple, not destroyed, appears after the tyranny even of madness is overpassed, untouched and pure as it came from the great Builder's hands.

The second portrait, taken during this happy convalescence, was doubtless taken while the patient was standing up; which would have been better shown if anything in the first had made the sitting posture manifest. As it is, the patient seems to have grown taller, and the altered position of the head makes the forehead seem higher. The happier mental state is still well shown in the general composure of the face; and, although the meditative and conscientious character is quite readable, the acute distress is evidently gone: the eyebrows have lost their wavy or puckered character, and are gently arched, without excess: the eyes, clear and well opened, the diminished depth of the diverging lines from above the alæ nasi, and the calm character of the well-formed lips, are all distinguishable. In the figure there is no longer the drooping of despondency; and in the dress there are marks of greater care than was consistent with the hopeless state now recovered from.

A consideration of the temperament of this patient, and of the previous attacks, cannot but create an apprehension of returns of her unhappy malady; and although in such recurrent affliction patients will return voluntarily to the asylums where they experienced kindness, and where they recovered, there is something dreadful in the prospect of such relapses; and their prevention in every such case should occupy the most serious attention, if any opportunity is given to a Medical Practitioner of seeing the patient occasionally. When, as most frequently happens in women, the recurrent melancholy is preceded by detectible bodily disorder, this will, of course, seldom be neglected; and in aid of his detective power the modification of the patient's facial appearance may materially assist him. So great a number of melancholic women are affected with religious melancholy that it well deserves consideration how practicable it might be to diffuse among young women a more rational piety than they now seem in general to possess; whether a more diversified reading might not be reconciled to their taste; whether they might not learn to derive pleasure with knowledge by having their observation directed to natural theology, so as to take larger and better, and it is to be hoped truer, views of the Creator than those which now dispose them to distrust, to fear, to despair, and to madness.

In the meantime, it is consolatory to know that in this country religious despair is not, on the one hand, hailed as a virtue opening a direct path to heaven, and therefore encouraged; nor, on the other, looked upon as an indication of Satanic possession, and neglected or scorned. All visitors of old asylums remember the solitary beings now and then pointed out to them as melancholy and suicidal; their pale and saddened faces, their slow step, their imprisoned hands, their dark unhappy eyes, indicative of suspicion and dread; and how these desolate figures were turned away from in gloomy courts or still gloomier galleries. Many a wretch thus treated sank deeper and deeper into mental woe, and found relief in death alone. Let us rejoice in the knowledge that these things have been reformed; that the confidence of the most distrustful and desponding is so often seen to be gained by persevering and unvarying kindness, and that in many a case which would formerly have been hopeless, the countenance of cheerfulness returns, happy thoughts revive, and worldly duties are successfully and thankfully resumed.

It is humiliating to observe the ignorance of the public concerning all subjects of this kind; which might be, however, excused, if the presumption of the teachers of the public, who dictate daily columns in our papers, were not as conspicuous as their total want of recent and exact information respecting our asylums. Declamatory articles appear in the newspapers, and are read by a credulous public, which might have been justifiable sixty or even thirty years since, but are now founded on no general facts. Mischief is of easy achievement, and one result, among many bad results, of the suspicions now diffused, will be the incarceration of recent melancholic cases in lonely chambers, the patients being deprived of companions, of exercise, of fresh air, of the sight of fields or gardens, and of all mental and physical auxiliaries for the regaining of health. In such circumstances, recovery will be impeded, and a fatal termination rendered far more frequent. Imagine a patient so situated; her residence a room in the least sunshiny part of the house; her attendant a frightened servant, or, it may be, a nurse borrowed from some asylum where firm and decided nurses are ever ready for hire; no occupation, no feminine work, no reading, no writing, no music, no interchange of thoughts with cultivated minds; not even other sufferers whose sorrows the recovering patient, like the one now represented in the illustration, can try to alleviate. Another serious evil is already in operation; patients who have become tranquil in asylums, but in whom relapses are sure to recur, being set at large, to the great dismay and discomfort of their families.

CASES OF EMPYEMA OPENING THROUGH THE LUNGS.

By THOMAS B. PEACOCK, M.D. F.R.C.P.

Assistant-Physician to St. Thomas's Hospital, and Physician to the Victoria Park Hospital for Diseases of the Chest.

(Concluded from page 342.)

Case 3.—Charles Fernney, aged 25, a waiter, was admitted under my care into the Victoria-park Hospital for Diseases of the Chest, on the 10th of December, 1855. He then stated that he had been subject to a winter cough for four years, and had once spat some streaks of blood two years before. With these exceptions, however, he had enjoyed good health till his present illness, which commenced two months before his admission. He had lost a brother by consumption, but his father and mother were living; he was pale, delicate looking, and had a phthisical aspect. His illness commenced with cough, followed by pain in the left side, and difficulty of breathing. When admitted he complained of having a severe cough, with which he expectorated a small quantity of frothy mucus. The respirations were 28 in the minute; the pulse 96, and feeble; he weighed 9 st. 7 lbs.; and was 5 ft. 5 in. in height. On examining the chest, the left side was found to move less freely than the right; the resonance on percussion was impaired over the whole side, and was entirely dull low down; the respiratory sounds were feebly audible at the upper part, and were entirely abolished below, and there was a slight pleural subcrepitant sound heard. While under treatment the left side of the chest gradually contracted; he had attacks of violent cough at intervals of twelve hours to a day, and then expectorated purulent matter in quantities varying from half a pint to a pint. On the 3rd of January, 1856, when examined, the physical signs continued as before, except that there was a somewhat tympanitic resonance on percussion at the third and fourth left cartilages and ribs; the purulent expectoration continued to recur with the fits of coughing every day, or at intervals of two or three days.

On the 5th of February, the left side of the chest was undergoing contraction; the shoulder was tilted up, and the stomach extended to a high level in the chest; that side was smaller and less movable than the right; there was no evidence of any air in the pleura. He expectorated the matter generally every day; and though he had lost flesh since his admission, and weighed only 9 st. 2 lbs., and was still weak, he felt better. He could lie on the left side; but by so doing the expectoration was immediately brought on.

March 5.—His condition was generally improved, and he had gained flesh and strength, and weighed 9 st. 13 lbs., or 6 lbs. more than at the time of his admission three months before. The left side of the chest moved more freely with the respiratory acts, but there was still entire dulness on percussion in the lower dorsal and middle and lower lateral regions; the chest was more resonant beneath the clavicle. Respiration was freely audible over the whole of the left side,

Digitized by Google

except in the lower lateral region. The pleural crepitation was less distinct. He had not had an attack of the cough and expectoration since the 28th of February, and he scarcely expectorated in the intervals. With the expectoration there were occasionally streaks of blood. He took his food well. The bowels were regular; his voice was husky, and there was some falling in beneath the right clavicle, with a feeble inspiratory and prolonged expiratory sound.

March 14.—There is obvious flattening of the left side, and it moves less freely than the right. It is altogether less resonant than the opposite side, but the resonance on the whole is improved, and the entire dulness is limited to the lower anterior, lateral, and posterior regions. The vocal thrill is feebly felt in the left subclavicular region, and is scarcely to be detected elsewhere on that side. Respiration is more distinctly audible on the left side than before; but it is attended with subcrepitant and stretching sounds in the inferior parts of the chest. His general appearance is much improved; he has but little cough; pulse 90; bowels regular; appetite good. He has twice had slight hæmoptysis—not amounting to more than about a teaspoonful each time; the blood was expectorated without any cough.

April 3.—The left side of the chest is less in size than the right, and moves less freely, and the contraction is the most obvious in the lateral region. At the upper part both before and behind, the left side is somewhat less resonant on percussion, and the defect becomes much more marked in the lower anterior, lateral, and dorsal regions. On auscultation the respiration is defective over the whole of the left side, and it becomes more imperfect towards the inferior parts of the chest, and in the lower lateral regions is replaced by a slight pleural subcrepitant sound. The right lung extends somewhat further to the left than usual, as indicated by the clearer resonance on percussion, and the stomachal sound is also heard at a higher level than natural. Between the second and third right cartilage there is an obvious depression, and over this space there is a loud resonance with the cough. There is no marked cough resonance at either apex. He has greatly improved, and now weighs 10·1½, or 8½lbs. more than at the time of his admission four months ago. He has but slight cough, and this only in the morning. The peculiar fits of coughing and expectoration have entirely ceased. The only sputum which he has is in the morning, and it is marked by the usual dark spots, and occasionally slightly streaked with blood. The pulse is 74, and of fair volume. He takes his food well; his digestion is good, and the bowels act naturally, though they are somewhat torpid.

He was discharged cured on April 4, 1856. While in the Hospital he at first took small doses of hydrarg. c. cretâ with iodide of potassium, and subsequently tonics, the cod-liver oil and cinchona, with anodynes to relieve the cough.

Case 4.—John Warner, aged 30, a moulder in a brickfield, admitted into the Royal Free Hospital, under my care when Physician to that Hospital, on the 2nd of August, 1849. He stated at the time of his admission that he had been seized while walking in the street with pain in the left side and palpitation of the heart in the previous February. These symptoms were followed by difficulty of breathing and pain between the shoulders, but without cough or expectoration. He then consulted a Medical man, but his chest was not examined. He continued his work for two months, and in the middle of May had pain in the right side and could not continue his work: he was after that under treatment at the Islington Dispensary.

August 8.—He now complains of cough, and expectorates a large quantity of thick, opaque, yellowish white pus, forming a diffluent mass, and containing very little air, and that only in large globules. He has never spat blood, and had scarcely any expectoration, and not much cough till August 6, when after a severe fit of coughing of fully an hour's duration, he began to expectorate large quantities of matter. In little more than twelve hours he expectorated nearly a pint. When seen on the 7th he complained of severe pain in the left side, and breathed rapidly and with great difficulty. He was still expectorating the matter; the tongue was furred and white; the pulse rapid and vibratory; there were evidences of a large accumulation of fluid on the left side of the chest. He was directed to be cupped on the left side to 8 oz.; to have a blister applied, and to take 2 grains of calomel and ½ a grain of opium twice daily, and the saline antimonial mixture every three hours.

The pain in the left side and difficulty of breathing are relieved; he expectorates less, has less cough, and feels altogether better. He, however, slept but little last night; the pulse is rapid; the tongue white and dryish. The chest is fairly resonant on percussion on the right side, and respiration is there full and clear. On the left side the resonance on percussion is impaired above, and is entirely dull below the level of the third rib. There is a marked antero-posterior curvature of the spine, which causes both sides of the chest to project laterally; but the left side is fuller than the right. The respiratory sounds are audible above on the left side, and are attended with subcrepitation; but below them is an entire absence of respiration, both before and behind: near the spine subcrepitation is also heard on the left side, and there is a souffle with the cough. There is no material cough or vocal resonance under the left clavicle; but the respiration is there only feebly audible. He was directed to continue the calomel and opium, and the saline mixture.

On the 9th he was much relieved; the calomel and opium were directed to be taken only once daily.

11th.—The gums are becoming spongy, and he complains of pain in the abdomen with purging. The cough is more troublesome, and the sputum is very spumous. The left side of the chest is still dull on percussion; but respiration is audible over a wider space, though still attended by subcrepitation; at the back it is attended with an almost metallic whistle. The calomel and opium were discontinued; he was subsequently treated with tonics and stimulants, and on the 15th he was removed by his friends, being then much relieved.

Remarks.—It will be seen that in two of the cases which have been related there was no proof that any air entered the pleural cavity; in the third some air existed over a limited space and for a short time; and in the fourth there were distinct signs of air in the pleural sac; but in none of the cases were there evidences of any considerable amount of pneumothorax. Are we, therefore, warranted in concluding that in the two cases referred to communications existed between the pleural cavity and the bronchial tubes? This question I should answer in the affirmative, believing that in all the cases the matter expectorated was derived directly from the pleural sac by communication with the bronchi. The absence of the signs of air in the pleura is probably of little importance, as indicating the non-existence of a communication between the sac and the lungs. If the accumulation of fluid in the pleura be large, the communication between the cavity and the bronchi in most cases soon becomes free, and the air readily finds access into the pleura; but when the accumulation is less or the aperture of communication is oblique, the fluid may readily escape from the pleural sac while the air may be prevented entering into it, and this result would be assisted by the greater power of the expiratory than of the inspiratory act. In a patient under my care at St. Thomas's Hospital, matter was repeatedly expectorated from a distended pleura, and the situation of the opening from the cavity into the lung was very obvious after death; yet no air entered the pleural cavity, except a small quantity which gained entrance from without by the trochar. The signs of broncho-pulmonary fistulæ are generally too characteristic to be mistaken, though in some instances those of cirrhosis of the lung are very similar; but the absence of such signs by no means proves that no communication exists between the cavity of the pleura and the bronchi. When the air does not enter into the pleura, but the patient expectorates matter which may or may not be derived directly from the pleural cavity, we must be guided in the opinion which we form as to the source from which it proceeds by its peculiar character and the mode in which it is expectorated. The matter expectorated from the pleural cavity is more or less markedly purulent; it consists of an opaque and thick pus of a greenish yellow colour, and faint or decidedly offensive odour, and generally with an unpleasant taste. At first it is brought up in a large quantity at a time and in a diffluent homogeneous mass, containing little or no air, and that in the form of large globules: subsequently, it is generally raised in smaller quantities, which, when expectorated into a vessel, form nummular masses, less completely free from air, and surrounded by ordinary glairy mucus. There is, however, nothing in the sputum itself which can be considered quite conclusive as to the source from which it is derived; its purulent character and airlessness being more or less met with in other forms of pulmonary or bronchial disease; but

Digitized by Google

these characteristics taken in connexion with the peculiar mode in which the matter is brought up, are quite pathognomonic. When a communication is established between the pleural cavity and the bronchi the patient is usually suddenly seized with cough, which, after continuing for a longer or shorter time with great violence and without being attended by any material expectoration, is suddenly accompanied by a gush of matter which almost occasions suffocation. As the matter is brought up the cough subsides, and the patient, although often greatly exhausted, becomes easier and breathes more freely, and the expectoration ceases. These attacks occur at first at longer intervals, as once in two or three days, and then become more frequent. I believe that when with symptoms of this kind there are decided evidences of a pleuritic effusion, we may always safely infer that a communication exists between the pleura and bronchi.

A second question which arises in reference to the cases related is, whether it is desirable in such instances to have recourse to the operation of puncturing the chest, so as to afford a readier outlet for the contained matter, or, on the contrary, to leave them to the efforts of nature.

It has been contended that in all cases where communications exist between the pleura and the bronchial tubes, more or less air must necessarily enter the cavity. It has also been thought that the great objection to the performance of paracentesis is the liability to the entrance of air into the pleura. It has therefore been contended that in cases where there are communications between the pleura and bronchi, the evil to be guarded against already exists, and there is no objection to the immediate performance of the operation.

I have, however, already endeavoured to show that this opinion is most probably not correct, and consequently that the inference drawn from it cannot be maintained. The question of the desirableness of practising paracentesis in cases of pleuritic effusion opening through the lungs, must therefore be decided on other grounds.

The cases related constitute four out of ten of a similar character which have been under my care during the last few years. Of the four recent cases, three entirely recovered, and the fourth probably terminated favourably, though it was lost sight of at too early a period for the result to be positively stated. Of the other six cases, one was still surviving when last heard of; another probably proved fatal, though the precise history is not known; and in the other four the patients died. Of these, in one the chest was punctured three times with temporary advantage, but a fistulous opening was established, probably from the trochar being twice introduced in the same place, and death ensued from exhaustion. The cases which proved fatal were all of them instances of very chronic or latent pleurisy occurring in strumous habits; and the result would probably not have been more favourable in any of them had paracentesis been practised. The three cases which recovered were instances of acute or sub-acute pleurisy in persons of tolerably healthy constitution.

The desirableness of operation in cases of pleuritic effusions opening through the lungs must, I conceive, be decided by the same reasons which would guide us in the employment of paracentesis in other cases of pleuritic effusion. In the more acute cases, where there is evidence of a large accumulation of fluid in the pleura, when the quantity evacuated by the bronchi is not considerable, and the difficulty of breathing is so urgent as to threaten immediate suffocation, I should have recourse to the operation without delay; when, on the contrary, the accumulation is apparently not large, and especially when it occupies a limited space, and when the quantity evacuated by bronchi is considerable and the dyspnœa is not very urgent, the case may be left to the efforts of nature, and the treatment be confined to the employment of means to assist the expectoration and support the strength of the patient. In the more chronic cases I should also not be disposed to have recourse to operation till after the effects of treatment had been fairly tried; for in the most latent and chronic cases of pleurisy, in strumous persons, the effusions often undergo absorption very readily under the ordinary means. If, however, after several days' trial, the fluid does not materially diminish and the patient's strength be giving way, paracentesis may be practised. These remarks must not be understood to refer to those cases which occasionally occur, in which there is not only a communication between the pleural cavity and bronchi, but also a tendency for the matter to make its way externally. In such instances I should not hesitate at once to puncture the external tumour, and so afford a ready outlet for the matter in the chest. Cases of this kind generally do well under such treatment, as evidenced by a case in St. Thomas's Hospital under Dr. Barker, during the course of last year.

SPINA BIFIDA
SUCCESSFULLY TREATED BY LIGATURE AND PUNCTURE.

By J. G. WILSON, M.D.
Fellow of the Faculty of Physicians and Surgeons, Physician to the Glasgow Lying-in Hospital and Dispensary, etc.

The following case of spina bifida occurred in the practice of my late father, the report of which, although not so full or minute as might have been desired, is extracted from his case book:—

"About the middle of July last [year not stated] a male infant was brought to me a few days after birth with spina bifida over the lumbar region. The tumour was about the size of a small orange, and rose by a neck nearly an inch in diameter from the middle of the lumbar vertebra. It was distinctly fluctuating, irregular, and nodulated on the surface, and covered by thin, delicate, and transparent membrane. The child appeared to suffer much pain and uneasiness when pressure was applied to the tumour, and required to be constantly laid on its sides or abdomen. The power of voluntary motion in the lower limbs was little if at all impaired.

"What I considered a favourable circumstance in this case was, that the pedicle or neck of the tumour was covered with the ordinary integument; and this led me to attempt its removal by ligature after consulting with some of my Medical friends. A ligature was applied not very tightly at first, and a new one put on every day. The tumour enlarged considerably, and it was frequently punctured with a fine needle. A large quantity of clear serous fluid exuded from the punctures, and it was not till the fourteenth day after the first application of the ligature that the sac began to shrink and shrivel up. The membranous covering became reddish, and ultimately black, and came away on the eighteenth day after application of the first ligature, leaving a raw tender surface about quarter of an inch in extent. This small sore, by the use of simple water-dressing, combined with pressure, gradually healed, and a firm cicatrix was formed in the space of three weeks. Before the closure of this sore a slight fissure or defect in the spinal canal through which the tumour protruded was distinctly felt. The infant enjoyed excellent health during the whole time. It complained a little each time the ligature was tightened, and appeared, on the whole, less troublesome than formerly. The child was brought to me three months afterwards for vaccination, and was in a healthy, thriving condition, with the back perfectly sound."

Glasgow, September, 1858.

CASE OF SPINA BIFIDA.

By JOHN M'OSCAR, M.D.

I delivered Mrs. J., July 20, 1855, of a plump male child. There was a tumour the size of an orange over the first three lumbar vertebræ, composed chiefly of the spinal membranes, which blended gradually with the sound skin. The tumour was shiny and transparent. A slightly concave Indian-rubber air pad, with an inflating nozzle to regulate its dimensions, was applied, and bound down by a strap bandage over the body. The tumour increased rapidly in size, which no regulated amount of pressure could subdue. At the end of a fortnight it was punctured, and about ʒiv. of spinal fluid drawn off. The pad was again applied; but on the following day it regained its previous size. At the end of another week it was again punctured, and about ʒvj. of fluid removed. No permanent good resulted; the tumour went on to increase for three weeks, when the child died, having lived six weeks in nearly constant pain and whining, which large doses of opium often failed to relieve. The limbs throughout retained their motor power, but sensation was diminished. No convulsions supervened until just before death. No post-mortem.

4, Tyler-street, Regent-street.

Digitized by Google

CASE OF SPINA BIFIDA.

By EDMUND WILLIAM VALENTINE, M.R.C.S.E.

George B., aged 13, a scrofulous looking boy, has enjoyed good health for the last two years, his left leg having been amputated about that time for disease of the tarsal bones.

The tumour appears to communicate with the spinal canal about the upper part of the sacrum, fluctuates, pyriform in shape, at the base measures five inches in circumference, skin tense and transparent. When pressure is applied, or happening to lie on it, he feels a sensation of giddiness and fulness in the head; if he receives a blow on the tumour, when at play, it prevents his walking for some time. Last winter he fell on it, and for a week was unable to walk, his lower extremities feeling numbed.

Somerton, September 29.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE METROPOLITAN FREE HOSPITAL.

POLYCYSTIC OVARIAN TUMOUR—OVARIOTOMY—RECOVERY.

(Under the care of Mr. HUTCHINSON.)

We briefly mentioned a month ago two cases in which, on the same day, ovariotomy had been resorted to at the Metropolitan Free Hospital, and promised at a future opportunity to inform our readers of their result. We are now able to fulfil our pledge. In each instance the notes of the case have been supplied by the operator.

"On August 23, I met Mr. Tomlins of Camden Town in consultation in the case of Mrs. B., who had for more than a year been the subject of ovarian dropsy. She was a pale emaciated woman, aged 39; and had been reduced by the disease to a state of extreme debility. For six weeks past she had not left her bed, and from the rapidity with which the emaciation, etc. had advanced, it was plain that her case was not one in which without interference life would be long protracted. The tumour was a large one, filling to distension the whole abdomen, and giving the appearance of the full period of pregnancy. It was irregular in outline, and presented bossy projections in parts, some of which were very firm to the touch. Fluctuation was evident in most parts, and as a wave could easily be perceived on one side on percussing the other, it was probable that its front and larger portion consisted of a single cyst. In the right loin the percussion note over a large space was clear and tympanitic, while in the left it was perfectly dull. The emaciation of the patient made the investigation of this sign very easy, and there could therefore be little or no doubt as to the side on which the disease had originated. All the pain which had been experienced was also referred to the left side. Her spirits were good, appetite fair, and the pulse, although very small, did not average more than eighty. Her aspect very nearly approached that indicative of malignant disease, but there was no history of cancer having ever showed itself in her family. Mrs. B. had been married several years, and was the mother of one child, now four years old. The catamenia since her child was weaned had been regular up to the present date. About a year ago she had noticed herself getting large in body, and her friends had suggested that she was pregnant. As her breasts were, however, wasting, and the monthly periods were regularly observed, she was herself unable to accept that explanation; and some doubt being felt, Dr. Murphy was called in, who at once informed her of the true nature of her disease. In conjunction with Dr. Murphy, Mr. Tomlins twice performed paracentesis, on the first occasion two months, and on the second one month prior to my seeing her. The propriety of attempting extirpation of the cyst had been freely discussed, and both by her friends and by Mr. Tomlins she had been strongly dissuaded from it. Dr. Murphy, on the contrary, had, I was informed, expressed an opinion favourable to its performance. It was a case, indeed, in which great difference of opinion might be allowably felt even among advocates of that operation. Her cachexia and debility, and the evidently solid character of parts of the tumour, were far from encouraging circumstances. On the other hand, the rapid course which the disease was pursuing, made it evident that even should the operation end fatally, it would shorten her life by but a few weeks. Iodine injections were, of course, wholly out of the question. She was herself exceedingly anxious for the radical measure; and as this resolution had been come to in spite of an oft-repeated statement of its extreme danger, I felt myself warranted, after careful consideration of the various features of the case, in offering to undertake it. There was no time to be lost, and, accordingly, as it had been determined that she should come into the Hospital, we admitted her at once.

"The operation was performed on August 30 (a very hot day), and I was most efficiently assisted during it by my colleagues, Messrs. Chance and Childs. Before giving chloroform a two grain opium pill was administered, and washed down by a glass of wine. The incision was commenced just below the navel, and continued downwards nearly to the pubes, and was subsequently enlarged upwards to about two inches above the navel. A considerable quantity of serous fluid escaped on opening the peritoneal cavity. As soon as the cyst was exposed a very large trocar, the canula of which was supplied with a flexible tube, was introduced, and in about a minute the whole of its contents were evacuated. Extensive adhesions existed both in front and at the sides; but they were nowhere so strong but that by a little careful traction (supporting the peritoneum with the other hand), I could tear them through. No cutting instrument was used for their division. The tumour, a very large irregular mass, having been lifted from the abdomen, its pedicle was found to be thick, short, and vascular. It was secured in four portions by transfixing with strong hempen cord, and around the whole was subsequently placed a single strong whipcord ligature. The latter was employed both as an additional safeguard against hæmorrhage and in order to permit of the more secure attachment of the end of the pedicle in the abdominal incision. Some little dragging was unavoidable in the bringing the pedicle out externally; but as the abdominal walls were now flaccid, and admitted of being depressed backwards, it was not great. I stitched it with wire sutures firmly in place at the lowest part of the incision. The blood and fluid which had escaped into the abdominal cavity having next been taken up with warm flannels as efficiently as due attention to the value of time would permit, the incision was closed by deep wire sutures and long strips of plaister. The flannel bandage having been adjusted, the patient was removed to bed. Her pulse throughout the operation had been very fair, and it improved markedly as consciousness returned.

"Respecting her subsequent progress but little need be said, since, excepting so far as retarded by her very feeble condition, it was an unimpeded recovery. For the first six days she was supported almost solely by enemata; for although she never had any distressing vomiting, her state of nausea and easily excited sickness forbade the giving of food by the mouth. During this period her pulse was rarely much less than 130, and her tongue, although quite clean, readily became dry. The catheter was used twice daily for three days. As no pain was complained of, but little opium was given. Wine and brandy were freely employed, though not in any unusual quantities. The ligatures came away on the seventh day, and the wire sutures were removed on the eighth. Excepting the lower part, where the sloughing end of the pedicle prevented adhesion, the whole of the wound healed by first intention. At present the patient has an excellent appetite, is up daily, and will shortly leave the Hospital. A bedsore which showed itself a few days after the operation, and which had been undoubtedly caused by the long restriction to one position before its performance, has now nearly healed."

POLYCYSTIC OVARIAN TUMOUR—ATTEMPTED OVARIOTOMY—DEATH FROM PERITONITIS—AUTOPSY.

(Under the care of Dr. RAMSKILL and Mr. HUTCHINSON.)

The following narrative, like the preceding, has been furnished by Mr. Hutchinson:—

"Mrs. E. aged 28, was admitted under Dr. Ramskill's care

Digitized by Google

on April 8. Her abdomen was greatly distended, the disease dating from the preceding November. She had been treated prior to her admission for ascites, and had taken diuretics and mercurials. Anteriorly the whole abdomen was perfectly dull on percussion, and fluctuation was easily felt and freely transmitted from part to part. The discovery that while the left loin was dull to percussion, the right was tympanitic, changed the diagnosis, and the removal by paracentesis of two bucketsful of fluid of thick consistence and dark brown colour, placed the opinion beyond doubt. After tapping, the abdomen subsided to a normal size, but the cyst could not be felt distinctly, while it was quite clear that a solid mass remained attached to the abdominal wall on the right side, not far below the margin of the liver.

"The tumour rapidly refilled again, and much perplexity subsequently arose in determining to which side it belonged. The clearness of percussion note in the right loin was not constant, while on the left side there was usually an extensive area over which the note was very superficially tympanitic, and which, although it never quite reached the loin, often encroached very closely on it.

"On June 19, July 24, and August 12, paracentesis was repeated. The fluid differed much in appearance on the several occasions, being on the second occasion like thin pus, and subsequently resembling gruel. On the two latter occasions the cyst was only partially emptied. The woman's health during this time had not given way materially. It had been determined, on account of the known existence of extensive adhesions, not to attempt extirpation, and of this conclusion she had been informed. The day was fixed for her to leave the Hospital, and be transferred to the poor-house as a case not admitting of remedy. At her own most urgent wish, and on the repeated representation that she had rather encounter any amount of danger than remain as she was, provided there were the remotest chance of cure, I very reluctantly altered this decision, and consented to make an exploratory attempt.

"August 30.—*The Operation.*—The abdomen was now very large, sounded dull on percussion in its lower two-thirds and tympanitic in its upper third. The right loin on percussion on the operating table was ascertained to have a very clear resonance, while the left was quite dull. An opium pill, (gr. ii.) and glass of wine, were given before the administration of the chloroform. On laying bare the cyst by an incision of about four inches long, I found it most firmly adherent in all parts. By a little patience, however, I succeeded in detaching the adhesions on the left side until the hand might be introduced beyond the knuckles between the abdominal wall and the cyst; and subsequently accomplished as much on the right side, without, however, entering the peritoneal cavity anywhere. This, however, encouraged me sufficiently to induce me to use the trocar, in the hope that after the withdrawal of the fluid, I might be able to proceed further. Only about half a pailful of fluid escaped, and the abdomen was not much diminished in size. This puzzled us, and withdrawing the canula I slit up the cyst itself to an extent equal with that of the first incision in order to examine its interior. The hand now freely entered into the cavity of a large collapsed sac, the lining membrane of which was felt to be gritty from calcareous deposit in many places. Numerous small pedunculated secondary cysts projected into it, and the convolutions of the intestines were readily felt inverting, and deriving a reflected covering from it. But what seemed to settle the question of any further attempt at removal was the finding high up above the umbilicus, depending into the upper part of the cyst, what felt exactly like the free edge of the liver. To this the cyst was firmly fixed, as if reflected over its whole surface. My colleagues, Messrs. Chance and Childs, both of whom at my request introduced their hands, received the same impression as I had done as to the condition of parts. Without loss of time in any more detailed examination, I at once abandoned the operation, and closed the wound.

"The shock of the operation had been but little felt, and during the first twenty-four hours the patient's state was better than could have been expected. On the next day, however, most troublesome sickness set in, and scarcely left during the whole of the thirteen days that she subsequently lived. During that time I believe she scarcely slept, and her sufferings, despite the freest use of opium, were indeed extreme. The wound did not heal, and most offensive glairy pus was discharged from the interior of the cyst. On the seventh day I introduced a trocar in the left side, where there was an extensive area of dulness on percussion, with fluctuation, in order to diminish the size of the abdomen, now greatly distended with flatus. Nearly a pailful of rather turbid ascitic serum was evacuated, and much relief afforded. On the tenth day erysipelas supervened, and spread rapidly over the whole trunk. The pulse had throughout been rapid, and rather sharp, and the tongue dry and brown. To allay the distressing irritability of the stomach everything was tried that was thought likely, but without any result. Death from exhaustion took place on the thirteenth day.

"*Autopsy.*—The peritoneal cavity contained more than a gallon of turbid serum mixed with flakes of lymph. In the pelvic regions it was lined everywhere by a thick homogeneous layer of lymph, which was coherent enough to allow of its being peeled off. Beneath this it presented everywhere extreme punctate congestion. The coils of intestine were distended with gas, and the stomach was of very large size. The cyst was now collapsed, and its membrane, which was thick and tough, was thrown in folds. In the parts where it had been detached it was almost gangrenous. With regard to its adhesions, I had the mortification of finding that I had accomplished a large part of the task of detachment. The tumour had no adhesions posteriorly, and on the left side, had I proceeded half an inch further in detaching them, my hand would have been free in the peritoneal cavity. In the upper part of the sac, depending into its interior, was a large solid mass, which when cut into showed a good example of the firmer form of colloid deposit. Behind this mass were numerous small secondary cysts. This projecting mass it was which we had mistaken for the edge of the liver, it being firmly fixed by adhesions to the abdominal wall a little below that viscus. The tumour had adhesions to the intestines, omentum, etc., of rather an extensive character, and some of them very firm; there were none, however, but what I succeeded in detaching without lacerating the viscera. It was developed from the right ovary, and immediately behind it, accounting for the clear percussion note which had been heard in the right loin, was the cæcum distended with air. The dulness in the left loin had been due to ascitic fluid, which had been, as it were, encysted on the left side by the extensive adhesions of the tumour. The liver was united to the diaphragm by adhesions of date evidently long prior to the operation.

"In reviewing this case by the light thrown upon it by the autopsy, the regret which I feel is not that I was induced to attempt the operation, but that I did not persevere to its completion. To have wholly detached the tumour would have been a tedious and difficult affair; but with patience and care I have little doubt but that it might have been accomplished."

POLYCYSTIC OVARIAN TUMOUR—OVARIOTOMY —FAVOURABLE PROGRESS.

(Under the care of Dr. STAVELEY KING and Mr. HUTCHINSON.)

On Monday week Mr. Hutchinson performed ovariotomy in a third case, the details of which we shall duly record, when its result is known. The tumour was a very large one indeed, and had most extensive adhesions. It was, however, safely removed, and at the present date the patient is in a very promising condition. For the securing of the peduncle, the operator employed, in place of the ligature, a steel clamp, which acted admirably and saved much time. The pedicle was large and thick, and contained several large arteries. Its extremity, together with the clamp, were secured outside the incision.

ST. GEORGE'S HOSPITAL.

GALLIC ACID IN FUNGOUS HÆMATODES.

(Under the care of Mr. TATUM.)

[Case and Remarks by Mr. C. HUNTER, House Surgeon.]

The following is an interesting instance of the effect of an internal remedy on a malignant growth:—

On April 3, 1858, W. W., aged 8 years, was admitted in St. George's Hospital under the care of Mr. Tatum, with a small tumour not larger than the eye itself, and situated behind it in the left orbit; the eye consequently being protruded.

The tumour had attained this size in but two or three weeks;

Digitized by Google

a little prominence of the upper eyelid had been however observed for four months.

Owing to the situation (behind the eye) and the rapid growth, no operative measures were had recourse to: the boy was however kept in the Hospital, as the tumour rapidly increased.

As it grew larger, the eye, being pushed before it, gradually dwindled, and became at last a shrivelled-up and hardened excrescence on the outer part of the protruding mass.

In the course of four months (from time of admission) the tumour had become as large as the head of a 7 months fœtus, and of such a size as to overlap the mouth (so that he had to be fed by a pipe at the further corner of it).

At this period (beginning of August), the surface of the tumour was irregular but rounded, the greater part of the surface was in a raw ulcerated condition, exceedingly vascular and constantly bleeding, often to such an extent that every attack appeared likely to be the last.

These hæmorrhagic attacks were generally treated by cold, by pressure, and by the local application of blue lint. The boy was living on generous diet and wine. On the 2nd of August, after one of these attacks more serious than usual, which quite bleached the face, and much weakened the pulse (always weak and rapid), I gave him gallic acid in four grain doses, in infusion of bark, to try, if possible, to arrest the bleeding.

August 30, one month afterwards. — Curious as it may appear, the gallic acid had been productive of the most marked effect, the tumour from that time had never bled once, nor even had there been the least oozing of blood. The surface of the mass became more healthy, less vascular, more solid, and *considerable diminution* of the tumour had taken place. After this, for a few days, increase of the tumour again occurred, but no bleeding took place from it. The increase in size was met with an increased dose of the gallic acid, which was again productive of benefit.

Present State.—Sept. 25.—1st. The tumour is about 9 inches measured over the longest diameter, and 8¼ over the shortest; this is much less than it was two months ago, so that the boy can now feed himself easily, the mouth not being at all overlapped, whereas before he required feeding. 2nd. Not the least bleeding has occurred since the first dose of the gallic acid, which was given now nearly two months ago. 3rd. The health, strength, and appetite of the boy appear improved.

In recording this case it is only meant as an instance of the palliative effect of a remedy on malignant disease; it is the more curious that the gallic acid has had the striking effect it had, because of the exceedingly vascular and raw state of the surface. The least movement, the least cry used, before the administration of the acid, to occasion a sudden rush of blood from several parts of the tumour. That the tumour should have decreased in size is not less remarkable than that all hæmorrhage for so long a time should have ceased.

September 28, 1858.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

DEATH FROM CHLOROFORM.

Daniel Pheby, aged 8 years, was brought to the Ophthalmic Hospital, Moorfields, for the purpose of undergoing the operations for double internal strabismus. On October 1, chloroform was administered to him on a piece of lint; during the inhalation he struggled somewhat and cried out, but not in a greater degree than is usual with children. When the inhalation had lasted for about three or four minutes, the operation was commenced on the right eye, but, it being found that he flinched, a fresh dose of chloroform was poured upon the lint, and the latter was reapplied. Immediately after this the boy's face was noticed to become deadly pale, and his pulse had ceased; the administrator, in order to reapply the chloroform, had removed his finger from the temporal artery, and no one's finger was on the radial artery precisely at the moment of the occurrence of the pallor, but immediately before the reapplication of chloroform the pulse was beating regularly, and at about eighty per minute. The tongue was directly drawn forward with forceps, and the boy was turned once on his abdomen, with the view of adopting Marshall Hall's method of artificial respiration; this position, however, appearing inconvenient, he was without loss of time turned on his back, and artificial respiration was kept up for more than three quarters of an hour by the old method, viz. by pressure of the hands on the thorax and abdomen. This answered well as far as the emptying and filling of the lungs were concerned, but neither cardiac sounds nor pulse could be detected. During the first twenty minutes of the treatment the boy gasped several times. Ammonia was freely applied to the nostrils, and cold effusion was used at first.

The autopsy was performed at twenty-four hours after death. The boy appeared well nouriahed, but some of the glands of the neck were enlarged, and the teeth generally were in a decayed condition.

Cranium.—The membranes were congested; the brain was large, and its substance did not separate from the pia-mater so readily as it should have done. The sinuses of the dura-mater were filled with fluid blood.

Thorax.—The lungs were intensely congested. The trachea contained a considerable quantity of viscid mucus, and its membrane was somewhat congested. The right ventricle of the heart was collapsed and empty (this may perhaps be accounted for by the fact that the cranium was the cavity first examined, and was allowed to hang over the end of the table, thus permitting the blood, which was wholly fluid, to drain away from the cut sinuses of the dura-mater).

The other portions of the heart were in a normal state.

Abdomen.—The liver and kidneys were intensely congested; the other viscera in a normal condition.

From inquiries made it seems probable that the boy suffered from meningitis in infancy; with this exception he had enjoyed good health. The quantity of chloroform used was about ʒiss, and this was divided into three doses.

The death would appear to have resulted from a sudden paralysis of the heart.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, OCTOBER 9.

MR. NEISON ON THE CAUSES OF CONSUMPTION IN THE ARMY.

When the Report of the Royal Commission appointed to inquire into the sanitary condition of the army was published, we brought under the notice of our readers the leading facts contained in it, and especially the important conclusions on the subject of barrack accommodation. While the Commissioners admitted the influence of various other circumstances upon the health of the troops, such as night duty, debauched and intemperate habits, want of exercise and suitable employment, defective dietary, etc. they pointed to the crowding and insufficient ventilation of the barracks as being the chief cause of that excessive mortality from pulmonary disease which prevails in the army as compared with the general population. From this conclusion Mr. Neison, the Actuary, who was examined by the Commission as a witness, dissents; and at the

Digitized by Google

RELIGIOUS MELANCHOLIA AND CONVALESCENCE.

Drawn on Stone by W Bigg

Printed by Hullmandel & Walton

MEDICAL TIMES & GAZETTE, OCTOBER 9TH 1858

Digitized by Google

Digitized by Google

recent meeting of the British Association he read a paper to show that it was erroneous. As the deduction from his statements is "that many of the recommendations made by the Royal Commission on the sanitary state of the army, however valuable they may be on other grounds, will not, if carried out, produce the intended effect of reducing the ratio of deaths from diseases of the respiratory organs among our soldiers to the normal conditions of the country generally," it appears a matter of importance to inquire how far his conclusions are well founded.

Mr. Neison, in order to show that the opinion of the Commissioners is wrong, enters into an elaborate comparison of the mortality by phthisis in the army and in various districts of England in which the density of the population differs considerably, and infers that because the mortality from phthisis does not increase in the ratio of the density of population, therefore "overcrowding" cannot be fairly assumed as the cause of it in the army. Now, throughout the whole of his paper two serious mistakes appear to run. Mr. Neison confounds density of population with overcrowding; and he assumes that the Commissioners attributed the large mortality from phthisis to "overcrowding" *per se*. But the Commissioners clearly showed in their report that it was to the massing of large bodies of men in badly-ventilated rooms,—or rather in rooms occupied day and night without any ventilation at all—that they conceived the amount of pulmonary disease was attributable. As we remarked in a former article:—"It is not only necessary that men may have sufficient air to breathe, but it is necessary to provide air for the apartment itself in which they live, as well as for the men who inhabit it. . . . . It is the 'want of fresh air,' not the 'want of cubic space' which kills our soldiers in their barrack-rooms."

The comparison instituted by Mr. Neison between the general population of a district and the barrack population is, in our opinion, for the purpose to which he applies it, a serious mistake. Such a comparison is admissible to show whether the one class is subject to a rate of mortality from which the other is exempt, and also to what diseases any difference between them is attributable, and to this extent it was made use of by the Royal Commissioners. But in investigating the special causes by which these diseases are produced, it appears to us unphilosophical to compare two classes placed in circumstances so widely different. The one class consists of persons in every variety of circumstances, comfortable and in misery, rich and poor, industrious and idle, respectable and dissolute, dwelling in mansions and in hovels, while the other is confined to men with regard to whom every circumstance is known, and over whom a great control is exercised. To argue that certain specialities in the condition of the soldier are not the cause of disease, because the results differ from the *average* obtained as regards this mixed civil population, is, to say the least, illogical. Mr. Neison, in his evidence before the Commission, stated that he thought defective ventilation had not much to do with the mortality of soldiers, and attributed it almost entirely to the want of exercise. In his paper read before the Association he has not stated to what he thinks the excessive mortality in the army may be ascribed, but presuming that he holds to his former opinion, it would be necessary to make a comparison of the health of *soldiers* with that of a body of men massed together in rooms badly ventilated, but having an amount of healthy work or exercise which the soldier has not, before we should be prepared to admit his hypothesis. Mr. Neison states in his paper that the Commissioners did not supply in their report any facts or numerical evidence leading to the conclusion that overcrowding in ill-conditioned barracks is the main cause of the great destruction of life by inducing phthisis in the army. Now from this statement we dissent. They entered very fully into the condition of the barrack rooms, and recorded a large amount of valuable information on this point. They did not, it is true, expend their time and labour in proving—what every Medical man will, we believe, admit—that overcrowding and want of ventilation when continued for some time would induce the condition most favourable to the development of tubercles in the lungs; but with two such eminent men as Sir James Clark and Mr. J. R. Martin taking part in the discussions of the Commission, we may well believe that this fact was laid down as being already established. If Mr. Neison, however, wishes for evidence on this point he may find it in a quotation in the *Medical Times and Gazette* of April 3, from a little work by Mr. Spencer Wells, and in Dr. Guy's very able lecture delivered at the United Service Institution in March.

There are only two other points to which we shall at present advert in Mr. Neison's paper. The first is the inference that the opinion of the Commissioners is wrong, because if overcrowding were really the cause of the excessive mortality, the zymotic diseases should have increased in intensity in the same proportion as the pulmonary diseases. But Mr. Neison appears to have overlooked the fact that many of the circumstances which give rise to disease in crowded localities do not exist in the army, and that the "overcrowding" spoken of by the Commissioners is not surface-density of population, but density in rooms. The causes of zymotic diseases in the army were well illustrated before the Commission by Dr. Balfour in the history of the sanitary state of the Tower of London, where the reduction in the mortality by them was consequent upon the draining of the ditch, even while the barracks continued in as defective a condition as previously. The other point is the statement that "if overcrowding were the main cause of developing so inordinate an amount of Consumption, the barrack accommodation for the different branches of the service should be found contracting in the order in which the general mortality, as well as that from Consumption, increase; but it happens to be quite otherwise." Now we do not know upon what authority Mr. Neison makes the concluding remark, but we find it stated in the Report of the Commission that the Cavalry, whose mortality is lower than that of the Infantry, are generally less crowded in barracks; and Colonel Lindsay, in his evidence, stated that the barracks of the Guards were generally inferior to those of the Line; and with the exception of one or two of the large seaports and garrison towns we believe the latter are generally less crowded.

Our contemporary, the *Leader*, in which Mr. Neison's paper has been published, gives him credit for (what we feel sure he will disavow) having elicited the fact that the Guards suffer most from phthisis of all the troops—a fact well established a quarter of a century ago by the Army Statistical Reports. The *Leader* also suggests that the opinion of a competent *statistician* should be taken before the measures for preserving the health of the troops are sanctioned. We value statistics highly in their proper place. As a means of investigating questions of health they are invaluable, and their value is nowhere more fully shown than in the very able Report of the Royal Commission; but we should as soon think of employing Professor Faraday to treat a difficult case of disease, or Dr. Watson to conduct an elaborate and delicate analysis, as to refer questions of sanitary measures to Mr. Neison, or any other mere man of figures.

THE COLLEGE OF PHYSICIANS.

THIS College has shown a spirit worthy of its present advancing character. We understand that, at the meeting of the Fellows to which we alluded last week, convened for the purpose of discussing the question of the mode of election of a delegate to represent the College at the New Medical

Digitized by Google

Council, it was decided that the election should be made by vote of the fellows at large, and not by the Consiliarii. This is as it should be, and we congratulate the College on their resolution; and still more so, because the resolution was carried by a large majority of those present. We trust that the example may not be lost upon the authorities in Lincoln's Inn Fields.

As regards the gentleman who will be selected by the College of Physicians to represent them, this is of course all matter of speculation; but we fancy, from what we hear, that of the names mentioned by us last week, Dr. Watson's is regarded most favourably. We sincerely trust that he may be offered, and when offered, will accept the distinction: we believe, indeed, from the general esteem in which he is held by the Profession, that his election would meet with no opposition. Dr. Watson is, in many particulars, peculiarly well fitted for the duties of the office here spoken of. He is endowed with very sterling qualities; he is a man of honour and a gentleman; his acquirements are not merely professional, for he is a scholar. He is free from all party connexions, of clear discernment, and not likely to be unduly biassed in his judgment by the opinions of others. But on whomsoever the choice of the fellows may fall, of this we are sure, that the choice will be a judicious one; and much more likely to be free from all private feeling, than it would have been had the election been made otherwise than by the whole body of the fellows. Moreover, it would have been most unfair to have thrown the onus of the election upon the Consiliarii; for if the duty of selecting had fallen upon that body it would have been scarcely possible for them to have recommended one of their own number; and yet among the sixteen Consiliarii there may be included most desirable individuals fitted well for the post.

We will suggest to the College of Physicians whether it is not high time that the veil and secrecy which are by their statutes thrown over the proceedings of their meetings should be cast aside? In this present instance, we have a striking proof of the impossibility of concealing anything that is of interest to the Profession at large, or to the public. We must remind the College that reporters were once excluded from the House of Commons, and that more evil than good was found to result therefrom. So now we have no doubt, that incorrect, untrue, and partial reports occasionally are spread abroad affecting the proceedings of the College, because exact and true statements of them are not authoritatively permitted to be published. How is it possible that any matter of importance and public interest can be kept a secret among so many hundred Fellows? The matter is sure to ooze out, and, as we have said, not in a pure stream, but mingled with extraneous and improper matters. This order of silence is clearly a remnant of the "Retrograde Development," which distinguished the earlier days of this Fortalice in Pall Mall.

THE PRESIDENT OF THE COUNCIL.

Who is to be the President of the New Council? We cordially agree in the sentiments expressed by our excellent cotemporary, *The British and Foreign Medico-Chirurgical Review*, on this head. We think this a most vital point in the success of this new reforming medical measure. This bill gives the Profession a status with the Government—a recognised position—which it now for the first time occupies in this country. We must maintain and broaden the basis of this position in every possible way; and by this means only can we ever hope to see our Profession occupy that position in relation to the governing powers of the country to which it has a most legitimate claim. Why should there not be a Minister of Health to fight the battle of disease, and save life, equally as a Minister of War to destroy life in battle with our enemies? Our remarks naturally explain our opinion, which clearly and distinctly is, that the President of the Council should be a medical man. Surely we need not go and proclaim to the world, that when the power was in our hands, that when we had an opportunity of displaying our abilities, we found ourselves unequal to the task; that *we had not amongst us one single individual fit and worthy to occupy the honourable position of President of the Council.*

But even in a business point of view, it would be madness to elect a gentlemanly non-professional to the post. Who is to be our go-between with the Government? Why of course the President. Now it is common sense to suppose that any medium of this kind, that any man who has not worked, and lived, and striven in the Profession—who is not a Medical man—can convey the sentiments of the Profession to the Government, who are as profoundly ignorant of the business of the Profession as they are of the nature of the soil at the bottom of the Atlantic? Every argument strongly urges us to select one of ourselves to be our spokesman. Why not Brodie, Clark, or Forbes? All are men well fitted for the post. Most sincerely do we re-echo the wishes of our cotemporary, that no petty jealousies nor private hopes or wishes may mar this most desirable consummation. The importance of it, in itself, and as a precedent, will, we are sure, find a response in the mind of every one of our brethren who will ponder upon the subject. The occupation of this post by a member of the Profession will, in our opinion, do more to give the Profession a hold upon the Government, than the carrying out of any other of the items of this Bill can by any possibility effect.

THE WEEK.

With one brilliant exception, the Introductory Lectures this year, though perhaps universally able and impressive, have departed even less than usual from the stereotyped formula. Still they seem to have excited an unusual degree of public interest, if we may judge from the fact that they have been made the subject of leading articles in two of the daily papers. An able writer in the *Standard*, congratulating the public on the attention shown in these lectures to the importance of attending to the sanitary condition of the masses of the population, takes the opportunity of advocating a reform in Medical practice:—

"We are only declaring a heartfelt truth, and one universally admitted, at least in this country, when we state that no profession stands higher and purer of all taint of sacrificing duty and honour to gain than the Medical profession. But the system of calling in the doctor only on the appearance of sickness is radically unsound in itself, quite apart from the question of fees. The correct plan would be to employ his ability and skill for the general and regular superintendence and care of our health and the prevention of disease, and not for applying a remedy to the malady when rendered perceptible, troublesome, or dangerous. Suppose it were the usage for every family man to set aside a certain sum annually for the regular and confidential attendance of the medical adviser, and let the practice be to prescribe but never to supply the remedies, we should soon find a change in the entire system of therapeutics and a marvellous diminution of disease."

This is one of the phases of the system of "Provident Dispensaries" to which we have drawn attention, and shall do so again. The *Telegraph* alludes, in an amusing manner, to the remarks of D. F. Bird and Mr. Barwell, on the remuneration of Medical men:—

"It does not appear to us that Medical men in general are members of a very unlucky profession. Since barbers were excluded from their ranks, they have enjoyed a high social position; scarcely even the curate is more favoured in his locality than the young Doctor—the confidential morning caller—the scientific confessor—the gentleman whose curi-

Digitized by Google

cular practice has more purpose than the priest's, and who, if he be of a speculative mind, finds himself very much at home in the bosoms of English families. Visit any town with a tinge of fashion upon it, and ask who, in that neighbourhood, has set up a brougham with a pair of spanking greys, or a high-stepping chestnut? Who but the Medical adviser, the sanitary bishop of the population, who renders advice gratis to the poor, and is blessed by abundant remittances from the rich, in addition to steady payments from his patients of the middle class."

And much more in the same strain we may comment on some day. One innovation this year was the entrance of an Hospital treasurer into the lecturer's chair; but Mr. Turner filled the chair so well at Guy's, and gave such good reasons for the interest taken by Governors of Hospitals in the welfare of Medical Students, that we should be glad to see his example followed occasionally.

The second annual meeting of the National Association for the Promotion of Social Science will be held at Liverpool on Monday next and during the remainder of the week. In the Public Health Department several important papers will be read. In the words of the prospectus, "This department considers the various questions relating to the Public Health and the Prevention of Disease; it will collect statistical evidence of the relative healthiness of different localities, of different industrial occupations, and generally of the influence of exterior circumstances in the production of health or disease: it will discuss improvements in house-construction (more especially as to the dwellings of the labouring classes), in drainage, warming, ventilation, public baths and wash-houses: adulteration of food and its effects; the functions of Government in relation to public health, the legislative and administrative machinery expedient for its preservation; sanitary police, quarantine, etc.; poverty in relation to disease, and the effect of unhealthiness in the prosperity of places and nations." With such a range as this the Medical Profession has ample scope for work.

A few weeks ago, we referred to the fact that well-to-do bachelors were actually starving in New Zealand for want of wives. It is sad to put by the side of such a fact a statement like the following:—"Among the inmates of Bethlehem Hospital, during the ten years from 1846 to 1855, inclusive, were a hundred and ten governesses, and a hundred and eighty-nine dressmakers; and in reference to them Dr. Hood, in an able report, remarks, 'Among the female patients the only point which seems to require notice is the large number of governesses and dressmakers, including milliners and sempstresses. It is no wonder that an elegant, accomplished, and otherwise delicately-nurtured lady, should pass from unhappiness to misery, and from misery to insanity in a position which too often is not half so desirable as that of a domestic servant; nor is it necessary to dilate upon the causes which operate on thousands of the class of dressmakers, who are driven mad by penury, trouble, and perhaps remorse.'"

According to one of our correspondents, a lecturer of the softer sex is now perambulating, or rather "starring," in the Midland counties, and there astonishing the native yokels, by relating marvellous stories respecting Mesmerism, with its singular effects, as "Miss" confidently asserts, upon the human frames of her wondering dupes. Of course, credulity is so congenial to ignorant and superstitious minds that it cannot appear surprising, if there should be occasionally believers in strange fancies and absurd asseverations of the above, or any other kind of delusions, especially when they are glibly made by female orators. But one circumstance does indeed seem extraordinary, in reference to these provincial exhibitions, viz. that the profits arising therefrom are reported to be given, in some instances, towards the maintenance of County Infirmaries. Of these mountebank gatherings, one example is mentioned on the authority of a printed placard lately seen occupying the dead walls of Nottingham, containing an extract from a local newspaper, which says,—"The Huntingdon County Hospital had so benefited." Surely that statement must be erroneous. Perhaps the Medical officers of the charity in question will enlighten the Profession on this question; since it is altogether against orthodox rules for those within the pale to patronise such proceedings, and a denial on their part would therefore prove satisfactory.

M. Bouchut has published a memoir on Tubage of the Larynx. The *Gazette des Hôpitaux* says of it:—"We publish to-day, *in extenso*, the memoir of M. Bouchut on Tubage of the Larynx, as a substitute for tracheotomy in cases of asphyxia, croup, and in certain diseases of the larynx. If experience confirms the assertions of the author this will be a magnificent conquest of conservative surgery. The indication being to furnish a passage for the air into the bronchi, what can be more simple than to place a tube in the larynx, and to dilate the glottis by a metallic tube, whose presence the patient readily endures? Is not this proceeding preferable to that of opening a passage to the air by a bloody operation, dangerous, and most difficult we must admit; and which has no other object than that of introducing through the neck a canula of the diameter of the natural opening? Is it not better to allow the false membranes to pass out through an *intra-glottidean* tube, than to divide the larynx in order to give issue to them? If the thing be possible, and of this there is no doubt, as proved by experience, we ought no longer to hesitate in the use of *Tubage of the Larynx*. At the first attempt M. Bouchut was able to introduce into the larynx canulæ, that could be removed and replaced at pleasure, which remained thirty-six and forty hours, and through which sufficient air could pass. False membranes also could pass through them. The tubes do not interfere with the epiglottis's function, and are readily borne. And by instruments, invented by the Physician of the Hospital of St. Eugénie, and through these tubes, insufflations of bicarbonate of soda, chlorate of potass, etc., may be made into the trachea and bronchi, and the false membranes broken up, *pulverisées* and *broyées*."

Common sense and humanity are at length being brought to bear in the treatment of Soldier-Lunatics. If the Lunacy Commissioners were equal to their duties the state of things we now describe would have been discovered before this present time. On the occasion of the recent visit of the Commissioners in Lunacy to the Asylum for Insane Soldiers at Fort Pitt, Chatham, it was ascertained that there were scarcely any amusements provided for the patients, as was the case at other lunatic asylums, the inmates being left almost entirely to their own resources. This subject, with other improvements suggested by the Commissioners, came under the notice of General Peel, the Secretary of State for War, "who has issued directions to the authorities at Chatham to carry out several of the recommendations of the Commissioners. Among other improvements orders have been given for space to be appropriated for a bowling-green, where the patients may amuse themselves at that sport. A portion of the asylum is also to be set apart for indoor amusements, and bagatelle and other games are to be provided for the inmates. The space appropriated for the patients as an exercise-ground will also be considerably enlarged, and at the same time additional facili-

Digitized by Google

ties are to be given the inmates for amusing themselves under cover during wet and unfavourable weather. In addition to these recommendations of the Commissioners, several minor improvements will be effected, having for their object the increased comfort and amusement of the unfortunate patients confined in the asylum. A library, containing works chiefly of a light and amusing character, has been formed, and the books are eagerly read by the patients. They are also supplied with newspapers, which they appear to prize very highly."

REVIEWS.

An Expository Lexicon of the terms in Medical and General Science. By R. G. Mayne, M.D. Part VII. London: 1858. 8vo, 913—1064.

This part contains the terms from *Periphacos* to *Rabidus*, so that the work is now rapidly advancing towards completion. It is still carried on with the same care which distinguish the earlier parts.

Hooper's Physician's Vade-Mecum. 6th edition. By W. A. Guy, M.B. London: 1858. 8vo, pp. 696.

This edition is thoroughly revised; a chapter on the Causes of Death is added, and considerable additions are made to the section on the Preservation of Health, and to the account of Diphtheria.

Pharmacopœia of the London Hospital for Diseases of the Skin. Third edition. London: 1858. 24mo, pp. 42.

In our Hospital reports we have frequently quoted formulæ in common use at the Skin Hospital, and have appended some notices of the classes of cases in which several of the preparations in most common use are prescribed. We now, therefore, content ourselves with the statement that practitioners will find in this little volume the composition of all the formulæ which have been gradually arrived at after an experience of some 90,000 cases. Such a collection must prove interesting to practical men. We append one or two specimens, and leave the work to recommend itself:—

Liquor Ferri Iodidi.

℞ Ferri Fili, ʒiv.
Iodinii, ʒiiss.
Glycerinæ, ʒiii.
Aquæ ad. Oiij.

Macera.

Dosis:—♏ xv. ad. ʒj. ex aquâ.

A drachm of this preparation contains three grains of the iodide of iron. It keeps quite as well as the syrup, or better, and is a cheap preparation for Dispensary or any other practice.

Mistura Ferri Arsenicalis.

℞ Acidi Arseniosi, gr. iv.
Acidi Hydrochlorici, ʒss.
Tincturæ Ferri Sesquichloridi, ʒii.
Aquæ ad. Oj.

M.

Dosis:—ʒi. ad. ʒii. ex aquâ.

A very useful mixture, where arsenic and iron are both indicated; and such are fair specimens of the book.

Chapters on Mental Physiology. By Sir H. Holland, Bart. M.D. Second Edition. London, 1858. 8vo, pp. 347.

These selections from the "Medical Notes and Reflections" of Sir H. Holland are now revised, enlarged, and arranged in eleven chapters,—On Sleep; the relations of Dreaming and Insanity; the effects of Mental Attention in Bodily Organs; on Mental Consciousness; on Time in relation to the Mental Functions; on the Memory, as affected by Age and Disease; on the Brain as a Double Organ; on Phrenology; on Instincts and Habits; on the present state of Inquiry into the Nervous System; and on Medical Evidence. On all these subjects Sir Henry discourses in the spirit of a well-educated gentleman, and of an observant, thoughtful Physician.

The Elements of Inorganic Chemistry. By J. C. Buckmaster, F.C.S. London: 1858. 12mo, pp. 216.

Mr. Buckmaster is a teacher in the Department of Science and Art, and examiner in Chemistry and Physics in the College of Preceptors. His work is intended to promote the scientific education of the senior classes in trade-schools; and we have no doubt the modest hope of the author that it will be found useful to pupil-teachers, schoolmasters, and students of classes in Mechanics' Institutions, will be more than realised.

A Manual of Elementary Chemistry, Theoretical and Practical. By George Fownes, F.R.S. Seventh edition. London: 1858. 8vo, pp. 726.

The present edition of this admirable manual is edited by Dr. Bence Jones and Dr. Hofmann. The whole work has been thoroughly revised, and several important additions have been made to it. The great progress of Organic Chemistry, even since the sixth edition appeared two years ago, has been so great that the section on Organic Chemistry has been rearranged and improved. A very important addition will be found in the theory of the Polyacid Alcohols. About 300 pages are devoted to Organic Chemistry; and we believe that while this is the latest, it is at once the best, the most comprehensive, and the most intelligible class-book in the language on this important branch of science.

GENERAL CORRESPONDENCE.

ELECTRICAL ANÆSTHESIA.

Letter from T. M. Eden, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—That the interrupted electrical current modifies the pain in tooth extraction, I have reason to believe, from the testimony of my patients; but I am not convinced that it is an anæsthetic; it seems rather to belong to the class of counter-irritants.

Dr. Richardson has pertinently observed that persons under the influence of chloroform are not sensible to electricity; and it might be added, that its exciting properties have been recommended as an antidote when an over-dose has been administered.

If electricity be an anæsthetic, it ought to make the part to which it has been applied insensible to its own shocks, and it would then be possible to operate upon oneself.

Why do patients sometimes scream, kick, or squeeze the handles of the chair during tooth extraction? Because these operations are supposed to diminish the pain, being natural counter-irritants. There are many similar facts in nature: a soldier excited by battle may be wounded without knowing it; a man may give a blow with one hand, and pick a pocket with the other. It might be said that the pain of the electric shocks was added to that of tooth extraction; but still, as a diversion, the system is able to bear it, being, as it were, taken by surprise, and the tooth extracted before it recovers from that surprise. It is not easy to carry on two conversations at one time; and generally, if two impressions be made upon the sensorium at the same time, the second appears to diminish or neutralise the first. To this class of phenomena it appears to me that the so-called electric anæsthesia should be referred.

The inferences should be: 1st, that a current with shocks is better than one without: 2nd, the sooner the tooth is extracted the better: 3rd, the greater the difficulty of extraction the more numerous should be the shocks. These inferences, so far as I at present know, are borne out by the results; and my impression is that electricity is a valuable counter-irritant, because it is so much under command.

I use a rotating electro-magnetic machine, by W. H. Burnap, Lowell, Massachussetts; it requires an assistant to turn the handle, the number of the shocks being regulated by the velocity; it is cleanly, portable, without acid, and priced at two guineas. One pole is held in the patient's hand, the other attached by a wire cord to the handle of the instrument;

Digitized by Google

when the tooth is touched with the instrument, the current is excited by turning the handle.

I first attempted to extract a stump from my own mouth, and felt the shocks through it, like the taps of a small hammer; but as I felt pain I desisted.

I have operated upon several persons with this machine with variable results.

One lady felt more pain in the arm than in her teeth, another experienced *two* pains in her tooth, a third felt the pull without the pain; and a gentleman states that he had "a perfect immunity from pain, feeling only the not unpleasant effect of the current of electricity."

I extracted three teeth for a young woman on three different occasions. 1, an upper left anterior molar, without the machine, to which she objected: 2, the continuous bicuspis, extracted with electricity, produced pain in the arm, but not in the tooth: on the third occasion, she again objected to the machine; but being persuaded, a right upper posterior bicuspis was extracted, more stubborn than the others, producing pain both in the tooth and arm; the latter, I afterwards learned, had formerly sustained a fracture, and the pain was referred to the seat of union.

The poles of the machine being armed with moistened sponge, I applied one to the inner side of the olecranon process, where the ulnar nerve is most exposed, and the other between the little and ring finger; a medical friend turned the handle, and the current was passed for half an hour; the shocks were felt in the fingers, and in about six minutes, produced a slight sense of numbness, somewhat, but very faintly, resembling what is felt when the arm is pressed during sleep. Upon increasing the intensity of the current, the muscles began to betray spasm, without, however, further diminishing the sensibility. I could well feel the prick of a pin, although no blood was drawn, but still the feeling was less than on the ball of the thumb. The experiment was repeated upon my friend for twenty minutes, with similar results; the poles of the machine being reversed; in his case, the flexor, and in mine the extensor muscles were spasmodically influenced: I also treated the median nerve in a similar manner in another person, with like result. I was led to these experiments by the letters of Dr. Althaus in your journal of August 14th and September 18th.

In your last publication, a suggestion was made by Mr. Lobb, relating to the continuous current; and in the hope that it might prove that electricity was really anæsthetic, I procured two Pulvermacher batteries of sixty links each, and tried first one and then both to produce numbness in the gum and stump in my own mouth. I am sorry to say that I did not obtain any diminution of sensibility, although I followed minutely the directions in Mr. Lobb's letter.

I was kindly assisted in these experiments by my friends Messrs. Field and Humphry, gentlemen well qualified to see that they were properly performed, and who submitted to the application of Pulvermacher's battery to the median nerve, which, as in my case, produced no diminution of feeling. I should have been sincerely rejoiced had I been able to verify the suggestion of Mr. Lobb.

As many patients would sooner have a tooth removed than feel an electric shock, I think we ought not to expect too much from this agent; but rather suspend our judgment till we have further evidence.

I am, &c.

T. E. Eden, M.R.C.S.
Surgeon Dentist.

26, Old Steine, Brighton, Sept. 22, 1858.

CHLOROFORM IN MIDWIFERY.

Letter from Dr. William Williamson.

[To the Editor of the Medical Times and Gazette.]

Sir,—I read with great pleasure a letter addressed by Dr. Rigby to you on the 18th of last month, "On the Use of Chloroform in Natural Labour," in which he expresses himself to the following effect:—"I feel convinced, by ample observation, that when judiciously administered, the prognosis, as regards the patient's recovery after a severe labour, is more favourable where chloroform has been used than where it has not been."

You may judge, then, of my surprise on taking up the *Medical Times and Gazette* of October 2, to find Dr. Lee, of St. George's Hospital, giving it as his deliberate opinion, that he had "never seen chloroform do the slightest good in any case of midwifery, and in some the greatest mischief."

Occupying, as Dr. Lee does, an important situation in a Metropolitan Hospital, and enjoying a great reputation in London as an obstetrician, it is natural that any statement made by him in favour of, or against the use of a powerful remedy in midwifery practice, should receive that amount of attention due to its distinguished author.

That Dr. Lee would not have made such a statement without very strong reasons for doing so, I am well persuaded, and on this account I am the more anxious he would state, for the benefit of his Medical brethren, and the public at large, the serious objections he entertains to the use of chloroform in midwifery, and the grounds on which these objections are founded.

Having devoted a good deal of attention to obstetrics, I have, since the wonderful properties of chloroform were first made known by Professor Simpson, been on the look out for a record of a fatal case resulting from its administration in midwifery.

Hitherto the search has been a fruitless one.

Since November, 1847, I have used chloroform extensively in midwifery, and, in the great majority of cases, with marked benefit, in none with serious results.

Yet I have not been more fortunate than other Physicians here and elsewhere.

My friend, Dr. Dyce, whose experience of it has been more extended than mine, uses it constantly, in natural and instrumental labour, with great success.

A London accoucheur, of some note as a writer on Obstetrics, objected to the administration of chloroform on the grounds that it *must* do the mother and child harm.

I have given it for four, eight, ten, twelve, and thirteen hours, not only without injury, but with great benefit to the mother, and no bad effects to the child.

Indeed, I look upon chloroform as so great a boon in almost all midwifery cases, that I would no more think of attending a patient in labour without having chloroform beside me, than I would think of not having a catheter in my pocket.

I am no bigot in the matter; but the result of now nearly eleven years' experience of chloroform in midwifery has convinced me that patients recover more quickly and better after its inhalation, than when it is not used, and that no bad results happen to the children.

I am, &c. Wm. Williamson, M.D.
Physician to the Royal Infirmary.

Aberdeen, 239, Union-street West, Oct. 4, 1858.

PROVIDENT DISPENSARIES.

Letter from William Ogle, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having been to that ultima thule where the *Medical Times* is unknown, I have only just seen your able leader on Provident Dispensaries.

A friend has promised me a copy of Mr. Becke's pamphlet, but I do not think it necessary to wait till I receive it before I offer a few remarks on the facts which you mention, and on the conclusions which you draw from them.

In my letter of December 26, 1857, I expressed an opinion that everything depended upon the principles of an institution, and that no amount of success would justify the adoption of an unsound principle, without a protest which would imply a determination to remedy the defect.

I have examined very carefully the reports of the Northampton and of other Provident Dispensaries, and have come to the conclusion, that though they may be regarded as very laudable efforts in the right direction, yet they are defective in principle, or rather in the application of the principle which they profess to act upon.

The question must be viewed in all its magnitude, ere we can hope to view in its proper light any part of it.

When you say a graduated scale of payment, "though theoretically sound" (I thank you for the candid admission), cannot be brought into practice, I say, if it cannot, there must be a reason why; and it is our duty to find out why. I think it

Digitized by Google

safer to say if a thing is theoretically sound there must be a way of putting the theory in practice; and until I see my way I prefer to wait rather than proceed on an unsound basis. It may be that after further consideration I may see myself in error, and that the scheme is not so unsound as I supposed; but until I am convinced of my error it would be short-sighted policy to cut the knot because I find it difficult to untie it.

Again, when you say that it is impossible to work the Dispensary with more than three Medical men attached, I ask again the reason why? And once more I venture to assume that there must be a way by which every Medical man in a district may join in the charitable work which we contemplate. I may not have discovered the way, but I never shall discover it if I never try.

If you examine these two insuperable obstacles you will find that they are one—they are two bitter apples from one and the same root.

Limit your endeavours to the man who is able to pay only a penny a week, and you must limit the number of your Medical men. Let one principle of charity be your guide, and help all who need, and none who are willing to help need be excluded.

The plan of paying first the drug bill, next the printer, bill-sticker, etc., and then the doctor, is a crab on the old-tree, which at once discovers that the parent stock has something wrong in it.

The principle of charity bears no such fruit; it says the Medical aid is three times as valuable as all the rest put together. Therefore of the sum paid by the members, three-fourths is set aside first for that purpose. And then if any Medical men accept that proportion in lieu of an equitable return—those Medical men are *ipso facto* engaged in a work of charity.

This makes all the difference between the Northampton and the Coventry Provident Dispensaries—the one is a joint-stock company, the other is a charity; but both are on too narrow a basis, and are liable to the accusation of being established for the benefit of a few at the expense of the many.

The item of rent is another instructive difficulty, pointing clearly to the remedy: but I am trespassing too long on your patience and space.

I only wish to warn your readers against being captivated by mere success, and against the danger of neglecting any intimation of the existence of an unsound principle.

I am, &c. WILLIAM OGLE.

September 29, 1858.

"A difficulty is a thing to be overcome."—*Duke of Wellington.*

A CASE OF REAL DISTRESS.

LETTER FROM W. ADAMS, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—By inserting in the *Medical Times and Gazette* of September 4, a letter in which I detailed the circumstances of a case of "real distress," you will be glad to learn that you have largely contributed to the effectual relief which I am happy to say has now been afforded to the unfortunate lady adverted to.

The total sum subscribed, including £10 from the Medical Benevolent Fund, amounts to £80 7s. 6d., which I have handed over to the widow, and she, with her two daughters leave England to-morrow (Oct. 5) for Canada. She has secured the passage, including all expenses, for £32, so that on landing she will have a little to assist her in any course she may adopt. We have, therefore, not only relieved a most distressing case of destitution, but by enabling the lady to join her sons in Canada, may hope we have afforded some permanent relief.

I beg to enclose the names of those who have so benevolently responded to this appeal. I am, &c.

WILLIAM ADAMS.

5, Henrietta-street, Cavendish-square.

SUBSCRIPTIONS TO THE EMIGRATION FUND.

	£	s.	d.
The Medical Benevolent Fund	10	0	0
Sir J. Clark, Bart.	1	0	0
Through ditto	5	0	0
The Right Rev. the Bishop Maltby	3	0	0
J. Paget, Esq., and friends (Leicester)	2	10	0
J. Cole, Esq., and friends (Tamworth)	2	10	0
J. R. Green, Esq., Hadley	2	2	0
J. Hodgson, Esq., Westbourne-terrace	2	2	0
P. Hood, Esq., Lower Seymour street	2	2	0
W.B.	2	2	0
A.R.	2	2	0
T. B. Hawkins, Esq., Upper Harley-street	2	0	0
P. Martin, Esq., Reigate	2	0	0
P. M. Latham, M.D., Grosvenor-street	2	0	0
W. C. Powers, Esq., Biggleswade	2	0	0
S. Moncton, M.D., Brenchley, Kent	1	10	0
T. H. Barker, M.D., Bedford	1	1	0
Wm. Adams, Esq., Henrietta-street, Cavendish-square	1	1	0
Mrs. Wm. Adams ditto	1	1	0
A friend, by W. Adams, Esq.	2	2	0
do do	1	2	6
do do	1	0	0
J. Brichsen, Esq., Welbeck-street	1	1	0
G. Norman, Esq., Bath	1	1	0
R. D. Grainger, Esq., Highgate	1	1	0
W. N. Gull, M.D., Finsbury-square	1	1	0
J. J. Conquest, M.D., Finsbury-square	1	1	0
H. Terry, Esq., Northampton	1	1	0
R. Tippetts, Esq., Dartford	1	1	0
T. J. Starling, Esq., Higham Ferrers	1	1	0
F. Le Gros Clark, Esq., Spring Gardens	1	1	0
James R. Martin, M.D., 71A, Grosvenor-street ...	1	1	0
P. Benson, Esq., Luton, Beds	1	1	0
Mrs. Vyse, Luton, Beds	1	1	0
W. H. Covey, Esq., Wilton-street	1	1	0
J. Wiblin, Esq., Southampton	1	1	0
S. Hey, Esq., Leeds	1	0	0
W. Hey, Esq., Leeds	1	0	0
A. Mitchell, M.D., Mansfield, Stonehaven, N.B. ...	1	0	0
J. Mitchell, Esq., Park-terrace, Glasgow	1	0	0
C. Higham, Esq., Bridge-road, St. John's-wood ...	1	0	0
G. Bullen, Esq., Ipswich	1	0	0
T. Turner, Esq., Manchester	1	0	0
J. S. Soden, Esq., and J. Soden, jun. Esq., Bath ...	1	10	0
N. Godfrey, Esq., Torvey	1	0	0
W. Norman, Esq., Blenham Mills	1	0	0
W. Gibbon, Esq., Kettering	0	10	0
S. Banner, Esq., Delamere-street	0	10	0
W. G. Wotton, Esq., King's Langley, Herts.	0	10	0
R. Wotton, Esq. do do	0	10	0
G. May, Esq., Reading	0	10	0
W. J. Square, Esq., Plymouth	0	10	0
G. Bury, Esq., Whetstone	0	5	0
G. Horday, Esq., West Hadden, Rugby	0	5	0
A Friend	0	5	0
do.	0	1	0
Total	£80	7	6

INJURIES TO THE HEAD.

LETTER FROM CHARLES JEWEL EVANS, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read the extremely interesting and instructive lectures by Mr. Prescott Hewett, on Injuries and Diseases of the Head, now publishing in your journal, I think, perhaps, the following case, which has some light thrown upon it thereby, may not prove uninteresting to some of your readers at the present time.

Charles Edwards, aged 52, was admitted into the Infirmary, under the care of Mr. Craven, on July 24, having fallen from the deck into the hold of a vessel, a height of about twelve feet. He was insensible, and his pupils dilated. There was a slight graze on the vertex; no fracture was detected, and there was no discharge of any kind from the ears. He is much addicted to drink, and was supposed to be under the influence of it at the time of the accident.

Bowels relieved freely at night. His urine was withdrawn with a catheter.

25th.—He is less drowsy, and takes notice when spoken to.

℞. Empl. lyttæ ampl. nuchæ; empl. sinap. suris; cold to the head.

26th.—Still somewhat drowsy; pulse feeble and slow:—

℞. Calomelanos gr. ij. secunda quaque horæ; enema terebinth, c. ol. ricini.

28th.—Bowels well open; passes his urine naturally; great congestion of conjunctiva of right eye.

He was reported by another patient to have had a convulsion this day, the right side being affected.

August 1.—Considerable improvement the last two or three days; is quite conscious, and speaks always when spoken to, but not otherwise.

The calomel to be omitted, the gums being sore.

5th.—Has become more drowsy the last day or two; sleeps a great deal; pulse very feeble; pupils rather contracted.

℞. Mis. Quinæ ʒj ter die. Calomel to be taken again. Brandy in sago, etc. ad lib.

Digitized by Google

August 10.—The drowsiness and torpor have increased the last few days, so as to amount to complete coma. Pupils much contracted. Respiration "puffing," motion and sensibility completely in abeyance.

The head to be shaved, and a blister applied to it.

He died about noon, eighteen days from the date of the accident.

Autopsy.—On removing the calvarium, the dura mater covering the left hemisphere presented a dull greenish hue, and yielded to pressure more than on the right side. It was firmly adherent to the brain along the median line, especially posteriorly; and on being reflected on the left side, a thickish layer of brownish-coloured blood was exposed to view, partially adhering to the membrane—that is, it was reflected together with it. The effusion was evidently not of recent date. The layer of blood completely enclosed the left hemisphere, lining, as it were, the fossa at the base on the left side. This hemisphere appeared compressed, but was of the same consistence as the right. In the substance of the middle lobe of the same side, near the base, was apparently a hollow cavity, capable of holding a small marble; it seemed as if it had been filled with blood, and perhaps from this spot the hæmorrhage arose in the first instance. The rest of the brain was natural, there being no laceration, nor was any fracture discovered; there was more fluid than usual in the ventricles.

It is somewhat difficult to reconcile the post-mortem appearances with the symptoms in this case;—the improvement and subsequent relapse, with the age (if I may so express it) of the effusion, there being no evidence of its having occurred a second time.

It appears to me to possess especial interest in connexion with the last published (more particularly) of the above-mentioned lectures.

I am, &c.

CHARLES JEWEL EVANS,
House-Surgeon.

General Infirmary, Hull, Oct. 4, 1858.

REPORTS OF SOCIETIES.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE following is a summary of the Papers presented at Leeds which we think are most likely to interest our readers.

In sub-section D (Physiology), Mr. J. MILLIGAN read a paper,

ON THE PRESSURE OF THE ATMOSPHERE, AND ITS POWER IN MODIFYING AND DETERMINING HÆMORRHAGIC DISEASE.

The chief object of this paper appeared to be to show that hæmorrhage was in many cases produced by extraordinary atmospheric pressure, numerous cases being adduced in which bleeding occurred coincidentally with the fall of the barometer, and for which no other cause was discernible.

Dr. GEORGE HARLEY, F.R.C.P.E., read a paper entitled,

NOTES OF EXPERIMENTS ON DIGESTION.

The communication was illustrated by numerous experiments showing the properties of the salivary, gastric, biliary, and pancreatic secretions. The author stated that contrary to an opinion lately published by Bernard, he had found that the human saliva contained both sulphocyanide of potassium and iron. The latter substance can only be detected, however, after the organic matters contained in the secretion are destroyed by burning. The gastric juice has not the power of digesting amylaceous food; but at the same time it does not destroy the action of the saliva upon it (amylaceous food), so that the saliva continues to transform starch into sugar after it has entered the stomach. The gastric juice changes cane into grape sugar. Dr. Harley said that his experiments showed that the digestion of the living stomach was not prevented by the epithelium lining it; but by the layer of thick mucus covering its walls. When the mucus is absent the gastric juice attacks the coats of the stomach, and digests them. As regards the bile, it seems that this secretion takes an active part in rendering the fatty kinds of food capable of absorption. The most curious of all the digestive fluids, however, is the pancreatic, which unites in itself the properties of all the others. It transforms starch into sugar, emulsions fats, and digests protein substances. As a remedy in indigestion, pancreatine would, therefore, be greatly superior to pepsin, which can only digest one kind of food, namely, protein. Dr. Harley said that he had been labouring to obtain pancreatine in a state sufficiently pure to admit of its being administered to patients, and had already, to a certain extent, been successful.

Dr. LANKESTER exhibited an instrument for measuring the constant varying of ozone. He pointed out the importance of ascertaining the presence of ozone, on account of its undoubted relation to health. He drew attention to a series of tables which had been drawn up from the registrations of the anemometers made at London, Blackheath, and Felixstow, on the coast of Suffolk. From these it was seen that the relation of these three places was as 0·22 and 55.

Mr. J. P. GASSIOT gave an exposition of "Electrical Discharges as observed in Carbonic Acid *in vacuo*."

A paper by Mr. LAUDER LINDSAY, M.D., F.L.S., was read by Dr. GLADSTONE,

ON THE ACTION OF HARD WATERS UPON LEAD.

The author said he had, by observation, experiment, and inquiry, come to the following conclusions:—That certain pure or soft waters do not act upon lead; that certain impure or hard waters, in some cases containing abundance of the very salts which are generally regarded as most protective or preservative, do act upon lead. The *rationale* of these exceptional cases is very imperfectly understood, and experimentation on a small scale for short periods is very often fallacious. Water may contain lead without necessarily acting as poison on the human system, yet many anomalous, colicky, and paralytic affections may be ascribed to its presence in drinking water.

Mr. W. ODLING, M.B., F.C.S., read a paper "On the Atom of Tin."

Mr. J. H. GLADSTONE, Ph.D., F.R.S., read a very elaborate paper "On Reciprocal Decomposition between Salts and their Acid Solvents."

The Rev. J. DIXON, of Lanchester, Durham, read a paper,

ON A NEW LAW OF BINOCULAR VISION.

Its object was to point out a singular law by which an imperfection incident to binocular vision is obviated. It sometimes happens that, in looking at a field of view at some distance, objects considerably nearer are so interposed as to present themselves in the picture formed in one eye, and not in the other. Thus, in looking at a landscape, if the finger or any other object is held before one eye, the image of it on the one retina only is superposed on a part of the landscape formed in the other eye. On mere physical principles this might be expected to blot out or greatly confuse that part of the landscape upon which it was placed in the sensorium; but, upon trial, this is not found to be the case, as that part of the landscape is merely a little dimmer than the rest, but is equally distinct and as truly coloured. By various experiments the author had ascertained that this was the result of a peculiar power of the will, by means of which the mind is enabled, when two different objects are superposed in the sensorium, to select whichever it pleases, to bring that object into view, and entirely to obliterate the other—it sees, in fact, whichever it wills to see, and the other image, simply by being neglected, becomes invisible. In ordinary vision the determination of the image to be seen is effected by the same act of the will which determines the position of the optic axes, but by certain arrangements the predisposition to select either of the images may be obviated, and it may be made indifferent which of the two that occupy the same space in the sensorium shall be seen. When these arrangements are made it is found that mere efforts of the will can alternately bring either the one or the other into view.

Dr. MACADAM disputed the claim of M. de Luca to the discovery of the non-presence of iodine in the atmospheric air, rain water, and snow. He in 1852, in the *Edinburgh Journal*, stated that he had examined twelve gallons of rain water, and could not in them find the slightest trace of iodine.

A paper by Mr. W. HUGGON was read,

ON THE ALKALINE WATERS OF LEEDS.

Mr. Huggon gave the results of an analysis of a gallon of

Digitized by Google

water from Ripley's Well, Holbeck. This alkaline water appears to contain a larger amount of alkaline matter than any in England. The nearest approach to it is the water of the artesian well in Trafalgar-square, which, according to the analysis of Abel and Rowney, contains 18 grains of carbonate of soda in the gallon.

Mr. Morley said that the Leeds waters were not detrimental to health.

A paper was read by Mr. Nunneley,

ON THE STRUCTURE OF THE CHOROID COAT OF THE EYE,

AND MORE PARTICULARLY ON THE CHARACTER AND ARRANGEMENT OF THE PIGMENTARY MATTER.

The choroid coat begins at the entrance of the optic nerve by a round aperture, with a distinct edge, in close apposition with the nerve, but not organically connected with it, and passing forward as far as the junction of the sclerotic and cornea, where, as choroid proper, it terminates. It there comes in connexion with the ciliary circle or muscle, the ciliary body and the iris. The choroid is essentially a vascular membrane, being made up of blood-vessels, colouring matter, and a modified white fibrous tissue. The choroid universally provided the pigmentary nigrum, and is of a deep bronze colour, approaching to black. The pigment was described as consisting of two distinct forms of cells,—on the inner surface the choroid, of true hexagonal cells, and in the tissue, and on the posterior surface, of stellate cells. The use of these cells was to destroy the light as soon as it had acted on the retina; and they were the most perfect absorbers of light of any substance in Nature that he knew of. From the account he gave of the arrangement of the pigment, it afforded what he considered a satisfactory anatomical explanation of an abnormal condition of the eye which had hitherto not been understood, viz. *Muscæ volitantes*. The figures of these motes he believed to resemble exactly portions of the choroid coat when teazed out; and they might be expected to appear and disappear with the varying condition of the vessels arising from disordered stomach or the cerebral circulation, and be cured by whatever corrects those conditions; or the muscæ might result from different organic changes in the choroid coat, which are incapable of being removed.

A paper was read by Mr. J. Crawfurd,

ON THE EFFECTS OF COMMIXTURE, LOCALITY, CLIMATE, AND FOOD ON THE RACES OF MAN.

The writer gave a review of the commixture of various nations, its effects on the mental faculties of the different populations, their physical characteristics, and language. He glanced at the effects of a change of climate upon any particular race. It did not appear, he said, that colour and the more prominent physical attributes, or mental capacity, had any necessary connexion with climate; nor did he think that climate altered the physical form and mental faculties of a race transferred from its original locality to a new one. He then pointed out, at some length, that the varieties of climate had a great influence upon the mental powers of a people; and proceeded to consider, under the last head of his paper, the question of diet in relation to the physical and mental character of a people. The physical character of a race, he said, did not seem to be in any respect altered by the nature of the vegetable diet of which it partook, provided the quantity were sufficient and the quality wholesome, but when the question of the diet of a people related to mental development, the quality assumed an important aspect. No race of man, it might be safely asserted, ever acquired any respectable amount of civilisation that had not some cereal for a portion of its food.

In answer to observations made by Mr. Warre, Mr. Crawfurd said he believed there was no question that cannibalism had existed in various parts of the world. It appeared generally to have prevailed among those tribes which were to a great extent destitute of animal food. It had, however, undoubtedly prevailed even where there was no scarcity of animal food. He believed that the practice was decreasing, and in the southern and middle portions of New Zealand it had not only been given up by the natives, but they were absolutely ashamed of it.

A paper by Mr. Milner, Surgeon to the Convict Prison at Wakefield, was read,

ON THE INFLUENCE OF VARIOUS CIRCUMSTANCES IN CAUSING

LOSS OR GAIN IN THE WEIGHT OF PRISONERS IN WAKEFIELD PRISON.

The prison contains on an average 400 convicts, who are weighed at regular intervals, and the result recorded, in order to enable the officer to determine whether they are suffering from want of nourishment, etc. Their ages range from 16 to 50, and they remain in gaol on an average 9 months. One noticeable fact elicited was, that they, the prisoners' weight, increased in summer, and decreased in winter;—a small increase in April; do. in May; in June a gain; in July a larger gain; in August a great gain; in September a loss, and this loss continued through winter and spring, being very large in March. Prisoners generally lost weight before trial, unless put on extra diet, which thus appeared to compensate for mental anxiety. After trials, when they knew their fate, their weight increased considerably for some months, but their lengthened imprisonment began to tell upon them, so that extra diet became necessary. Men also who worked hard required more food to keep up their flesh, than those engaged in sedentary occupations. The diet was very liberal in the Wakefield Prison; but Mr. Milner thought that of the county prison insufficient.

The Ray Society held its fifteenth annual meeting during the late session of the British Association at Leeds. Professor Owen, the President of the Association, occupied the chair. The report stated that Professor Williamson's work "On the British Foraminifera" had been distributed to all subscribers for 1857. The plates of Professor Huxley's work "On Jelly Fishes" were exhibited, and it was announced that the work would be shortly distributed to the members for 1858. For 1859, the Council promised Dr. Carpenter's work "On the General History and Structure of the Foraminifera," and if the members increased sufficiently, Dr. Bowerbank's work "On British Sponges." The report also announced that the Council would publish a translation of Hoffmeister's work "On Cryptogamic Plants," and that they were not without hope that they should have the honour of giving to his countrymen a complete edition of the works of the late Robert Brown. The usual complaint was made of subscriptions in arrear; these amount to about £800, while the liabilities of the society are about £500, and the stock of books in hand for the past year amounts to about 3000 volumes.

MEDICAL REGISTRATION.

A meeting of the legally-qualified Medical Practitioners of Lambeth took place on the morning of October 4, at the Vestry-hall, Kennington-green, Dr. Wm. Odling, Medical Officer of Health, in the Chair.

The Chairman observed that the meeting had been convened by a circular addressed to the Practitioners of Lambeth by Dr. Ladd. The object of the meeting was to consider the propriety of forming a local association, for the purpose of rendering effective the "New Medical Act," of securing a correct register of the legally qualified, and of rigorously excluding the unqualified. Should the meeting consider the formation of such a Society desirable, they would then have to discuss the mode in which it should be conducted. After Dr. Ladd had more fully explained the objects of the meeting,

Dr. Pursell proposed (after some preliminary remarks upon the necessity of union among the Medical men)—"It is expedient that the legally-qualified practitioners of Lambeth do form a Society for the purpose of assisting the Registrar under the 'New Medical Act' in preventing unqualified persons from being registered, and for securing the correct registration of all legally-qualified Practitioners;" which was seconded by Mr. Bushell, and carried unanimously.

Proposed by Mr. Berrell—"That the name of this Society shall be the 'Lambeth Medical Registration Association;'" which was seconded by Mr. Wright, and carried unanimously.

Proposed by Mr. Miskin—"That every practitioner of orthodox Medicine in the parish of Lambeth who is entitled to be registered under the 'New Medical Act' be eligible as members." Seconded by Mr. Dodd. Carried unanimously.

Digitized by Google

Proposed by Dr. Pursell, and seconded by Mr. J. W. Jones —"That Dr. William Odling, Medical Officer of Health for Lambeth, be President of the Association." Carried unanimously.

Proposed by Mr. J. E. Smyth, seconded by Mr. Miskin—"That an Executive Committee be formed consisting of two members out of each ward of the parish. Five to form a quorum." Carried unanimously.

The Secretary *pro tem* having read the names of the legally-qualified Practitioners of the several wards of the parish, the following gentlemen were proposed as the Executive Committee:—

Bishop's Ward.—P. Borrell, Esq., J. E. Smyth, Esq. Princes Ward.—Dr. Pursell, J. W. Jones, Esq. Marsh and Wall Ward.—N. Miskin, Esq., Elijah Dodd, Esq. Vauxhall Ward.— —Mitchell, Esq., G. P. Rugg, Esq. Brixton Ward. —J. Unwin, Esq., — Garty, Esq. Stockwell Ward.— — Osborne, Esq., Nathaniel Ward, Esq., F.R.S. Norwood Ward.—Dr. Barclay Sharpe.

Proposed by Dr. Sharpe—That the duties of the Executive Committee be as follows:—

1. To appoint a Chairman before proceeding to business.
2. To secure a correct list of the legally-qualified Practitioners in the parish of Lambeth.
3. To obtain a correct list of those persons who are known to be practising in Lambeth without legal qualification.
4. To consider the means most likely to be successful in detecting and exposing the illegal practice of such persons, and of preventing a recurrence of the same.
5. To draw up "By-Laws" for the regulation of the Association.
6. To call a General Meeting to submit their report (upon these points, and any other matter in the "New Medical Act" they may deem worthy of notice) for their sanction and approval. Carried unanimously.

Proposed, seconded, and carried unanimously that Dr. Theodore Ladd be Honorary Secretary of the Association.

Proposed by Mr. Jones that the entrance fee be 2s. 6d.

Dr. Sharpe moved an amendment that it be 5s., which was, after some discussion, withdrawn, and the first proposition carried unanimously.

Proposed, seconded, and carried unanimously, "That Dr. Pursell be Treasurer to the Association."

The Chairman remarked that from the unanimity with which the different resolutions were carried, it was evident that the Meeting felt that a necessity existed for the effective action of some such Society. For his own part, not being engaged in actual Medical practice, his interest was not so immediate as that of the other gentlemen present, but he most cordially concurred with them in abhorring quackery of every description. It was, he conceived, most important that the public should be able to distinguish accurately between those who were, and those who assumed to be practitioners of the healing art. He believed that, independently of its avowed object, the existence of the Association would tend to promote the social intimacy and *esprit de corps* of the Practitioners of the district.

After a vote of thanks to the Chairman, the gentlemen present enrolled themselves as members.

MEDICAL NEWS.

Apothecaries' Hall.—Names of Gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, 30th September, 1858.

Brown, Richard, Greengate, Salford, Manchester.
Gibson, Andrew, South Shields.
Roberts, Roger, Rathkeale, Ireland.
Smith, Henry Bennett, Hertfordshire.
Walker, James Richards, Liverpool.

Also six Gentlemen who passed their first examination.

APPOINTMENTS.

The Queen has been pleased to give and grant unto James Vaughan Hughes, Esq., M.D., her Majesty's royal license and permission that he may accept and wear the Cross of a Knight of the Order of Saint Maurice and Saint Lazarus, which the King of Sardinia hath been pleased to confer upon him in testimony of his Majesty's approbation of his distinguished services before the enemy during the late war.

The Queen's University in Ireland.—His Excellency the Lord Lieutenant has appointed Robert Adams, Esq., M.D., to be a member of the Senate of the Queen's University, in place of the late Sir Philip Crampton, Bart.

DEATHS.

Gaskoin.—Suddenly at his residence, 32, Clarges-street, on the evening of Tuesday, the 5th instant, J. S. Gaskoin, Esq. The deceased gentleman had a large practice in diseases of the skin, especially among the upper classes. He was in practice prior to 1815, was Surgeon to their Majesties George IV. and William IV., Surgeon to the Freemason's Institution for Female Children, Fellow of some of the Medical Societies, and formerly Consulting Surgeon to the London Infirmary for Diseases of the Skin.

Hilton.—On the 25th September, at Runcorn, aged 34, William Richards Hilton, M.D., M.R.C.S. Eng. and L.S.A. 1848, of Whitehaven.

Ledwich.—T. H. Ledwich, F.R.C.S.I., M.R.I.A., late Lecturer on Anatomy and Physiology, Peter-street. The above distinguished anatomist and physiologist died suddenly in bed, on the 29th ultimo, of pulmonary apoplexy. In the early part of his professional career he suffered extreme delicacy of health, from which he rallied, but at intervals ill health obliged him to suspend his almost continuous mental labour as public lecturer and private teacher. His career was one untiring struggle to forward the interests of the institution to which he belonged, and under his guiding influence its course was highly successful —the number of its pupils increasing annually. While thus labouring in the field of anatomy and physiology, he cultivated with equal success the kindred science of surgery, and a short time ago was elected to succeed the late Sir Philip Crampton, Bart., as one of the Surgeons of the Meath Hospital. He was cut off in the midst of his career of usefulness, when the highest honours of his profession were opening before him.

Salter.—September 30th, at Southampton, Thomas Bell Salter, M.D., and L.R.C.S. Edin. 1836; M.R.C.S. Eng. 1836.

Royal College of Physicians.—The Harveian Oration will be delivered by Dr. Aldis in the ensuing year.

Apothecaries' Hall of Ireland.—At a meeting of the Council of the Apothecaries' Hall of Ireland, held the 1st of October, Dr. Charles Henry Leet was unanimously elected as their representative in "The General Council of Medical Education and Registration of the United Kingdom," under the new Medical Act.

"Asthma," according to M. Trousseau, "is a special malady; it is a general disease, which has very diverse local manifestations. Sometimes it shows itself in an attack of dyspnœa, and of oppression, which constitutes asthma; but it may also appear in the form of articular or wandering gout, as gravel, or as rheumatism."

Poisoning by Tobacco externally applied.—A young man suffering from *herpes tonsurans*, was advised by a quack to treat it with empyreumatic oil of tobacco. Having collected a quantity from his pipes, he applied it to his arm, the seat of disease. He was soon seized with shivering, cold sweats, loss of sense, diarrhœa, vomiting, and delirium. Under applications of stimuli, etc. he shortly came out of his state of poisoning by nicotine.—*Gazetta Medica Italiana.*

Ignorance of the Qualities of Drugs.—Last week five persons suffered considerably at Longhoughton, near Alnwick, from taking an overdose of tartar emetic; the person who administered the dose as a cooling beverage to the others and to himself having completely forgotten the difference between tartar emetic and the cream of tartar.

Digitized by Google

Fortunately, medical aid arrived in time to prevent any loss of life.

IRISH REPRESENTATION IN THE MEDICAL COUNCIL.—*Royal College of Surgeons in Ireland.*—Dr. Robert Carlisle Williams has been unanimously elected as the representative of the Royal College of Surgeons in the General Medical Council of the United Kingdom.—*King and Queen's College of Physicians in Ireland.*—At a special meeting of the College, held on 1st October, Dr. Aquilla Smith was elected as the representative on the General Council, pursuant to the provision of the Medical Act, 21 and 22 Vict., chap. 90.

SITE FOR AN INDIAN ARMY SANATORIUM.—A gentleman well acquainted with the East, asserts that King George's Sound "possesses great advantages as a temporary abode for the Indian invalid. It is the nearest Australian settlement to India with the exception of Swan River; eighteen days' steam from Calcutta, fifteen from Madras, and seventeen from Bombay. The harbour is one of the finest in the world. The climate is especially healthy, and the scenery very beautiful."

A NEGRO, demi-doctor and demi-sorcerer, is making a furor in Paris,—a fine handsome negro, well-made, covered with diamonds and jewellery, and drawn by a pair of valuable horses in an elegant carriage, living in luxurious apartments, demanding fabulous prices for his drugs, which he administers himself. His room is constantly filled with the credulous and the rich. The Homœopath, also, appears to be driving an excellent trade in Paris. The *Union Médicale* advises, that all of us should turn Homœopaths for a year, by way of bringing the public to its senses.

LISFRANC, says the *Union Médicale*, passed a most austere existence during the first years of his Medical life. Though devoted to sports of the field he never indulged his fancies until he had acquired a fixed reputation. This is the advice he gave to a young doctor, starting in life: "When you have once chosen your residence, and taken up your abode there, never stir from it if you want patients to come. There must be neither Sundays nor fête-days for you; shun dinner-parties, soirées, and country-parties. Absent yourself as little as possible from your house, and never quit Paris. During your absence the client will come, and if he do not find you he will go somewhere else."

PEPSIN.—M. Mialhe has inserted in the *Bulletin Général de Thérapeutique*, a new formula for the preparation of this medicament, which he considers is exempt from the inconveniences attached to those heretofore in general use. This elixir, he says, has a very agreeable taste; and women and children take it without any repugnance, and even with pleasure. It is administered immediately after each repast in a spoonful, containing one gramme (15 grains). This is the formula. Pepsin (prepared after the method of MM. Corvisart and Boudault, with amylaceous matters), 6 grammes; distilled water, 24 grammes; white wine (de Lunel), 54 grammes; white sugar, 30 grammes; spirits of wine, at 33°, 12 grammes. These materials are mixed together until the sugar is quite dissolved, and are then filtered.

SIMULATED ABORTION.—A *Sage-femme* of the town of Melun, finding her practice interfered with by a new competitor, thought to be rid of her in the following way:—She procured an accomplice of course. The accomplice pretends to be *enceinte*, and sends for the new and objectionable *Sage-femme*, who comes, makes her examination, and departs. After her departure, the accomplice finds herself very ill, and declares that she has been injured, "la malheureuse m'a blessée." Thereupon she sends for the original *Sage-femme*, her proper patroness, who declares that abortion has been produced; and Doctors are called in to certify to the fact; but they are not thus to be deceived. MM. Tardieu and St. Yves discover the trick, and expose the vile deceivers.

EFFECTS OF LEAD ON ANIMALS.—M. Pécault Taschereau, a manufacturer of red lead at Tours, has published some curious observations touching the effects produced by the salts of lead on certain domestic animals. These salts, which are known to have deleterious effects upon man, produced none whatever on dogs, while, on the contrary, cats that inhabit white lead factories are very short-lived, and do not long resist the effects of the dust with which the air is charged. The horses belonging to such factories are seized with a curious affection—viz. a paralysis or obstruction of the larynx. In such cases M. Delaunay, a veterinary surgeon, has successfully had recourse to the operation of tracheotomy, and has observed that, this operation once performed, the horse is not attacked a second time with the same affection. M. Roart, of Clichy, has found that rats exposed to the emanations of lead are affected with paralysis in their hind legs, and may thus be easily killed.

M. MAISONNEUVE has imparted to the French Academy what he calls a new method of cauterising, with the object of destroying tumours. He attacks them by his method, not only at the circumference, but in their interior, and without injuring the skin more than is necessary to admit his cauterising agents. These he calls arrows; they are formed of chloride of zinc and flour, formed into a hard paste, and into the shape of vaccination points. When the tissues to be attacked are friable these *arrows* may be at once thrust into the tumour; but sometimes, and if the skin is to be traversed, a way must be made for their admission by a pointed bistouri. "The caustic," he says, "instead of being applied externally, is carried at once into the interior of the tumour, and thus acts from within outwards, instead of, as by the old method, *vice versâ*." We have seen M. Maisonneuve adopt this plan with considerable success.

OPIUM SMOKING.—Opium is not smoked in the same manner as tobacco. The pipe is a tube of nearly the length and thickness of an ordinary flute. Towards one end of it is fitted a bowl of baked clay or some other material, more or less precious, which is pierced with a hole communicating with the interior of the tube. The opium, which before smoking is in the form of a blackish viscous paste, is prepared in the following manner:—A portion of the size of a pea is put on a needle, and heated over a lamp until it swells and acquires the requisite consistence. It is then placed over the hole in the bowl of the pipe, in the form of a little cone that has been previously pierced with a needle so as to communicate with the interior of the tube. The opium is then brought to the flame of the lamp, and after three or four inspirations the little cone is entirely burnt, and all the smoke passes into the mouth of the smoker, who then rejects it again through his nostrils. Afterwards the same operation is repeated, so that this mode of smoking is extremely tedious. The Chinese prepare and smoke their opium lying down, sometimes on one side, sometimes on the other, saying that this is the most favourable position; and the smokers of distinction do not give themselves all the trouble of the operation, but have their pipes prepared for them.—*Le Huc's China.*

MEDICAL BENEVOLENT FUND.—Proceedings of Committee at the September Monthly Meeting.—Cases: A widow in Wilts, æt. 47, left with six children, dependent upon her, and without any means. From distress and anxiety she has lately become partially insane. Voted £50 towards a fund for the education of the children.—A Medical man in Yorkshire, æt. 62, in bad health, partially disabled from practising. Married, has had twenty-one children, eleven now alive, five dependent upon him, between the ages of 13 and 1½. Voted £30.—A widow in Lancashire, æt. 38, four children under 15 years of age, dependent on her, earns four shillings a-week at needlework. Voted £15.—A Surgeon in Scotland, æt. 65, in bad health. Married, two children, one an invalid. Voted £10.—Two maiden ladies (sisters), æt. 67 and 69 years, daughters of a Medical man, deceased. One crippled from rheumatic gout, the other totally deaf, no longer able to get a living. Income, £18 a-year. Voted £20, and placed on the list of candidates for an annuity.—A maiden lady in Dorsetshire, æt. 61, partly blind, no longer capable of teaching. Voted £10, and placed on the list of candidates for an annuity. A Physician in Somersetshire, æt. 85, disabled from practising, and without means; and a general practitioner in Wiltshire, æt. 73, married, and a confined invalid, wholly dependent upon friends, were elected annuitants at £20 each. The cases of the other fourteen annuitants were reconsidered; and the interest of the money invested for annuities, amounting to £286 last year, was decided to be expended as follows:—Nine annuitants at £20, six at £15, and one at £13.

VETERINARY HUMANITY.—In an excellent introductory address on the 1st, at the Royal Veterinary College, Professor

Digitized by Google

Spooner said, "there was a distinct public opinion arising against the practice of all unnecessary vivisection in the schools of science. Time had been, perhaps still lingered, when experiments upon living horses, dogs, rats, rabbits, and the like, were instituted week after week, and session after session, not to discover anything, not to explore, not to gain any fresh access to the secrets of nature (for one or two such experiments would suffice for that), but simply to demonstrate to fresh students the effects of cutting and maiming these living and writhing creatures. He would protest that all attempts to raise up schools of vivisection were an abomination to all our most enlightened feelings, a torpor and darkness extinguishing our best sources of knowledge: in short, arrant and horrible sepoyism wearing the mask of art and science. Public opinion only required to be directed to the subject to render such practices impossible, and grievously to punish the perpetrators. He was now speaking of the public repetition of vivisection, or in plain Saxon, the cutting up of creatures alive. If any scientific man brought to a standstill in other modes of investigation, found it necessary to cut up life, let him chloroform the flesh he was about to violate, and trust to his conscience for an acquittal. Let him report his results, if any; but let him not repeatedly, and before young and tender-hearted men, score deep into nerve, brain, muscle, and vital, as if they were but the black insensate board for his fantastic cruelties to design upon. The Royal Veterinary College, as the fountain-head of the animal sciences for these realms, ought to be the guardian of the domesticated animals, and humanity should be written in broad capitals over its doorway."

STATISTICS OF SUICIDE.—Mr. Buckle has asserted, in his able and interesting recent work on "Civilization," that the number of suicides is a "constant quantity"—in other words, that suicides, like other so-called "crimes," occur very regularly. In the five years, 1852-56, it is shown by the Registrar-General that 5,415 persons put a period to their earthly career by self-destruction—viz. 3,886 males and 1,529 females. The annual average of male suicides is 777·2, and that of females 305·8. The general average shows that upwards of 1,000 persons (1,083·0) put an end to their sufferings by committing suicide in every year of grace. The lowest number of suicides was 1,031 (in 1853), and the highest 1,182 (in 1856). Poisoning being the easiest, is a common, but by no means a general means of self-destruction. The favourite poisons are arsenic, opium, laudanum, prussic acid, and essential oil of bitter almonds. It is a remarkable fact that female suicides manifest a strange predilection for the very painful irritant poison called oxalic acid. As many as 34 were so foolish as to choose this compound of oxygen and carbon, while only 15 males resorted to it. On the other hand, 67 men resorted to hydrocyanic acid and 33 to the oil of bitter almonds, while only 8 women had resolution to swallow the former fatal poison, and 18 the latter. Strychnia was used by one man and one woman, and in one case camphor was used. But hanging is by far the most general mode of suicide, for nearly half of the annual average of suicides terminate their miserable lives by suspension. Cut-throats and drowning stand next in the order of frequency; 8-10ths of all the suicides are committed in one of these three ways. Asphyxia proper, or suffocation by the fumes of charcoal, is by no means a favourite mode of suicide here as in France. The greatest number of suicides occur between the ages of 35 and 45. Thirty-three persons of both sexes committed suicide at 10 years of age, and 14 persons of both sexes at the age of 95.

INFANTILE CONVULSIONS.—When a child has convulsions, says M. Trousseau, learn to act quietly, indulge in no tumultuous proceedings; inquire if your patient is subject to such accidents, and if they generally pass away of themselves; if so, then little Medical interference is required, and, generally speaking, the convulsions preceding eruptive fevers will also quietly pass away. Bleeding, prolonged baths, violent purgatives, vesications made by boiling water, so far from being of service, aggravate the disease, interfere with its progress, retard the eruption, and occasion complications. Persons, strangers to the art of medicine, and even Physicians themselves, often act in a very absurd manner. They pour boiling water over the legs of unfortunate children, and thus occasion more serious diseases than the evil they desire to avert. This boiling water, thus brutally applied, is it not the frequent cause of those horrible scalds, which cause the death of so many children? What Physician has not seen them? Sometimes the doctor comes and envelopes the legs of the wretched child in linen wrung out of boiling hot water. The child is comatose, and feels not, and thus the patient is killed instead of saved. I saw one, who was my master—Marjolin—thus treated; boiling water was applied to rouse him out of the stupor which had supervened in the course of a typhoid affection; he suffered in consequence from deep ulcerations.—*Clinical Lecture.*

MORTALITY IN 1856.—The following facts, relating to the causes of death in 1856, are derived from an appendix to the Registrar-General's Return for that year from the pen of Dr. William Farr, F.R.S. The year 1856 was remarkable for its low rate of mortality, differing from 1854 in the diminished number of deaths by cholera and other zymotic diseases, and from 1855 in the reduced number of deaths by catarrh, influenza, and pneumonia. The people were not destroyed by the severities of the winter, nor by the pestilences of summer. The air moved faster at Greenwich in the year than in the three preceding years, and this rapidity of motion is very useful in carrying off the organic particles that float over human habitations. The rainfall of 1856 was 21·0 inches, slightly below the average of eight years; in the year 1852 it was 24·4. The winter of 1855 was very mild, and the temperature of the spring quarter was above the average; 78,047 persons, or 20·0 per cent. died of zymotic diseases; the decrease, as before hinted, is striking (from 6·180 to 4·567 and 4·146 in 1000 of the population), and is mainly due to the comparative cessation of cholera and its attendant diarrhœa. Croup and rheumatic fever were unusually fatal, as also metritis, or puerperal fever; 82,856 died of constitutional (cachectic) diseases, (21·0 per cent.) The mortality by consumption was at the rate of 2·6 in 1000 of the population; 12·7 per cent. of the deaths were caused by that insidious disease against 11·9 in 1854. The deaths by consumption to 1000 living, were in an inverse ratio, or 2·601 in 1856 to 2·791 in 1854. This is in accordance with the principle that when the deaths by consumption include a large proportion of the total deaths, the mortality from all causes, and often from consumption itself, is low—and conversely. Through ignorance of this principle it has been erroneously and illogically assumed that phthisis is more fatal in England than in the other countries of Europe. Constitutional diseases are very constant and regular in their influence on the mortality. 149,911 persons died of local or "monorganic" diseases, including 50,525 of diseases of the brain and nervous system, 3414 from cephalitis, 8278 from apoplexy, 8497 from paresis, 2096 from epilepsy, and 23,946 from convulsions; 59 died of the rare and remarkable disease called "chorea," and 120 from tetanus; 13,672 deaths were referred to diseases of the organs of circulation, 52,998 to diseases of the respiratory organs. Diseases of the digestive organs killed 22,690 persons; and 6498 cases of hepatitis, jaundice, and general "liver diseases" are recorded. Diseases of the urinary organs, so distressing and debilitating, killed many, including 269 by nephritis, 954 by nephria (Bright's disease), 433 by diabetes, 233 by stone, and 270 by cystitis, or inflammation of the bladder. It is significantly stated that there were 177 deaths from stricture of the urethra. Diabetes kills 422, on the average, every year; it is a well-defined disease, and fluctuates but little. 2,917 deaths resulted from diseases of the generative organs; 2,260 persons died of diseases of the locomotive organs (exclusive of scrofula, which often affects the bones); 672 from diseases of the integumentary system; 1,900 children from diseases of growth, etc., and 14,912 persons from violent deaths. The mortality under intemperance, etc., has declined during the last three years. Cold killed 86 persons in 1856, and 432 were poisoned. Dr. Farr shows that zymotic diseases more generally prove fatal to males than females, and the same holds good with regard to local diseases, cerebral diseases, diseases of the respiratory organs, diseases of the liver, and violent deaths. Heart disease, as may be supposed, kills more women than men, but angina pectoris and aneurism are most fatal to men. Diseases of the urinary organs killed 3,161 males, and only 1,166 females. Dropsy, influenza, and phthisis are more fatal to women than to men.

SUPERIOR SALUBRITY OF ENGLAND.—The Registrar-General, in his last report on births, deaths, and marriages, says, that it is now well established by extensive observation, that England is the healthiest country in Europe. France

Digitized by Google

stands next to England in salubrity. In the continental cities the annual rate of mortality is seldom less than 30 in 1000; and frequently as high as 40. In London the rate of mortality is only 25 in 1000. Statistical records prove that "the climate of England is eminently salubrious;" and it has not yet been shown that the climate of any part of the continent is more salubrious than this island,—crowned with hills of moderate elevation, sloping towards the east and the south; bathed by the showers of the Atlantic; drained naturally by rivers running short courses to the sea, cultivated more extensively than other lands, and producing those unequalled breeds of sheep, cattle, and horses, which flourish only in healthy places. The healthiest parts of England are not yet places of general resort, but the annual mortality in the various districts comprising watering-places seldom exceeds 21 in 1000 of the population, and is probably lower in these regions of the districts to which visitors resort. The lowest mortality at the English watering-places, as they are rather vaguely designated, occurs at Eastbourne—only 15 in 1000; Worthing, the Isle of Wight, Mutford (including Lowestoft), Barnstaple (Ilfracombe inclusive), and Anglesey, 17 in 1000; Hastings, Upton-on-Severn (including Malvern), and Aberystwith, 18 in 1000; the Isle of Thanet, Newton Abbot (including the east and south-east of Devon), 19 in 1000. After these the rates of mortality rise gradually to 23 and 24, which numbers represent the somewhat less salubrious districts of Yarmouth and Bath. Clifton also stands as high as 23, but a part of Bristol is included. Tunbridge Wells stands at 20, Dover at 21, Cheltenham at 20, Warwick (Leamington) at 20, Derbyshire (Buxton, Matlock, etc.) at 20, Scarborough at 21, Harrogate at 20, Whitby at 21, Kendal at 20, and Bangor at 21. "It should always be borne in mind," says the Registrar, "in selecting places of resort, that through the peculiar nature of zymotic diseases, places usually healthy are periodically visited by epidemics, which can only be avoided by consulting recent returns, or by actual inquiries on the spot. The cleansing and sewerage of all watering-places require improvement, as their arrangements were made when sanitary science was at a low ebb."

Resignation of Dr. Davies, Senior Physician of the Queen's Hospital, Birmingham. — Dr. Birt Davies, Coroner of Birmingham, has transmitted his resignation of the above office to the authorities of the Queen's College. We copy the following well-merited eulogium from *Aris's Birmingham Gazette*:—"This gentleman has rendered such important services to the Institutions of the town, and given so much skilled and humane labour to its sick poor, that we cannot allow the occasion of his resignation to pass over without drawing public attention to the medical benefits which he has conferred upon his fellow-citizens in the course of a residence of nearly thirty-five years amongst us. During the first nearly eighteen years of that period Dr. Davies was Physician to the General Dispensary—of which he finally became the senior medical officer—and in the performance of the duties of that office he showed an energy and devotion which are well-remembered by his former patients and associates. On the foundation of the Queen's Hospital, in the organisation of which Dr. Davies took a most conspicuous part, he resigned his connexion with the General Dispensary, and from that time, for the past seventeen years, devoted himself with a rare zeal to the duties of Physician to the Hospital. The profession, of which Dr. Davies is among the senior members in this town, supplies us with many instances of remarkable ability and philanthropy in those who have undertaken its public offices; but, most assuredly, we shall seek in vain for an example of prolonged zeal and punctilious discharge of duty which can be ranked higher than that offered by this Physician. Enthusiasm is a quality confined for the most part to the earliest period of life. Services to which no pecuniary reward is attached are apt to be executed in a slovenly manner, after a few years, even by well-disposed men. The heart, even of the best, soon becomes indurated to feelings of a benevolent character, amid the ingratitude of the recipients of our labours, the jealous misconstruction of rivals, cold co-operation of colleagues; but Dr. Davies has done his duty faithfully, and most humanely, for thirty-five years—though long past the sanguine aspirations of the period of youth. In an official sense it will not be difficult to find a successor, but the appointment of one who will bring an equally exact and painstaking attention to the interests of the poor, and an equally self-sacrificing determination to do every duty he undertakes to the uttermost requirement of a scrupulous conscience, will prove a formidable task to the authorities of the Queen's College."

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 2, 1858.

BIRTHS.

Births of Boys, 861; Girls, 865; Total, 1726.
Average of 10 corresponding weeks, 1848-57, 1571.

DEATHS.

	Males.	Females	Total.
Deaths during the week	529	492	1021
Average of the ten years 1848-57	678·5	605·4	1283·9
Average corrected to increased population	...	...	1412
Deaths of people above 90	3	2	5
Deaths in 15 General Hospitals	34	20	54

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	5	11	9	7	5
North....	490,396	2	6	29	3	7	9
Central ..	393,256	2	3	20	1	6	8
East	485,522	..	3	43	4	8	20
South	616,685	..	9	31	9	14	14
Total..	2,362,286	4	26	134	26	42	56

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·942 in.
Mean temperature	57·6
Highest point of thermometer	71·8
Lowest point of thermometer	40·1
Mean dew-point temperature	51·2
General direction of wind	S.W.
Whole amount of rain in the week	0·06 in.
Amount of horizontal movement of air in the week ...	815 miles.

BOOKS RECEIVED.

On Chloroform and other Anæsthetics. By John Snow, M.D. Edited, with a Memoir of the Author, by Benj. W. Richardson, M.D. London: 1858.

The Pathology of the Urine. By J. L. W. Thudichum, M.D. London: 1858.

Fownes's Manual of Chemistry. Seventh Edition. London: 1858.

Dives and Lazarus. London: 1858.

Transactions of the Cork Medical and Surgical Society. Dublin: 1858. (A Reprint from the Dublin Quarterly Journal of Medical Science.)

Report of the Birmingham Medical Benevolent Society. Birmingham: 1858.

On Vesico-Vaginal Fistula. By I. B. Brown, F.R.C.S. London: 1858.

Report of the Perth Lunatic Asylum. Perth: 1858.

On Vesicular Emphysema of the Lungs in Early Childhood. By Graily Hewitt, M.D. Liverpool: 1858. (A Reprint from the Liverpool Medico-Chirurgical Journal.)

Mayne's Expository Lexicon. Part VII. London: 1858.

Annual Report of the Grant Medical College, Bombay. Bombay: 1858.

Report of the Aberdeen Lunatic Asylum. Aberdeen: 1858.

The Elements of Inorganic Chemistry. By J. C. Buckmaster. London: 1858.

Fallen Heroes of the Indian War. By J. V. Williamson. London: 1858.

The Atlantic Telegraph. By E. O. W. Whitehouse. London: 1858.

On Amputation by a long and a short Rectangular Flap. By T. P. Teale F.R.C.S. London: 1858.

The Westminster Review. October, 1858.

The Veterinarian's Vade Mecum. By John Gamgee, M.R.C.V.S. Edinburgh: 1858.

Digitized by Google

The Cause of Death in the Still-Born. Second Edition. By Dr. King. London: 1858.

A Guide to the Treatment of Diseases of the Skin. Third Edition. By Thos. Hunt, F.R.C.S. London: 1858.

Electro-Galvanism. By James Smellie, Surgeon. London: 1858.

Etudes sur la Monorchidie et la Cryptorchidie chez l'homme. Par M. Godard. Paris: 1857.

St. Giles in 1857. By G. Buchanan, M.D. London: 1858.

Reports on the Asylums for Insane at Bhowanipore, &c. Calcutta: 1858.

King Arthur's Well. Caernarvon: 1858.

Life of Linnæus. By Miss Brightwell. London: 1858.

Introductory Lecture at the Calcutta Medical College. By Thomas Thomson, M.D., F.R.S. Calcutta: 1858.

Tobacco and its Adulterations. By Henry P. Prescott. London: 1858.

Illustrations of Difficult Parturition. By John Hall Davis, M.D. London: 1858.

On Dropsy connected with Disease of the Kidneys. By W. R. Basham, M.D. London: 1858.

Annual Report of the Newcastle Infirmary. Gateshead: 1858.

Nutrition in Health and Disease. By J. H. Bennet, M.D. London: 1858.

The Organs of Vision. By T. Nunneley, F.R.C.S. London: 1858.

The Human Skeleton: By G. M. Humphry, F.R.C.S. Cambridge: 1858.

TO CORRESPONDENTS.

Dr. Keith's (Aberdeen) case shall appear as soon as the engraving is ready.

Mr. Hunter's letter on Narcotic Injections in Neuralgia shall appear next week.

Delta.—Quacks advertising under false names will be punishable under the Act.

The number of Introductory Lectures of the London Schools prevents our reporting any of the addresses at the Provincial Schools this week.

Erratum.—The name of the author of the case of Spina Bifida in our last number, instead of "William Carr" should have been "William Case."

Dr. Lee's first paper on Clinical Midwifery is unavoidably delayed until next week.

Papers and letters are in type from Dr. Ogilvie, Mr. Walton, Mr. Square, Dr. Hunter, Mr. Deamer, etc.

Tyro.—Pillischer, Bond-street, or any Microscope maker, would furnish a priced list of microscopic objects. If Surgical instruments are kept dry and clean, they need no other protection from rust.

I.C.—The History of Lithotrity may be found by those who are desirous of knowing it detailed, in a very learned and interesting manner in M. Nélaton's Eléments de Pathologie Chirurgicale.

R.O.C.—The smallest sums at which contracts are legal under the 6th clause of the Act are 1s. 6d. at the residence, or under ten miles from it, and 2s. 6d. above that distance.

A Student informs us that Dr. Harrison who died in April, and Dr. Allman who went to Edinburgh three years ago, still appear in the students' number of a contemporary as Professors in Trinity College, Dublin.

Kent.—A number of valuable papers on Diphtheria appeared in our last volume. The New Sydenham Society is about to publish a number of the best treatises on the disease, edited by Dr. Semple.

Dr. Kidd will see that the publication of his letter is rendered unnecessary by the appearance of an official report of the death from Chloroform which he relates.

B.W.R.—A translation of papers in any of the modern European languages has been held to be copyright. The copyright in reviews, periodical and serial works, magazines, etc., is vested in the proprietors who have *employed* and *paid* persons to compose the articles.

Chirurgus.—Tubage de la glotte is a bone of contention in France: who invented this tubing of the glottis in Croup? is the question in dispute. One Doctor calls the treatment Laryngothécie, meaning thereby a Larynx and a tube. Perhaps the wisest thing to do at present would be to decide the worth of the remedy.

Ely is clearly entitled to his fee *morally*, but we doubt if he could recover it *legally*, unless he could prove that he attended the inquest in obedience to the order framed according to Schedule A of the Medical Witness Act. The conduct of the coroner as described by our correspondent is so extremely shabby that we think it should be exposed. There has not been any alteration in the Act.

Obstet.—*Dr. Bower Harrison's* successful case of removal of an Inverted Uterus, reported in the *Medical Gazette* for April, 1840, has been heard of again lately. The patient is living and in good health at Huddersfield, eighteen years after operation. For the information of our readers in Huddersfield, we may add that the address of her husband is John-Morriss, ginger-beer maker, Zetland-street, near King-street.

A Phthisical Doctor.—As an invalid's residence, Pau is in highly bad odour with the British public at this present moment; it is represented by tolerably good authority to be in a very low sanitary condition. One or two defenders of its salubrity have risen up, but the tale of excuses which they make out is not sufficient to put down the evil report. People who rush from the nose-offending banks of the Thames to inhale draughts of Pyrennean salubrity, must not take up their abode at Pau. If we are to believe all that is said of the place, the odours, and fevers, and bad drainage in it, must put it in the blackest catalogue of unhealthy quarters.

An Advertising Aurist.—A correspondent says:—"I have heard that Mr. R. (a wealthy merchant here) had consulted Mr. ——"You must buy my box, it contains everything necessary for your cure, and you can apply the remedy yourself.' 'What is the price of your box?' 'Fifteen guineas.' 'But I should rather have your opinion and pay your fee for it.' 'What use would my opinion be to you, it won't cure you; there is the remedy, take it.' 'No, thank you, good morning,' wisely said Mr. R. The ruffians evidently depend on the advertisements bringing them a number of dupes; and once they see the fifteen guineas shining in their chest they care not how loudly the people hiss."

Are Private Asylums Public Institutions?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly inform me in your journal whether a *private* Lunatic Asylum taking paupers is a "public Institution" within the meaning of the act William 4, 6 & 7, chap. 89 (Medical Witness Act), and therefore rendering its Medical Officers not entitled to the fee for giving evidence? I am, &c.

September 16, 1858. L.L., M.D.

[A Private Lunatic Asylum taking paupers is not a public Medical Institution within section 5 of the 6 & 7 Wm. 4, chap. 89. It is not supported by endowments or voluntary contributions, and its medical officers are therefore entitled to the fees and remuneration provided by the Act.—Ed.]

COMMUNICATIONS have been received from—

Mr. Alexander; Dr. Keith, Aberdeen; Dr. Walshe; Dr. Sibson; Dr. Conolly; Dr. R. Lee; Dr. R. D. Thomson; Mr. Bryant; Dr. Williamson, Aberdeen; Dr. Moorhead; Dr. Peacock; Dr. Venables; Dr. Moore; Mr. Valentine; Mr. Wilson; Mr. W. Adams; Mr. Oscar; Dr. W. Ogle; Mr. Hunter; Mr. Eden; Mr. Evans, Hull; Mr. Maunder; Dr. Aldis; Dr. D. Forbes; Registrar General; Mr. Case; Mr. Proctor; Messrs. Leggatt, Hayward and Leggatt; Secretary, General Board of Health; Mr. Roberts, Hitchin; Mr. Rivers; Mr. J. Z. Lawrence; Tyro; Mr. A. Hill, Birmingham; Dr. W. Munro, West Hartlepool; Mr. Wates; Mr. C. Hunter; Dr. Ladd; Mr. R. Williams; Mr. T. B. Partridge; Mr. J. Adam; Mr. T. Royle; Mr. J. Stuart; Mr. D. Campbell; Mr. W. Davenport; Dr. F. Burke; Mr. M. Coates; Medicus; Dr. McGhie; Mr. G. Bullen; Dr. Walker.

APPOINTMENTS FOR THE WEEK.

October 9. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

11. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

12. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

13. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

14. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Middlesex Hospital Medical Society, 7 p.m.—Dr. W. H. Ross will read a paper "on Consumption and its Preventability."

15. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

St. Mary's Hospital.—Mr. Baker Brown intends operating on Wednesday next, October 13, for vesico-vaginal fistula.

Digitized by Google

"NEMO SIBI VIVAT."

New Equitable Life Assurance

COMPANY.—Offices, No. 449, Strand, Charing-cross.

TRUSTEES.

G. H. Barlow, M.D., Union-street, Southwark.
James Copland, M.D., F.R.S., 5, Old Burlington-street.
Sir James Duke, Bart., Alderman, M.P. for the City of London.
Sir Charles Hastings, M.D., D.C.L., Worcester.
Richard Partridge, Esq., F.R.S., New-street, Spring-gardens.
John Propert, Esq., 6, New Cavendish-street.

DIRECTORS.

Chairman—GEORGE H. BARLOW, M.D., 5, Union-street, Southwark, Physician to Guy's Hospital.
Deputy-Chairman—JOHN WESTON, Esq., 63, Upper Berkeley-street.
George Chapman, Esq., 23, New-street, Spring-gardens.
Richard Jebb, Esq., 9, Old-square, Lincoln's-inn.
Thomas B. Jones, Esq., Holland-road, Brixton.
J. C. W. Lever, M.D., 12, Wellington-street, Southwark, Obstetric Physician to Guy's Hospital.
W. J. Little, M.D., 34, Brook-street, Grosvenor-square, Physician to the London Hospital.
Samuel Richards, M.D., 36, Bedford-square.
W. Tyler Smith, M.D., 7, Upper Grosvenor-street, Grosvenor-square, Obstetric Physician to St. Mary's Hospital.
J. Crace Stevens, Esq., 38, King-street, Covent-garden.
Consulting-Physicians — Benjamin Guy Babington, M.D., F.R.S., 31, George-street, Hanover-square; James Copland, M.D., F.R.S., 5, Old Burlington-street.
Consulting Surgeons—William Fergusson, Esq., F.R.S., 16, George-street, Hanover-square; J. Ranald Martin, Esq., F.R.S., 71, Grosvernor-street, Grosvenor-square.
Bankers—The Commercial Bank of London, Henrietta-street, Covent-garden.
Medical Examiners—F. J. Farre, M.D., F.L.S., 7, Montague-street, Russell-square, Physician to St. Bartholomew's Hospital; Thomas H. Wakley, Esq., F.R.C.S., 7, Arlington-street, Piccadilly, Surgeon to the Royal Free Hospital.

AUDITORS.

John Brown, Esq., Sudbury-house, Hammersmith.
George Carew, Esq., Bloomsbury-square.
R. H. Parkinson, Esq., Lower Grosvenor-street.
C. R. Rowland, Esq., Tottenham-court-road.

Standing Council—Thomas W. Greene, Esq., Q.C., 2, New-square, Lincoln's-inn.
Solicitors—Messrs. Bell, Steward, and Lloyd, 49, Lincoln's-inn-fields.
Actuary and Secretary—Frederick Bigg, Esq., F.G.S.

The Directors desire to congratulate the members, shareholders, and agents of this Company on the amount of new business transacted during the first eight months of the present year, amounting in annual premiums to £4410 6s. 9d. on 298 policies assuring a sum of £123,780.

They deem this result the best commentary that can be offered upon the beneficial effects of the union of this office with the late Medical and Legal Assurance Society, whereby a combination of interests and identity of action have been established between two offices hitherto competitive such as cannot fail ultimately to produce the most successful results. While, however, admitting the benefits accruing from the union of two or more offices addressing themselves through the same channels to a particular class, the Directors cannot subscribe to the opinion now so generally obtaining that amalgamations of offices differently constituted can either tend to foster harmony of action or engender public confidence, and they deem it due to their own assured members and to the Medical Profession, from whom so large a measure of zealous support has been received, to announce thus publicly their determination to regard the New Equitable Company as an institution sufficiently well established and supported to carry out its legitimate principles and objects without the adventitious aid of any further amalgamation whatever.

The Directors have reason to believe that the notification of this their earnest determination will inspire confidence in the minds of their agents, shareholders, and members, and that this declaration of their sentiments will be peculiarly acceptable at a time when the change of the title and constitution of offices is becoming a subject of such frequent occurrence.

By order of the Board,
FREDERICK BIGG, Actuary and Secretary.

September 23, 1858.

Peat Charcoal.—This valuable deodoriser and disinfecter is strongly recommended to the notice of shipowners, builders, Governors of gaols, hospitals, workhouses, and lunatic asylums; also to Boards of Health; and may be had of the first quality on application to the undersigned. Apply to Mr. FOTHERGILL, sole agent for the Peat Moss Charcoal Company, 201 A, Upper Thames-street, E.C.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	clear	8s.	per gross.
3 & 4 oz., do.	do.	7s. 6d.	do.
½ oz. white moulded phials	do.	4s. 6d.	do.
1 oz. do.	of a very superior quality.	5s. 6d.	do.
1½ oz. do.	do.	6s.	do.
2 oz. do.	do.	7s.	do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

For Use Medicinally, in all Diseases of the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.: Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

DR. DE JONGH'S

Light-Brown Cod Liver Oil.—This pure, transparent Light-Brown Cod Liver Oil is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied only in bottles, capsuled and labelled with Dr. De Jongh's stamp and signature, so that the Faculty may rely upon a Genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON, W.C.

Half-pints (10 ounces), 2s. 6d.; Pints (20 ounces), 4s. 9d.; Quarts (40 ounces), 9s. Imperial Measure.

*** *A Liberal Discount to the Profession.*

Crosse and Blackwell, Purveyors in Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Williams and Son's Pure Glycerine SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

Great Saving in the Purchase of Six GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham court-road, London, W.

	s.	d.	
6 and 8 oz., any shape, plain, or graduated ..	8	0	per gross.
3 and 4 oz. ditto ditto ..	7	6	do.
½ oz. Moulded Phials	4	6	do.
1 oz. ditto	5	6	do.
1½ oz. ditto	6	0	do.
2 oz. ditto	7	0	do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment, in the PURCHASE of NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 1½ dr., and 1½ oz. per Gross,	6s.
1¼ dr., and 2 oz. ,,	7s.
3 oz. ,,	8s.
4 oz. ,,	10s.
6 oz. ,,	15s.
8 oz. ,,	18s.
½ oz. graduated in 3 doses, ,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London*.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Digitized by Google

ORIGINAL LECTURES.

A PASSING GLANCE AT HUMAN PROGRESS.

AN INTRODUCTORY DISCOURSE

DELIVERED AT

University College, London,

OCTOBER 1, 1858.

By WALTER HAYLE WALSHE, M.D.

Fellow of the Royal College of Physicians, Professor of the Principles and Practice of Medicine in University College, Physician to University College Hospital, Consulting Physician to the Hospital for Consumption, etc. etc.

I. A philosopher of the last century, Condorcet, in whom the severer mental qualities of the mathematician were softened by the enthusiasm of the poet, adopted as one of the subjects of his speculative inquiries, the future destiny of man (a). He undertook the study under circumstances to all seeming but little significant of present, or prophetic of ultimate good; amid social and political environments that might have dashed the hopes of even the most ardent lover of his species; for he toiled on his theme during the plenitude of the horrors of the French Revolution. But the spirit of the philanthropist rose above the influences of the hour; Archimedes-like, unruffled by the strife around, he calmly worked at his problem (with him a labour of love), and arrived at a solution diametrically opposed to that which might have been anticipated. That solution stood,—that man, as a species, was not only susceptible of improvement beyond any standard then or previously attained; but that there was no limit to his perfectibility. . . . That intellectually, morally, and physically, his future promised an amount of perfection, which the mental faculties of the day were incapable of even imagining in outline, much less of grasping in detail. Bringing to bear on the questions involved the powers of a mind trained in abstruse investigation,—by no means deficiently informed in the then dominant principles of physiology, and shaping that knowledge to his purpose with abundant ingenuity,—now charming the fancy by the graceful *naïveté* of his enthusiasm, and now carrying the reason captive by the precision of his logic, verily Condorcet triumphs, and few have probably closed his pages without exclaiming, "Yes! man may be, nay is, infinitely perfectible."

But when the immediate influence of these mingled poetic and prosaic pleadings has passed away,—when, no longer spell-bound by the winning eloquence of the ill-fated Girondist,—when, awakened to the conviction that his reasoning bears the *à priori* stamp and perforce the taint of all its inherent vices, the practical man—the cold-blooded man of facts—asks, is this fabric of earthly beatitude all real, is there a share of truth in it, or is it all a very dream? Since the time of Condorcet have his prophecies of progress been not actually fulfilled,—for even he did not look for their fulfilment so early in his posterity's history as to-day,—but has the idea of their eventual fulfilment received practical warrantry from the course of intermediate events, or from the comparison of existing man with man of the early historic periods? Has a glimpse of the goal, or even of the path indubitably leading to the goal, been obtained? And to this query, the response of many is an emphatic, a deliberate, No! It is said, there is no sensible amelioration of man in the essentials of his being intellectual, moral, and physical: in intellect he has stood still, in morals retrograded, in *physique* degenerated. At our highest point of mental elevation we have not shown ourselves wiser than Plato,—"when *he* died, his shroud cast a darkness over the world," that time has failed to remove; at our most advanced stage of ethical development we have sunk below the standard attained by the immediate disciples of ancient moralists; in the harmony and completeness of physical endowment we have fallen from the typical perfection of antique Greece,—from the matchless models that inspired him who chiselled the Venus or the Apollo. And, mark, this is the reply when highest individuals are compared with highest individuals; a yet more gloomy view is taken, when the *οἱ πολλοί*, the masses, of past and present eras are placed side by side Hear the opinion of a physiologist who has thought boldly and profoundly on the history of man, Dr. Robert Knox: "No greater error was ever committed, than that of supposing that the mass of men change or progress: '*le peuple n'est rien*,' was the expressive but satirical phrase of Voltaire. No greater truth was ever uttered" (b). And this disastrous view reaches its climax with those, who maintain progressive degradation, mental and bodily, is characteristic of the age—will be of succeeding ages, of all time!

Here, then, if it be possible to conceive the joining of an issue, is an issue joined. Here are doctrines wide, as the poles, asunder. Is either absolutely correct? I believe not: where extreme opinions are concerned, truth generally lies somewhere between the two; and the present case furnishes no exception to the ordinary rule.

II. To prove this it would be necessary to pass in review the ancient and modern races of men in the great aspects, intellectual, moral, and physical, under which human nature may be contemplated. My attempt to-day will be a very much less ambitious one,—simply to glance at past and present men in respect of certain moral and physical attributes, which, while they afford legitimate material for the comparison in question, are clearly connected either with practical physiology and Medicine, or public hygienics.

A. *Morally and emotionally.*—The influence of public and private morals on the health of communities is but little thought of: yet their power is great. As a single proof, let me remind you that no statistical return of the causes of mental alienation exists that does not furnish a certain quota of cases due to habitual vice and methodic indulgence in actual crime. We may fairly, then, ask, as Medical inquirers, how stand the ancients and moderns when compared in theoretical and practical morals?

In their abstract notions of ethics, the ancient Greek moralists appear to have reached as high a standard as has since been attained. He, who purifies his soul from vice, is the only happy man, said Socrates. Virtue is in itself virtue, *and not for any expectation or dread of anything extrinsic;* virtue is of itself sufficient to give happiness: thus spoke Zeno and the Stoics. Compare these notions with Archdeacon Paley's definition, which makes virtue consist in the doing good, "*for the sake of everlasting happiness*,"—and you must confess the orthodox casuist in his fundamental ethical dogma falls vastly below the exalted and ennobling conception of heathen moralists. And that these principles of morality were in numerous instances worked out in action by the followers of certain philosophical sects, is admitted even by the warmest advocates of the superiority of morals under the Christian dispensation (c). On the other hand, men would not be found at the present day, like Aristippus and the Cyrenaic sect, to teach that bodily pleasure was the ultimate end of existence,—nor even to acknowledge the creed stripped of its grosser sensuality, and veiled by a certain idealism, as it is in the philosophy of Epicurus.

As concerns general social morality, what has been the mode of progress? If we shudder at the monstrous depravity revealed in the historical portions of the Old Testament; if we turn to the sixth satire of Juvenal, to the works of Catullus, Martial and Petronius, scan therein the state of public morals at the outset of Rome's decline,—look over the collection of ancient works of art in the Museo Borbonico, and learn from both written and chiselled documents that vice was literally deified in that degenerate day;—if we do this, we for the moment swell with a portion at least of the self-sufficiency of the Pharisee, and thank God we are not as those men of old. But stay—take away the coarseness of expression, the grossness of idea, and can we not find a literature of the present hour which equals in intrinsic licentiousness, and displays as profound social demoralisation, as that recording the iniquities of the early Jew or the corruption of the falling Roman? Does not the modern French novel fulfil these conditions? Voltaire, struck by the refined dissoluteness around him, long since exclaimed, "la pudeur s'est enfuit des mœurs, et s'est réfugiée sur les lèvres." What, were he yet alive, must at the present hour his sentence be? Why that his countrymen refuse modesty this last nestling place. And that French novels represent faithfully the actual

(a) "Progrès de l'Esprit humain: Œuvre posthume." Paris, an. III.

(b) Knox on Races of Men, p. 406.

(c) Vide, for example, The Insufficiency of Unrevealed Religion. By the Rev. R. Burgess, p. 34.

Digitized by Google

social state in France, hear high testimony pointedly and gracefully given—that of our present Minister for the Colonies. "Those French novels and dramas do not unfaithfully represent the classifications of which they exaggerate the types. Those strange combinations, into one tableau, of students and grisettes, opera dancers, authors, viscounts, swindlers, romantic Lorettes, gamblers on the Bourse, whose pedigree dates from the Crusades; impostors, taking titles from villages in which their grandsires might have been saddlers; and if detected, the detection but a matter of laugh; delicate women living like lawless men; men making trade out of love, like dissolute women, yet with point of honour so nice, that, doubt their truth or their courage, and—piff—you are in Charon's boat. Humanity in every civilised land may present single specimens, more or less, answering to each thus described: but where, save in France, find them all, if not precisely in the same salons, yet so crossing each other to and fro, as to constitute a social phase, and give colour to a literature of unquestionable genius?"(d) Such are the views of the literary moralist; the Medical observer, ever alive to the question of public health, feels it is impossible such licentiousness can pervade the social fabric without rendering hysteria, spinal irritation, various nervous affections, insanity itself, unduly common,—without inducing a constitutional state favourable to the growth of various diathetic diseases,—without lowering the general tone of vegetative life,—and reducing below par the fecundity of the female, and the procreative faculty of the male—a national disaster, the result of which in gradual diminution of the population at this moment puzzles, while it appals, the statesmen and economists of France.

Contemplating a state of society like this, established in one of the great centres of modern civilisation, shall we despair of man's moral physiology? Not yet: there is a reverse of the picture, exhibiting moral improvements of other orders that lighten somewhat the gloom of all this social pravity. Look at the humanised feeling shown by the annihilation of the Inquisition (an invention, however, of the moderns); go to the banks of the Rhine, see the instruments and means of torture preserved in those old Feudal castles, and admit that, in cruelty and ferocity, man has, at least, been corrected; see the improved humanity exhibited in the modifications of the penal code,—visit the charitable and philanthropic institutions of all kinds that cover our own land, and which extend themselves even to the brute, in the Society for the Prevention of Cruelty to Animals.

As respects actual crime, whether against person or property and the subject of penal enactment, we want the elements for accurate comparison of the amounts furnished in past and present days; but evidence seems to exist justifying the assumption that both are on the decrease.

The foulest stain on modern civilisation is the slave-trade. But, though the scale on which that unholy traffic is carried on, partakes of the vastness characteristic of modern enterprise generally, the idea of human slavery, almost as old as man himself, has received the justification of some of the best among ancient philosophers. Aristotle accepts as a self-evident truth, that nature designed barbarians to be slaves, and discourses on this text in language which would at the present hour most fitly issue from the mouth of the citizen of that Union, who, strange cozenage! talks with complacency of the "domestic institution," while he points to the stars and stripes as the only flag of genuine liberty. Modern civilisation is not stained by the creation of slavery, either ideally or practically, but is not yet glorified by its annihilation. England has done all she dare do; Russia is now nobly imitating her example by the gradual extinction of serfdom in her domains. . . . But, alas! the car of liberty in America stops the way.

It is impossible to omit from a glance at the question of national morals the state of military and naval establishments in Christendom. Pagan Rome had a huge army with which she overran the world; occasionally, it must be conceded, civilising as she went. But, if we take into consideration, the artillery and improved instruments of slaughter possessed by the moderns, the Roman power of human destruction sinks into insignificance compared with that wielded by some of the military despotisms (as those of France and Austria) of existing Europe. Any civilising influence that once may have attached to military sway has long been lost; nay, more, so long as standing armies of vast magnitude are retained by despots for the purposes of coercing liberty at home and intimidating the foreigner abroad, a permanent obstruction to moral (as well as utilitarian and intellectual) civilisation will continue in force.

(d) Sir Bulwer Lytton in Blackwood.

There is an aspect peculiarly interesting to the Medical philosopher, in which the march of time has effected little change in the physiology of man; in the quality of his emotional nature, and in the extravagances into which this ever and anon betrays him. In the wild love of the marvellous, in the gross worship of the mystic and supernatural, in the fanatic hatred where religious belief exists differing from his own, in the delusion that by debasing his neighbour's creed he shall elevate that himself honours by accepting, man is still the man of earliest recorded time. In those manifestations wherein heart, intellect and emotion are in association concerned, he shows little disposition to improve,—the way to better things seems blocked up by inherent corruption: the form has changed, the essence remains unaltered. If you doubt, listen.

The belief in witchcraft is no longer recognised by the statute-law of England: amiable judges in solemn wig and ermine no longer burn elderly women, because they have been seen riding on broomsticks at lofty altitudes through the air. But the popular faith in witchery in many rural parts of our own country, and in those of various continental countries, is as implicit as it was centuries ago. There are no longer burnings in Smithfield, *auto da fès* in Spain, for the love and glory of God,—riots of the Lord Gordon stamp are not likely to be renewed,—but there are dissensions, acrimonious quarrellings, bitter hostilities among ourselves, and beyond our own shores imprisonment and other penal inflictions for the same ostensible object. See a journal, *l' Univers*, representing a large and influential party in France (still, in justice to that country be it said, only a party), telling the world that happiness and freedom will never be known on the face of the earth, till the name of England be expunged from the list of nations. "*Delenda est Carthago!*" is its avowed, printed, published cry,—and why? because the majority of Englishmen follow Christianity in a way somewhat differing from the majority of Frenchmen,—because we are Protestants, they are Catholics. And this is the Gaul, who boasts his place in the march of progress is ever in the van! Does he not rather in spirit struggle for the last in the rear, side by side with the ferocious and fanatic Mussulman of Jeddah (e)?

Diodorus Siculus tells us "the priests of Meroë, whenever they choose, send a messenger to the king, ordering him to die, for that the gods had given this command, and no mortal could oppose their will, without being guilty of a crime"(f). The craven superstition, that led those soft victims to their untimely tomb, (and which seems to have justified the sneer of Petronius, *primus in orbe Deos fecit timor*) exists no more; —if bidden to the sacrifice the king of to-day would probably choose some other means of meriting the favour of his priesthood than that of dying outright,—he would, *ecdite qui ecdite*, at least elect to live. But is the spirit that bade those kings go forth and die, eradicated; is the priestly strain for temporal power wholly a thing of the past, or is it true that even now, in the ranks of those professing the most liberal of creeds, a struggle goes forward for the absolute dominancy of conscience?

We shrug our shoulders with ineffable disdain at the benighted condition of the old Roman, who firmly believed the augur could sever a whetstone with a knife, and tell any amount of future events by peering into the bowels of an animal. But by what right do we exhibit this disdain? Are not the "miracles" of *a b* and *c d* every now and then attaching the soul-bondage of willing thousands?

Again, do not people, believing themselves wise beyond common mortals, profess faith in mesmerism,—and believe that by a facile process impressionable females and plastic boys may be made to read *ad libitum* with their epigastria? Is there not a body of men, otherwise apparently sane, who laughing old Euclid to scorn, act not only as if a part were greater than the whole, but as if, the smaller that part be made, the greater its superiority to the whole that furnished

(e) How nobly contrasts the religious toleration of Great Britain! In the early periods of her history, while yet semi-barbarian, it is true she exhibited the spirit of the intolerant savage,—but the way is long from the past wholesale massacres and threatened expulsions of the Jews from England, to to-day's admission of their descendants to a share in the Legislature of the empire.

(f) Vide, "Nile Notes of a Howadji," by Curtis.

Digitized by Google

it? A grain is for potency *nil*, but the decillioneth part of that grain is in inexperienced hands dangerously powerful (g)!

Yet more, have not grave divines, in the year of grace 1853, written treatises denouncing the impiety of those whose faith fails to raise them to the belief-point in table-turning, and to the knowledge of its true mechanism, namely, the agency of Satan himself (h)? Did not Dr. Johnson believe in the Cock-lane ghost? And as an improvement on the spiritual vision of the timid lexicographer, have not means of holding converse to the top of our bent with the whole race of departed spirits been provided for the inhabitants of earth at large? Mesmerism, table-turning, and spirit-rapping are scarcely of the date of the Ptolemies. Again, the Preaching-maniacs, the Flagellators, the Anabaptists of the middle ages do not alike stultify and debase our æra; but what shall we say if the Mormons of to-day be cited as their not unworthy representatives? Alas! we have but to bow our heads, and admit *mutato nomine de nobis fabula narratur*.

To the mixed intellectual and emotional weakness, illustrated in various of its phases by the different examples just adduced, may be mainly traced the success, as far as the public are concerned, of the heresies and charlatanisms, that every now and then arise to interfere *pro tanto* with the progress of true Medical science. The reign of each delusion, it is true, is short: it lasts till each, having grown familiar, has ceased to be wonderful, has lost its claims to marvel-worship. But so long as the same mental and affective element in the constitution of man exists uncorrected, fresh fallacies will continue to take the places of old ones, scientifically refuted and popularly worn out.

B. *Physically.*—Let us next consider man physically,—and first in regard of beauty of form and expression.

(*a*). It is a favourite point of creed with the *laudatores temporis acti*, that the modern human form has deteriorated,—that the human clay of to-day is less nobly, less gracefully moulded than that of ages long gone by. The typical forms of ancient Greece are appealed to as settling the question. Venus, 'tis said, is still our ideal of absolute beauty; there are none lovelier than Helen, her of Troy. But how know we these forms and these lineaments? By poetic description or by marble representation. But description may, does, exaggerate; and if the marbles, that have come down to us, be appealed to, the question becomes a mixed and risks to be a jumbled one: for it may be said that the marble forms we see, are not exact but idealised copies of actual models. The questions of deteriorated nature and deteriorated art clash. Some escape from the difficulty by supposing that both—both nature and art—have fallen from their pristine perfection. Thus Foster, a man of considerable critical power, says:—"There can at the same time be no doubt that these ancient artists, while they aspired to and attained something superior to all the real objects around them, did actually behold finer models of the human countenance than are ordinarily to be found in this part of the world in the later course of time. Among these marbles are several purporting to be, and admitted by the critics in art as probably being, portraits. There are heads of Pericles, Hippocrates, Periander, and Epicurus; and several of them, especially the last very dignified one, are well adapted to intimate that heads and visages were cast in a finer mould at that time of day than now (i)." Sir Charles Bell would doubtless have agreed with this, for he actually maintained so completely had we degenerated, that the true facial angle of the antique Greek was no longer to be found.

I confess I cannot discover any serious reason for coinciding with these views. I believe with Robert Knox that the streets of London abound with persons having the identical facial angle of old Greece. And who that gazes on our finest types of blond Anglo-Saxon beauty, who that notes the gorgeous forms of the Roman matron of to-day, or the delicate perfection of some of the modern Greek daughters of Eve, feels he has aught to envy the men of past eras? Who does not rather feel tempted to irreverently forget the stereotyped worship of high art and primeval loveliness, and exclaim with Byron?

> "I've seen much finer women, ripe and real,
> Than all the nonsense of their stone ideal!"

And even in respect of sculptured art is modern inferiority so obvious. Good taste forbid I should utter words of irreverence concerning the Medicean Venus; but, as renderings of perfect female form, are Thorwaldsen's and Canova's finest marbles, is Danneker's Ariadne, really inferior? Is Bailey's "Eve Listening" to be despised? There is much conventionalism in the professed admiration of ancient art. "That which is grey with years to them is godlike." I remember when in Rome rushing to see the equestrian statue of Aurelian on the Capitol, not for the sake of the mounted Emperor, but for that of the horse, rendered celebrated by the saying of Michael Angelo, who is traditionally believed to have exclaimed, as he scanned the animal's form in an ecstasy of admiration, *Cammina!* "He walks." I longed to look on the stone form that to Michael Angelo's alleged apprehension walked. My disappointment was profound. To my untutored eye a more thoroughly stationary beast, one more pervadingly possessed by the *vis inertiæ*, was never fashioned out of stone,—heavy, loutish, actionless. Many and many a modern statue has represented the horse with infinitely greater spirit; but the figures have had no Michael Angelo's *mot* to give them factitious celebrity. And the expressiveness of the human features and attitude is often in modern sculpture as closely simulative of reality, as in any of the works of ancient art. Look at Bailey's "Eve Listening," and say, can the whole bearing of the figure, the expression of the face, the play of feature, be otherwise interpreted than, "She listens!"

(*b*). There are people who affirm man's personal prowess, activity and powers of endurance have, like all his other attributes, degenerated,—that his stature and weight have fallen below the ancient standard, and the proportions of his figure lost in perfection. Now (despite the well-known attempts of the early Egyptians and Greeks) to profess we can know anything positive on these points is simply absurd; for how long have we even acquired any precise knowledge of the average physical man of to-day,—how long have these attributes been made the subject of serious study, and to what extent? Why they date so far back as some thirty or forty years ago, having originated apparently with Regnier and Quetelet, and have extended to some few hundred individuals of two or three races; and the mean results obtained are on all hands admitted to be far from demonstrably applicable as general standards. But, urge the champions of ancient days, we care not for your accurate estimates of the average man; early records show that human strength, for example, was once able to achieve that which it would now shrink from even attempting. Where now is to be found a Milo of Crotona who, when the main supporting pillar of a lecture theatre, filled with auditors, gave way, took its place, and supported the floor, till the crowd had had time to escape? The answer is simple enough: we do not believe Milo of Crotona ever did anything of the kind,—and the story simply shows the ancients knew how to draw the long bow as well as any modern nation whatsoever. As far as our limited evidence goes, the conditions of civilisation do not appear to weaken bodily vigour, where at least the mode of life maintains the locomotive system in activity: Freycinet found that the strength of French sailors, tested by Regnier's dynamometer, very notably exceeded that of New Hollanders and Malays of Timor, in the respective ratios of 15·2, 10·1 and 11·3.

In respect of mere brute courage and spontaneous endurance of pain the English prize-fighter probably excels the Roman gladiator: greater physical stoicism seems required to endure being slowly pummelled to death by fists, than to face that form of combat, at the dagger's point, where *cito mors venit aut victoria læta*.

(*c*). It is held to be the destiny of man to run an earthly career of some threescore or threescore and ten years: no modern civilised nation has ever attained that mean period,—the Greek and Roman average fell far below it,—still less have we any reason to believe it has even been approached by savage tribes. Whether the average span of existence will ever become the same in the different races of men is a mystery, which the future only can solve; the assertion of different theoretical writers on the subject, that it actually is about the same, stands glaringly at variance with facts, so

(g) Hahnemann endeavoured to escape from the rank absurdity of the doctrine of infinitesimal doses, by creating the hypothesis of dynamising trituration; but as that hypothesis is utterly unsupported by the smallest tittle of evidence, we are justified in ignoring it,—and the practical fact remains as stated in the text.

(h) Table-turning tested and proved to be the result of Satanic Agency, by Rev. N. S. Godfrey. London: 1858.

(i) Fosteriana. Bohn's Standard Library.

Digitized by Google

far as they have been ascertained: the mean duration of life in Russia, for example, is about twenty-five years, in England and Wales about forty-one.

Condorcet actually maintained that a period of man's history would eventually arrive, when death would be the result either of extraordinary accidents or of slow destruction of the vital forces (itself becoming a slower and slower process as the world advanced), and the duration of life would extend beyond any now assignable limit. Whether human existence will ever reach any such term of protraction, as is signified in this hypothesis, may reasonably be doubted; but that in countries of high civilisation the mean length of life has notably increased within the period of mortuary records is certain. In this country the waste of life in the first five years after birth has almost diminished by one-half during the last hundred years, if the Carlisle observations even approximatively represented the mortality of England(j). According to Professor Buchanan, "in the latter part of the sixteenth century one-half of all born died under five, the average longevity of the population was about eighteen, years. In the seventeenth one-half the population lived over twenty-seven years: in the later forty years one-half exceeded thirty-two years. At the beginning of the present century one-half exceeded forty years, and from 1838 to 1845 one-half exceeded forty-three. The average longevity of these successive periods has been increased from eighteen years in the sixteenth century to forty-three and seven-eighths by our last reports."—Dr. Farr has shown that the mean duration of life of the thirty-four English sovereigns, after accession, fell eleven years short of their expectation of life at the time of that event, calculated according to the rate prevalent among the English population at large: but this comes of the relatively early decease of the earlier monarchs,—the later ones would figure much more favourably. It has been shown also that the mean duration of life in the English peerage was formerly actually less than that of common labourers in the metropolis at the present day.

(*d*). And now we reach the question of dominant interest for the pathologist. What is the movement of health; how stand we now in comparison with past times in the amount and quality of disease? The elements of a precise reply unfortunately do not exist. The accurate distinction of diseases from each other is an acquisition of relatively the other day;—it is but yesterday national records of any trustworthy character of the causes of death have been kept. Facts being wanting on a sufficient scale, the question becomes in the main speculative. Now the forms of opinion, which find partisans, are essentially three: 1. That disease is on the whole diminishing in amount, its intensity less, the quantum of suffering it inflicts reduced: 2. That while some diseases are less, others have become more, prevalent and destructive than formerly,—that while some affections seem to have disappeared from human nosology, others have started into existence, and that on the whole a *status in quo* is pretty equably maintained: 3. That not only has the health of the masses undergone impairment under influences that are easily traceable and thoroughly intelligible, but that impairment is gradually deteriorating the vital attributes of the human family, not only causing physical (as well as moral and intellectual) degeneration, but actually creating diseased races of men of specific types and qualities, distinguishing them from each other as completely as the characters of any two natural races of men separate these from each other.

The latter form of opinion has found an eloquent, honest and ingenious exponent in M. Morel: he may, indeed, be regarded as its practical founder. But whatever the correctness of many of his fundamental facts, whatever the cogency of his reasoning, I cannot think he has succeeded in establishing as doctrine the proposition that—"just as the varieties of the human species constitute races transformed by natural processes, so the varieties of the degenerated human species form races transformed by morbid processes" (k). I believe on the contrary both clauses of this proposition require remodelling. It is not my present business to inquire into the correctness of the first which assumes the primitive unity of the human species, and the dependence of race on contingent atmospheric and other conditions,—a doctrine which seems to me discordant with numerous facts in the natural history of mankind. It is enough for my purposes to observe, that M. Morel is not logically entitled to draw support for a problematical pathological doctrine from a physiological position, itself the subject of warm controversy. But the second clause, involving the idea of morbid races, may be proved a fallacy from his own pages: facts and laws, on which he himself insists, show that such races can have no real existence. For what is a race? If I mistake not, a portion of the human family having certain distinctive attributes, and capable of propagating itself with those distinctive attributes generation after generation *in sæcula sæculorum*. Now M. Morel is expressly obliged to concede that the increasing degeneration of successive generations of a degraded stock is in itself a safeguard against its perpetuation,—the degradation implicates the faculties of reproduction, so that the stock becomes sterile and consequently incapable of transmitting its typical form of degeneracy. The excess of the evil becomes a barrier to its continuance; the taint cannot be sustained in line beyond a certain point: there is no establishment of a morbid race. Why even Albinoes cannot be said to constitute a race,—for occasionally children with natural chromatogenous faculty are born from the etiolated stock. Even parents, who have given birth to Cretins, will, if moved from the narrow gorges to the high lands, produce healthy offspring. In malarial regions generation after generation will present the specifically degraded attributes of a population influenced by paludal poison; but the infants of such stock are not necessarily born with the malarial impress stamped upon their blood and tissues; there will appear, too, from time to time, even in the most degraded line individuals whose entire life passes away without any exhibition of malarial cachexia: what comes then of the idea of malarial race-diseases?

Still it cannot be denied there are floating portions of all populations victims of various typical degenerations, and that hereditary transmission, acting now on one stock now on another, and aided by *de novo* production, to a certain extent maintains those types in perpetuity. Now our questions from to-day's point of view in regard of these degenerations are,—Are they on the increase, do they tend to assail more violently and extensively than formerly any given population; and are they connected in any way with conditions which might under other aspects be considered as appertaining to progress,—are they in a word the proceeds of modern civilisation?

Let me here for the purposes of order and lucidity expose tabularly those conditions, which have been mainly accused of generating morbid races of men,—associating them according to their apparent connexion or want of connexion with civilisation.

Causes of degeneration of masses not dependancies of civilisation, *e. g.*:—		Alcohol, opium, tobacco, Indian hemp, etc.
		Specific kinds of deleterious food.
		Malaria.
		Certain diathetic diseases.
Causes of degeneration of masses appertaining to the social conditions of civilisation, *e.g.*:—	Necessary	Great town system.
		Mental anxiety,—struggle for existence, etc.
	Contingent or accidental.	Certain poisonous or deleterious trades.
		Factory labour.
		Colonisation.

To examine all these influences even in the most cursory manner would obviously be impossible,—a few may be selected as specimens of the whole.

1. Let me begin with alcoholism. "Alcohol," says a Medical writer of the sixteenth century, "strengthens the young, and resuscitates the old, promotes digestion, prevents blindness, puts an end to faintheartedness, and prevents trembling of the hands, rupture of the large vessels, and softening of the spinal cord!" More enlarged experience of the virtues of alcohol forces the people of the nineteenth century to take somewhat gloomier views of its actual workings on the human system. Taken in moderation its effects are not demonstrably (at least have never been demonstrated to be) noxious; but unfortunately there exists in all populations a certain aggregate of persons beset with the "fatal gift" of a passion for the abuse of spirituous drinks. In what way this passion is connected with individual organisation (as I am persuaded it in some way often is) offers a problem of deep interest to the philanthropic physician,—for therein might be seized a clue to one form of prophylaxis.

(j) Farr, Vital Statistics, p. 543.
(k) Traité des Dégénérescences de l'Espèce Humaine. Paris, 1857, p. 73.

Digitized by Google

Meanwhile what are the results of yielding to the pernicious vice? In the drinker himself acute and chronic alcoholism, that is physical, intellectual, moral and emotional disease and degradation of peculiar type; on his family and kindred he entails poverty, destitution and crime; on his stock he engrafts the disposition to various brain-diseases of the insane group, idiocy congenital or acquired, to brutality of disposition and feebleness of procreative faculty; he takes his part in deteriorating the very fountains of life in the nation to which he belongs. Magnus Huss has shown that in Sweden the existing people have through abuse of alcohol, fallen in physical strength and stature below the standard of their forefathers.

And all these evils, are they chargeable on modern civilisation? Yes and No. Yes! in the sense that civilisation has learned to obtain in various forms flattering to the palate and cheaply procurable by the poorer ranks, this, practically speaking, most dread of poisons,—and that wherever civilised man sets his foot he brings with him, and disseminates the use of, those agents of moral and physical corruption. No! in the sense that the modern civilised state has not begotten the perverted instinct of love for agents of intoxication. The loathsome practice of taking an emetic on the approach of drunkenness to prepare the overtaxed stomach for the reception of a new load, till repletion and intoxication combined again call for relief, and repeating the revolting process two or three times in the course of a night's debauch, is not the invention of the modern sot, but the brilliant conception of that old Roman, whose refinement is the theme of admiration with the worshippers of ancient social life. Besides the morbid passion for a factitious state of delirium and forgetfulness belongs to individual savages as it does to individual members of the most highly civilised communities of men. Look at the rude attempts made by early barbarians to produce intoxication by inhaling the smoke of various plants, as described by classical writers,—remember the coca of the Mexicans at the time of the Spanish conquest, the Kava of the Polynesian Islands, the intoxicating smoke introduced by South American savages not only by the nose, but by the eyes and ears, the Amanita Muscaria, betel-chewing, opium-smoking and hemp-eating of Oriental semi-barbarians.

It must, however, with pain be admitted, that, although the upper ranks have vastly improved, hitherto civilisation has not checked the onward progress of the vice among the masses. In some countries, even, where intellectual culture is highly and generally developed, the consumption of spirits annually increases,—and the reduced national mean duration of life under the influence of the poison bears witness both to its potency, and the almost universality of its use. On the other hand, while the real existence of an alcoholised nation is thus placed beyond doubt, the evidence, calling upon us to believe in the reality of alcoholised races, seems to me to fail.

2. Next,—of the profoundly destructive effects produced on the human organism by certain kinds of bad food no doubt can be entertained. Read the terrible accounts of the epidemics of ergotism, caused by the use of spurred rye, and destroying thousands in either its convulsive or gangrenous forms, chiefly in the middle ages (l), but to some extent so early as the time of Galen and so late as the latter part of last century,—observe that curious food-affection, called acrodynia, of which within the last twenty years more than one epidemic has occurred in Paris,—see the Lombard pellagra clearly traced by modern inquirers to the consumption of diseased maize. The degenerative influence of such food on those using it is self-evident; but that the altered condition of solids and fluids, thus produced, is transmissible, modified or not, from generation to generation, so that an ergotised or a pellagrous race, in the true sense of the word, shall be established, I venture to deny.

We know, again, the singular condition worked out by the continued consumption of decomposing sausages: the soft solids and blood waste, the body dries up, and the individual perishes quasi-mummified. But though this form of food-disease has long existed in Germany, and has occasionally poisoned villages by wholesale, no consequent transmission by parent to offspring of any special taint has ever been substantiated.

Doubtless ill-health of the masses, especially in large towns, is largely due to the innutritious or positively noxious quality of much of their food: the half-putrid fish, the diseased meat so largely consumed (m), are unfit aliment for, cannot maintain in vigour the body of man: but though unfortunately multitudes of ill-fed people exist, no proof of race-peculiarity affecting them can be pointed out.

3. And, now, a word concerning the "large town system." Large towns were formerly designated the graves of mankind: Rousseau had them specially in view in his well-known apophthegm, "the breath of man is fatal to man physically and morally." Sir Anthony Carlisle believed the sustainment of a line beyond the third generation in London an impossibility,—that is, he could find no authentic instance of a fourth generation of pure London-bred paternal and maternal descent,—draughts from the country are in other words necessary to prevent the metropolitan population actually dying out. Now if this be true for London, it is *à fortiori* true for several of the manufacturing and commercial towns of England, of which the annual mortality and the standing or permanent morbility are considerably greater than those of the metropolis. On the other hand we are speculatively assured on high statistical authority that large towns "may undoubtedly be rendered little less healthy than the country"(n).

Meanwhile, and awaiting this urban millennium, the actual state of things is illustrated by the following facts: the annual mortality in the cities of Great Britain and Wales is 2·7 per 100, that of counties 2·0; one man dies annually of 27 in Manchester, one of 54 in Surrey,—the mean duration of life in that town is twenty-five years, in the county compared forty-five years. There is evidence however to prove that the insalubrity of large towns is on the decrease,—that that of London in particular has been constantly diminishing since the plague and great fire of the seventeenth century. But I am far from believing any amount of purification of air and water will ever reduce city mortality to a rural standard. For there must and ever will remain overcrowding, deficient insolation, overwork, privation, mental anxiety and all the attendants on a fiercer form of the "battle of life," than that known in the country, to raise the quota of town mortality.

That the populations of large towns have a peculiar and typical stamp is indubitable; and did such populations, instead of containing within them the elements of sure destruction as a stock, possess the independent faculty of unlimited self-propagation, morbid races of men, of low vital force in all that concerns vegetative action, would assuredly and necessarily be established. But the evil in this aspect cures itself,—a pure sustained breed is impossible.

4. As another element at work let us take colonisation. The populations of various civilised countries tend to superabundance,—the difficulty of living becomes to masses of the lower and even to some of the middle classes more or less extreme. An outlet is wanted, and redundant sections of the population go forth from the land of their fathers with the intent of transplanting their race to a new soil,—in a word, to colonise. Now the aptitude for the process has proved unequal in different races,—the efforts of the Celt to fix his stock on a foreign land have generally resulted in glaring failure, those of the Saxon in success real or apparent. But this aptitude, even where most positive, has its limits. The physiology of each race is adapted for the atmospheric and tellural conditions of the spot of earth on which it originates. True, we hear of the cosmopolitan faculty of man, of his pre-eminence among animals being displayed by his capability of sustaining existence under all climatic influences,—under the burning sun of equatorial deserts or amid the polar ice: but can the aboriginal of temperate latitudes normally maintain the species in extremes like these? Unquestionably not. Nay, where the antagonism between the natal clime and that newly sought is absolute, the individual even will perish, unless he exercise a care incompatible with actual work,—a care that shall render him in respect of rough toil a very cypher. If, forgetting this, he engage in field-labour, he pays the inevitable penalty, and is cut down with the rapidity of the plague-stricken. As a recent example see the destruction of life of labourers from the United States and Europe in cutting the Panama Railroad; in establishing that line (one of the most successful commercial speculations of the West) relays of white labourers perished out,—the supply could not be continued *ad infinitum*, and much of the soil would yet be

(l) Fourteen thousand were destroyed in the year 1148 in Paris; the chief remedial measure in that day consisted in appeals to St. Antony.

(m) Vide Gamgee, Letter to Sir George Grey.

(n) Farr, loc. cit. p. 548.

Digitized by Google

virgin,—the railroad itself *in nubibus*—had not the negro been summoned to the task. Therein—in his special capacity for field-labour in inter-tropical regions—lies apparently the solitary hold to earth of the negro. In virtue of that capacity the encroaching white man spares, nurtures, fattens and promotes the fecundity of the race.

But the cure, it will be exclaimed, is acclimatisation,—which so modifies the physiology of the new comers, that by the third and fourth generation a stock is modelled capable of resisting, as effectually as the aboriginal, the peculiarities of any given climate. Is this real? The elements for a positive opinion are not in all probability obtainable. But certainly the popular notions concerning the facility of acclimatisation are unsupported by past and current history. Even where the climatic conditions of a new region do not appear essentially different from those of an old, the transplanted race has evident difficulty in establishing itself,—races are, as a rule, antipathetic to any soil to which they are not indigenous. Look at the French Celt striving in vain to perpetuate himself in Corsica,—the population remaining Italian to this hour (o). Mark the efforts of the same race to colonise Algeria,—an essay now proved so hopeless even to the political eye, that the new Governor of that conquered province has prepared a programme for the encouragement of immigration from other parts of Europe. Nay, the Anglo-Saxon, even, finds it almost impossible to rear his offspring in India (seriously difficult in Australia, where all would seem favourable to his perpetuation); and his race would probably die out, I fully believe with Knox, if fresh draughts of the original stock were not perpetually received from home. We hold India as a conquered province alone, and its possible colonisation with a mixed race of Oriental and Celto-Saxon blood is an idea which physiology forbids us to entertain. Take a physiological lesson from the cunning despot Mehemet Ali, when unable to manage his turbulent Arnaut soldiery. He did not massacre them after the model of the Janissaries; not he—he had grown too mild a mannered man—he simply sent them to settle on the shores of the Red Sea, where in a few years 18,000 men were reduced to 400 under the sole influence of climate (p).

There do exist on the face of the earth some few climes that seem singularly adapted for the sustainment of a diversity of races;—the area of the American Union furnishes perhaps even a less unquestionable example than the Cape of Good Hope, where the aboriginal Hottentot, the encroaching Caffre, and the invading Saxon continue to flourish (as far as climatic influences are concerned) with all the perfection of their several races. But, setting aside such exceptional cases, the inference is imperative that colonising efforts, at all events of antagonistic climes, are fatal to the perpetuation of those portions of any given race concerned in making them,—and, inasmuch as colonisation seems an offset of civilisation—as much of colonisation is attempted with the avowed object of spreading the religion, arts and sciences of civilised man—to that civilisation the ultimate evils must be ascribed. It is no answer to say that by intermixture with the indigenous races the interloping foreigner may fix his stock on the soil; he does not fix his stock,—he produces a cross-breed, half-caste, sunken in the scale, like all hybrids, below the higher of the mingling parents. See in Mexico at this moment how the Spaniard has become degraded by coupling with the aboriginal Indian; and how the pure Hispanic race, as if recognising no blood-affinity in the degenerated half-caste, struggles to exterminate him.

There is not any very close similitude between the cases of the Saxon or Celtic soldier sent to climes antagonistic to his own, and of the squatter of those races who, in regions yet untrod by civilised man, upturns the soil, and strives to live by his labour and to perpetuate his stock on the spot he has chosen(q). Still the hygienic arrangements, so skilfully made by Government of late years, whereby the mortality of the expatriated soldier has been demonstrably lessened at various unhealthy stations, might furnish useful hints for embryo colonists.

5. It would be most interesting to compare the characters and relative fatality of diseases at different periods of the world's history,—but data are almost completely wanting for the purpose. In respect of early historic times the attempt would be simply absurd; and the elements for comparing the "olden time," when mortuary records were first kept, with the present day are very unsatisfactory. Long after the reign of Queen Elizabeth, when the attempt was first made to enumerate deaths with reference to at least some of their causes, the imperfect pathology and nomenclature of the time render all efforts at precise inferences nugatory. Of 1615 deaths, collated by Dr. Heysham so late as 1780, not a single one is ascribed to disease of the heart or great vessels! Still some general notions concerning the movement of certain special diseases are attainable. Among morbid states on the increase alcoholism unquestionably in some countries takes the leading place; diseases of the nervous class generally increase; apoplexy seems to grow more common in the direct ratio of the improvement in the physical condition of a population; convulsions and diseases of dentition, uterine affections and disordered parturition, cancer and tuberculous diseases all appear on the increase. Of the extension of insanity in this country there can, it seems to me, be little doubt in the mind of any one who impartially weighs the evidence that has been adduced on both sides of this important question. Clinical observation seems to show that the mean period of life, at which certain organic diseases of the brain (especially colourless softening) set in, is less advanced than it formerly was,—that the brain wears out sooner than it did; and the general conclusion cannot apparently be evaded, that the conditions—aspirations, feuds, struggles, triumphs, disappointments—of highly civilised existence are more favourable, than the relative emotional and intellectual torpor of barbarism, to the generation of functional and organic mental failure. Of renal and cardiac diseases we can affirm nothing: both classes appear on the increase; but probably this simply depends on their being better understood.

On the other hand the mortality by epidemics has enormously decreased. About 65,000 persons perished by cholera in England and Wales in 1832; now it has been calculated that if the same rate of mortality then prevailed, as in the middle ages, the deaths in the metropolitan districts alone would have exceeded half a million (r). Various endemic diseases have greatly decreased in amount and virulence; the pernicious autumnal malarial fevers of former ages are unknown to actual British pathology; dysentery of serious character is rarely met with; certain blood-diseases, as gout, scurvy, lepra, syphilis in its graver forms, small-pox, croup, calculus, rickets have all declined in frequency.

To recapitulate the conclusions of our general argument. Looking to its physical section, it would appear there is no evidence that man's stature, brute strength or animal courage are on the decline, or that with the march of time he has degenerated in form or facial beauty. It would appear, so far as the influence of civilisation on human health is concerned, a middle term is the true one: civilisation removes certain evils, but intensifies some, and creates yet others of her own. Civilisation, that represents in the abstract all that elevates social man, escapes not the ban attaching to all good on earth,—the good carries evil with it,—the eternal *amari aliquid* mingles with the cup of sweetness. But good vastly predominates; morbility lessens, life lengthens (even assurance offices are practically forced to admit this),—and the evils, created by civilisation, she is capable by self-improvement of removing.

In morals there is no positive evidence of deterioration, as the world grows older; but the "progressists" would in my mind find it difficult to make out a case: it seems a drawn battle between ancient and modern vice.

In regard of intellect it is of the last importance that we distinguish between mental power itself and the proceeds of that power,—between the faculty of achieving and actual achievement. That the moderns outstrip the ancients in the quantity and quality of the intellectual results they have obtained, is merely to assert a truism; but we have no proof

(o) Boudin, Pathologie Comparée, Annales d'Hygiène, t. 42, 1849.

(p) Boudin, loc. cit.

(q) Hence it is, I attach no importance (as applicable to civilians) to certain facts tending to show that to a slight extent acclimatisation does actually go on among British troops on tropical stations: thus in the West Indies during the first five years of service the deaths were 10·4 per 100, during the second 9·8 per 100. But these soldiers do not till the soil. Could they perpetuate their race? Besides the difference in the two quinquennial periods is slight; and may depend on the more weakly being carried off at first.

(r) Farr, loc. cit. p. 602.

Digitized by Google

that the abstract dynamism of the brain has increased in vigour or improved in quality. Among the earliest observers of the stars there may have been Newtons; Plato's subtlety of thought was not inferior to that of Kant; Sappho sang, as probably no female bard since has sung; Aspasia inspired philosophers, guided statesmen and preached liberty, so that even the Madame Recamiers and Rolands have not eclipsed her fame; Euclid's mathematical acuteness remains to this hour unsurpassed; how nearly did Hippocrates anticipate the immortal discovery of Laennec! But the modern has the practical advantage over the ancient, that a starting point of the accumulated experience of ages, a presentation of facts in varied aspects, and a mass of fundamental principles ready determined for use, are placed within his reach: and often has he gloriously utilised them. Yet let him not thence imagine the Deity has impregnated his brain with an essence more rife with perfect power than the organ of the great of old. The environments and the starting point of work differ: that is all.

In respect of the fine arts: that the faculties of man concerned in the production of Music—the universal language, superior to poetry in that it is universal in its intelligibility—have grown more acute and more inventive;—that music has improved, both as a science and as an art, in the hands of the moderns, are facts that cannot be questioned. The Greeks, it is true, made considerable advance in scientific music; Pythagoras and others rigidly enforced mathematical rule and allowed no licence to the ear. But it is admitted by historians of the art (even those most favourable to the claims of the ancients,) that although it is impossible the effects of simultaneous sounds could have been, even as matter of chance, wholly unknown to its early professors, they gave no place to, and knew nothing of, harmony as an element of music either theoretical or practical. Hence they rose no higher than the construction of melody, and their claims to compete with the moderns are reduced to *nil*. The narratives of the Orpheuses and the Amphions simply show that rude men were astonished and delighted by rude forms of melody (s).

It is not only music itself, but what is physiologically just as important, vocal executive faculty that improves: the art of expressive vocalisation has been brought at the present day to a pitch of perfection previously unattained. Nevertheless in the primary attributes of singing voice—compass, quality, purity and freshness, sustained power, and bulk of tone in *cantabile*—there is no reason to believe the human larynx has improved (t).

As to social utilitarian advancement, that we have left the ancients far behind in the race can scarcely, it would seem, be questioned. We are told, it is true, by Dr. R. Knox, whose genius and whose rugged unfettered modes of thought I sincerely admire, that "in Cicero's time the island of Rhodes presented a civilisation which no part of Britain can [at this day] pretend to (u)." What, can this be true of a period when the great Emperor himself, Augustus, who ruled the world, had (as Gibbon expresses the facts, thereby symbolising the civilisation of the time) "neither a shirt to his back, nor a window to his house!"

When I am told too by the same physiologist that "monumental records, artistic remains, architectural designs and *utilitarian* plans prove beyond all question that the ancient races of men were at least equal, if not superior, to the modern," I wonder, I am bewildered! But I recover myself and reply: take a choice specimen of those ancient races, place yourself on the site of those ruined monuments, probably the most interesting architectural relics in the world, amid the remains of the material glories of that mysterious people whose origin and course no man knows, nor perchance shall know—the ancient inhabitants of Central America and Yucatan—reproduce that singular mixture of Indian, Grecian, Egyptian, Phœnician and special civilisation,—restore those palaces of Palenque even to their minutest detail, give them back their gigantic stairs, fashion once more into perfect shape their imposing façades and their massive turrets, redecorate their walls with those sculptured hieroglyphs (the remains of which prove an artistic power far beyond the ordinary Egyptian),—deck out the surface in that bright coloration of old days, which harmonised with the glittering plumages and brilliant Flora around,—erect a throne that in material splendour shall dazzle the eyes,—place upon it a monarch gentle as Montezuma, one that scarce knoweth guile,—repeople those halls and corridors with greedy placemen and servile retainers: do all this by fancy's cozenage, and still the civilisation you reproduce falls as immeasurably below that of the Europe of to-day, as did the soft Aztec himself, with his facial angle of about 45°, below the energetic Saxon and the brilliant Celt of the nineteenth century. How small seem all these antique strivings after utilitarian civilisation when we compare them with the achievements of to-day,—when we see the Anglo-Saxon conquering time and space by his applications of natural forces, that were as powerful before the Deluge as they are now, as ready then to obey his will, had man known how to command them, as they at this moment prove. If the degraded state of the modern Egyptian be pointed to, if it can be said with truth of the descendants of those who raised the Pyramids, adorned Philæ and built Karnak, that "their utmost sagacity reaches only to pulling a rope, or sitting on the extremity of a lever as a counterpoise" (v); if even among a people high in modern civilisation 'twas the other day deemed a noteworthy achievement to raise an obelisk, the elevation of which in the land of their production was, thousands of years since, apparently an every day affair (w);—if the one be pointed to as evidence of degeneracy from old civilisation, and the other of failure of the modern to do more than with difficulty reach the antique standard of mechanical skill,—on the other hand to what engineering marvels may we not point in demonstration of progress. Look at the Anglo-Saxon throwing the Grand Trunk Railway Tubular Bridge, two miles long, across the St. Lawrence,—and compare him in engineering resources with nations to whom even the construction of the arch was unknown (x). See him bid thought travel in material fashion, through air, under oceans, with the velocity of lightning,—and compare him with men whose highest notion of speed is signified by relays of running footmen lithe of limb and strong of wind!

But a truce to illustration. . . . . If all the triumphs of Saxon and Celtic civilisation float not ever in thought before us, if their memory be not constantly present, if there be indifference to them as the donors of blessings innumerable, physical and moral, 'tis that we are too familiar with these, too unchangingly living under their benign influence,—"Boy, love you the stars?" cries a musing Knight, under a star-lit heaven, to his attendant page:—

Knight.— Boy!
Love you the stars?
Boy.—When they first spring at eve,
Better than near to morning.
Knight.— Fickle child!
Are they more fair in twilight?
Boy.— Master, no!
Brighter as night wears on,—but I forget
Their beauty gazing on them long (y).

We are that boy; we forget the beauties of civilisation gazing on them long.

III. Gentlemen, my task is almost done. Let me trust I have in some measure succeeded in showing that truth, sought from a Medical point of view, lies between the two extreme dogmas I commenced by setting forth,—and that you will admit progress has been going forward, that yet further advancement is probably attainable, and that the generous enthusiasm of Condorcet approaches more nearly to the reality of nature than the cold disenchantment of Knox.

And by what means may that advancement be best promoted and accelerated? By the extension of good govern-

(s) Even at the present day simple melodies delight people deficient in musical cultivation much more than the most elaborate orchestral and vocal harmonies of the great masters. "Rot your Italianos," says Byron's Alderman's Wife, "for my part I loves a simple ballad."

(t) And how rarely does nature produce an organ of the most perfect kind that, experience proves, she is capable of forming! Half a century, a century, may elapse before another larynx like that of Mario shall enchant the world.

(u) "Races of Men," p. 8.

(v) Belzoni, quoted in Nile Notes by Curtis.

(w) Vide account of Obelisk of Luxor in Paris. Blackwood, 1838.

(x) The value of the arch is infinitely greater in utilitarian architecture than in ornamental: the Greeks were ignorant of the arch when they produced several of their most perfect temples from the fifth to the third centuries before Christ.

(y) Sir Fabian, unpublished Poem, by N. P. Willis, Inklings of Adventure.

Digitized by Google

ment, by improved popular education, secular and religious, and by sanitary science.

Of the influence of good government on public health, mental and bodily, no doubt can be entertained,—stability of political institutions is as favourable, as the reverse is unfavourable, to the physical well-being of the masses. Esquirol (the French Conolly) boasts he could write the history of the French Revolution from the characters of the insanities prevailing at its different periods. All forms of despotic coercion are, on the other hand, while hostile to intellectual development, probably promotive, unless they be grindingly severe, of mere vegetative activity,—the despot has ever known this, and in exchange for annihilated liberty of thought offers to the slave the *panem et circenses* of the old Roman. Even in our own favoured land there are relics of feudalism that still indirectly impair the health and thwart the mental emancipation of the people.

Popular education, such as shall enable the masses to understand the elementary practical points of political economy, social morals and hygienics, is the next agent of importance. Fear not that these truths may be made intelligible to the humbler ranks. It is a mere delusion to suppose ruling scientific facts can only be rendered clear in a special language of their own: it was believed the main propositions of physics could not be demonstrated without the aid of refined mathematical technicalities, till Neil Arnott arose to prove the fallacy of the notion. Mere instruction of the people in reading and writing, which has commonly passed for education, is valueless: long since Guerry (z) showed by incontrovertible figures that a preponderating population able to read by no means secured a low, sometimes coexisted with an unusually high, ratio of crime (aa). In education lies the best safeguard (unfortunately I cannot assume a sure one) against alcoholism. At all events it is not a Maine law that will coerce the insane passion of the sturdy Saxon or irritable Celt: already the Forbes-Mackenzie Act is pronounced a failure.

The importance of public morals, not only for their own sake but for their influence on the health of nations, is strongly shown by the experience of Esquirol, that in his day their low condition in France had produced more insanity than ever political troubles. At the present day the inobservance of moral obligation in civilised intercourse with barbarous or semi-barbarous tribes leads often to profound demoralisation and physical deterioration of these: the savage assimilates with a very greediness of facility the vices of the civilised man.

But highest among all powers in ameliorating the physical condition of mankind ranks sanitary science,—that which best teaches the masses to secure the *mens sana in corpore sano*,—that which most invulnerably arms man for his incessant combat with those extrinsic influences that tend to injure or destroy him. God sends acute diseases, man makes chronic ones himself; so says Sydenham. But since the time of that great man, who therein announced but a part of the truth, we have learned that a large share of the gravest acute disease—that which cuts down a population at the period of life, when it is most useful to the State—is of our own production,—and as assuredly preventible by sanitary measures, as alcoholism is by the eschewing of spirituous liquors.

Finally, gentlemen, let me indulge the hope that the subject of to-day, however feebly handled, may have excited your interest and enlisted your sympathies. Notions have been glanced at worthy of being meditated upon by the most experienced among us;—nor has material been altogether wanting fitted to point the aspirations and invigorate the determination of the neophyte,—and, if I mistake not, supply him motive for self-gratulation that he has embraced a profession which is occupied with questions so varied and interests so vast. For to whom is the world indebted for the knowledge of the influence exercised on the physiology of nations by government and political institutions, public morals, ratio of population to area inhabited, colonisation, climate, physical geography, geological and other characters of the soil, malarial exhalations, animal viruses, urban or rural habitation, early education, trade and occupation, social position, food, drink and stimulants, drainage, insolation, ventilation, fuel, even fashion of dress,—and a multitude of other agencies it would be tedious to enumerate; who watches these agencies at work, and traces them to a demonstrable or a probable final term in the individual, in the stock, in the nation, in the race? The Medical observer! Who suggests means of cure or prevention for some, of amelioration for others of the evils involved,—through whose intellect and whose toil have statesmen and legislators obtained the principles of sanitary science? One of the political Quarterlies some time since told its readers, nothing in the way of sanitary improvement was to be looked for from the Medical Profession, their interests were so clearly involved in the continuance of a low standard of public health. And how, Medical Profession, have you justified this despicable slander, debasing even the sordid soul that made it? You have created sanitary science; you have gone forth preaching its doctrines, demonstrating its principles; you have disarmed prejudice; you have borne down opposition by the arrant honesty of your purpose and the manifest benefits of your work; you have founded journals to disseminate hygienic truth (bb); pioneers in the practical toil you have not shrunk from jeopardising life,—you have sometimes met death! At least you have refuted the scribe in the Quarterly.

Remember, then, you may with pride, your Profession, while it cares for the individual, concerns itself also with the masses, with the species,—aims at indirectly purifying the morals, vivifying the intellect, and lengthening the mean span of existence, of mankind at large. Yours, too, is a Profession to which, more than to any, Providence seems to have assigned the sacred missions of unfolding certain forms of material truth and of standing forth a solid bulwark against false superstition and unrighteous fanaticism, as opposed to genuine piety and holy religion,—a Profession which plays a large part in the glorious drama of civilisation,—a Profession which less rightfully than none may inscribe on its banner those words which, in a mundane point of view, epitomise the teaching of Christ upon earth,—those words which are the sublimest in the language,—Liberty, Charity, Truth and Progress.

(z) Statistique Morale de la France.

(aa) Popular religious education evidently must be remodelled; little can be fairly expected from the present system of Sunday-school teaching in the way of humanising the masses, if (as the Report of the Commissioners on the subject—*Times*, August 14, 1858—would go to prove) the pupil learns by rote a parcel of sounds of the meaning of which he is often utterly ignorant.

(bb) The journals of Forbes Winslow, Richardson, Bucknill and Tuke are an honour to our country and day.

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D., F.R.S.

Obstetric Physician to St. George's Hospital.

The second edition of my "Clinical Midwifery," published in 1848, contains the histories of 545 cases of difficult, preternatural, and complicated labours. I propose now to relate succinctly the histories of all similar cases fortunate and unfortunate, which have since come under my observation, of which written reports have been preserved; and likewise all the most important cases of disease in pregnant and puerperal women which I have seen during the last ten years. In doing this, I shall follow the method of Mauriceau, Portal, and Giffard, whose cases were published without any attempt at artificial classification, in the order of time in which they occurred, with such practical remarks as seemed most likely to render the perusal of their histories advantageous to their readers, and tend to illustrate and establish sound principles in Midwifery.

Case 546.—March 29, 1848.—Mrs. W. several years ago had suffered from puerperal mania, for which large doses of liquor opii sedatives and morphia had been employed. Recovery took place, but she could not be induced to give up the sedative, and has ever since taken about six teaspoonfuls of laudanum three times every day, and has been kept in a constant dozing state, and wholly unable to discharge the ordinary duties of life. When I first saw this patient she was far advanced in pregnancy, the lower extremities were much swollen; she was in a state of great distress, and could not lie down; and her

Digitized by Google

Medical attendant thought her labour would be attended with great danger, and the question of inducing premature labour was repeatedly brought forward and discussed. Having seen a case very similar not long before, where the habit of taking laudanum had been formed under the same circumstances, and in which the uterus acted powerfully in expelling the child, and the recovery was favourable, I refused to induce premature labour in this case. The labour was natural, the uterus acted with great force, and a living child was expelled, and the placenta soon followed, and no unfavourable symptom occurred in the puerperal state. Both these patients have continued the habitual use of the sedatives with the usual consequences to the body and mind. Pregnancy has not again occurred in the first of these cases, but it has in the second, and the labour was natural.

Case 547.—April 25, 1848, Mrs. P., aged 34. The first labour had begun on the Friday night with rupture of the membranes. It continued Saturday, Sunday, and Monday till Tuesday at 2 o'clock in the morning. The os uteri had remained long rigid. The anterior part pressed down between the head and pelvis. Orifice fully dilated twenty-four hours before I saw the patient. The pains are now almost gone. Pulse rapid and feeble. Tongue furred. Soreness of abdomen. The anterior fontanelle to the front of the pelvis. An ear felt on the left side. I endeavoured to deliver with the forceps, but it was impossible to apply the blades in a satisfactory manner, and after repeated efforts the attempt was abandoned. After perforation great force was required to extract the head, proving that no chance existed for delivery with the forceps. The uterus did not contract, and the placenta was required to be removed artificially. No bad consequence followed, but the patient had been left too long in labour.

Case 548.—April 26, 1848.—Called at midnight to a patient who was near the full period of pregnancy, and had fallen and injured herself some days before. A great discharge of blood took place this evening. Os uteri rigid; very little open; placenta not felt; membranes not ruptured. I ruptured them, and a great quantity of liquor amnii escaped. Pains came on four hours after, and the child was expelled alive. A dreadful hæmorrhage afterwards took place. The binder was applied, the placenta removed, stimulants given, and cold vigorously employed. 11 a.m. next day going on well. Recovered favourably.

Case 549.—May 2, 1848.—I was called to a patient in labour, Earl-street East, Edgware-road. Before my arrival the child, premature, was born. An arm had presented and an attempt had been made to turn, but the uterus was so firmly contracted that it was impossible to introduce the hand. The case was left to nature, and the child was expelled doubled up, dead, through the pelvis. This would at one time have been called a case of spontaneous evolution of the fœtus.

Case 550.—May 8, 1848.—Mrs. S., in the eighth month of pregnancy, hæmorrhage from the uterus during three weeks, doubtful whether there was placental presentation; arrived at the house of the patient at five o'clock; the child had just been born; the mother faint and pallid; pulse scarcely to be felt; a great deal of jactitation; brandy and wine were given; the binder and pad were applied, and strong pressure made over the uterus, but the placenta did not come away. The vagina was found filled with a large mass of coagula of blood. It became necessary to remove the placenta, which was found extensively adherent. It was cautiously detached and removed, but the patient soon after began to toss about, the breathing became excessively hurried, a fit of convulsion took place, and death in no long time. It occurred to me that if the membranes had been ruptured, and the uterus emptied by some means a week or two before, the danger in this case might possibly have been averted.

Case 551.—May 18, 1848.—Mrs. G. has had five children, is within six weeks of the full period; after a long walk fourteen days ago, pain was experienced yesterday in the back slightly, coming round to the hips; these pains went on two hours, when a considerable discharge of blood took place from the vagina: it left her, ever since which, a slight coffee-coloured discharge, trifling in amount; the night before last there was a considerable discharge after having had some pain. Yesterday morning, Dr. —— saw Mrs. G., and found the os uteri dilated to the size of a sixpence; no part of placenta presenting: she recovered from the hæmorrhage, which was not accompanied with faintness, and went on tolerably well all yesterday till about 6 p.m., when she began to have a few pains, about three or four, and accompanied with slight hæmorrhage: about 4 a.m., May 18, slight pains in the back, four or five, and they were followed by a very considerable discharge, about lbs.; a good deal of faintness. At half-past one p.m. os uteri open; placenta not felt; head of child presenting; not faint: I ruptured the membranes with the finger. The subsequent history of the patient was communicated to me on the 19th of May:—

"Mrs. G. remained free from pain or hæmorrhage until about six o'clock, when uterine pains, not very strong, came on every quarter of an hour. They went off about half-past seven o'clock, and she continued quite easy until about twelve o'clock, when she was attacked with a severe rigor, which continued half-an-hour. Fever and some headache followed, when, soon after, labour pains came on, unattended with any hæmorrhage, and completed the process in about an hour. The placenta came away very easily, and the uterus contracted kindly, when Dr. —— left her. About an hour after, hæmorrhage to a very considerable extent supervened, so as to produce faintness, the uterus feeling flaccid, but not much enlarged; the discharge was almost all fluid. Pressure over the fundus, the application of cold, two doses of ergot, and brandy and water, were the means employed to get rid of her alarming state; however, about six o'clock the colour returned to her face, and she slept for half-an-hour, when she felt herself rid of her distressing faintness. She is now going on very well, except severe headache."

Case 552.—Monday, May 22, 1848.—Mrs. W. suffered severely during the latter months of pregnancy. Delivered yesterday; labour natural. In less than twelve hours seized with vomiting, diarrhœa, rapid pulse, great pain about the region of the uterus. At 10 p.m. pulse scarcely to be felt; constant vomiting; diarrhœa has subsided; uterine region tender when pressed; insensible; pupils not dilated; apparently dying. Her Medical attendant, about a month before this, had a patient who died of uterine phlebitis. I met him in consultation at the house of this patient, and he went the same evening I met him, and slept at Mrs. W.'s, who was then threatened with abortion, or premature confinement.

Case 553.—May 24, 1848.—Mrs. ——. Profuse hæmorrhage in the seventh month without any apparent cause. Two hours after Mr. —— saw her, plugged the vagina, and applied cold, and did everything else. The hæmorrhage went on; the membranes were ruptured, and the liquor amnii discharged, but the discharge continued. The patient was in such an alarming condition that immediate delivery alone could save her. Os uteri not sufficiently dilated to allow of turning. I opened the head and extracted it with very great difficulty; all the bones completely smashed; an arm brought down, and the child extracted with the crotchet doubled up. Hæmorrhage still went on. Mr. —— passed up his hand, and extracted the placenta. It appeared that the greater part of it had been detached. The detached part was of a dark red colour, and partially covered with blood. Hæmorrhage still went on, and continued for some time. The patient ultimately recovered completely.

Case 554.—June 5, 1848, Thursday, 4 a.m.—Mrs. M., feeble and delicate: delivered at 2 a.m. Placenta expelled naturally; soon after a considerable flooding took place, followed by great faintness. A very large quantity of blood had been lost. Pupils dilated; eyelids half closed; pulse not to be felt; hands and feet cold. Hæmorrhage restrained; a bandage had been applied, and afterwards removed. Stimulants given, and cold air admitted; the binder was reapplied; the wet clothes removed; applied warm flannels; bottles of hot water to the feet; gave brandy; everything to preserve the circulation. The condition resembled that produced by chloroform. Vomiting took place in a short time; no hæmorrhage. I left her in a very doubtful condition—slightly conscious; breathing better; hands and feet warmer; friction along the spine. She remained several hours in the most alarming state; then rallied. At half-past eight perfectly conscious. Still the pulse scarcely to be felt; face cold; occasional slight vomiting. The respiration and circulation so completely established that I had no doubt of her recovery. A more narrow escape from death was never seen.

(To be continued.)

Digitized by Google

MALPOSITION OF THE LACRYMAL CANALICULI.

SUCCESSFUL METHOD OF TREATMENT.

By H. HAYNES WALTON, F.R.C.S.
Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

(Continued from page 166.)

In the number of this Journal for August 14, I jotted down my method of treating partial malposition of the punctum lacrymale and canaliculus of the lower eyelid. I now proceed to detail my practice in the severer form of displacement, accompanying complete eversion of the tarsal margin.

I continue with the subject because I believe in its importance.

Very soon after I commenced my public professional duties, I remarked the want of attention to surgical affections of the appendages of the eye, especially of the eyelids, and increased opportunities strengthen my early conviction. Eyelid surgery is much neglected. A person is discovered to have cataract, or he may be supposed only to have it, or he may complain of impaired vision, thought to be due to another cause, in any of which instance, he either seeks some one more or less skilled in eye diseases, or is tolerably sure through the Profession or otherwise to be recommended to such an one. Not so, however, in general, if his eyelids are at fault. The necessity here for special study and attention is not recognised. Something ineffectual is done, or nothing perhaps undertaken, because the nature of the complaint is not recognised, or because the condition is thought irremediable. But these remarks are daily getting less applicable, through the increase in Ophthalmic Institutions, and the agency of the Medical press with its monographs and Hospital reports.

The case that I select for my illustration is one that I have just finished with in private. It possessed all the complications that can be met with in this class of palpebral disease, had been of long standing, and was very distressing, had undergone routine treatment in the hands of several men, required the exercise of special practical Surgery, and well exemplifies the success of three distinct Surgical proceedings.

A gentleman applied to me with eversion of the entire border of the left lower eyelid. The exposed palpebral conjunctiva was swollen, of bright scarlet colour, and the tarsal margin, covered with incrustation, was depressed externally. He sought me, not in the hope of getting the eversion benefited, as he deemed that past relief, and was determined to submit to no more applications, and had not for many months employed but some unstimulating ointment. He wanted merely to be ridded from the continual flow of tears over the cheek, and would submit to anything that I recommended with confidence.

Some eight or nine years ago he had ophthalmic tarsi, which seemed to resist the means used; and ultimately very strong ointments, sulphate of copper, and solid nitrate of silver, had been resorted to, and, as I fully believe, made matters worse. For the purpose of a complete survey I washed away the inspissated secretion—which I may mention parenthetically, re-forms in these cases in a few hours, and cannot be completely arrested by any medicament that I am aware of—and found, as I suspected, that the cilia were all lost, the tarsal edge studded with small ulcers, and the punctum lacrymale displaced, being drawn away from the eyeball, and quite incapable of acting.

After I showed that for carrying off the tears by the nose, and checking the inordinate secretions from the conjunctiva, the result of irritation from exposure, the righting of the eyelid—the replacing of it—was requisite, I was allowed to act according to my judgment. Therefore, assisted by Mr. Taylor, my colleagues adopted my usual plan, the only efficient and safe one, and dissected away with a pair of toothed forceps and a small scalpel the whole of the exposed palpebral conjunctiva. The wound was left to itself, mere cleanliness being observed. The contraction that ensued on the healing seemed to have reached its maximum in six weeks, did all that was expected of it, and nicely tucked up the part. But the punctum, in consequence of the change in the contiguous tissues, could not be brought *in situ*, and there was another imperfection to be overcome in the dropping of the tarsal border, before alluded to.

The first obstacle was remedied by slitting up the punctum and the canaliculus, with a groved director and a scalpel, and attending to certain after details, as described in my first communication. The second I removed by shortening the lid a little, cutting out a triangular bit of the entire thickness, at the spot where the drooping was the greatest, and applying two sutures. All along, tonic medicines were given, for they were needed, and cold water was used to the eye several times a-day.

The result is a surgical triumph. A considerable deformity has been removed, the tears are passed by the natural channels, there is no marginal superficial ulceration, and much discomfort has been overcome.

There is really very little difference in the appearances of the eyes; not any that a casual observer would discover, but of course perfection is not established—I wish this to be understood. The lacrymal secretion would the more readily overflow than in a natural state of parts, and the Meibomian gland ducts, so long deceased, although they have much improved, and will continue to improve, must ever be susceptible of irritation; and, in a word, the function of this portion of the lacrymal appendages must be more or less impaired. But with all, I say, there is a goodly display of sound, practical, special Surgery.

69, Brook-street, Hanover-square, Sept. 27, 1858.

ON HYSTERICAL APHONIA.

By J. ALTHAUS, M.D.

It is a common and well-founded complaint of Medical electricians that, if patients are recommended by their Physicians to undergo a galvanic treatment, such is only the case after every other remedy has been tried without success, and when the affection is of such a long standing that only very little hope is left for an ultimate recovery. What beneficial results may be obtained in certain affections of the nervous system, if the electric treatment is resorted to in an earlier stage of the complaint, may be conceived from the following lines in which the effects of Faradisation in a number of cases of hysterical aphonia are detailed.

Thirteen cases of this kind have lately come under my notice, for most of which I am obliged to the Physicians of the Samaritan Free Hospital. All the patients were women, and most of them under 30 years of age; two were married, eleven single. In none of the cases were there any signs of a morbid state, either of inflammation or of ulceration of the mucous membrane of the larynx; but the affection consisted merely in loss of power in the nerves and muscles of the organ of voice. In a case which was sent to me by Dr. Wright, the merely paralytic character of the complaint might have possibly been mistaken, as that patient suffered besides from venereal disease: a specific eruption over the skin, and a large node over the right eyebrow; so that by a superficial examination one might have been led to the diagnosis of aphonia resulting from syphilitic ulceration of the larynx. But the other signs of such an ulceration were not present, and that there really were none, became evident by the beneficial influence of a few applications of electricity. I may also mention that this case was the only one in which the cause of the complaint was quite evident, as it arose from over-exertion of the voice. In most of the other cases the loss of voice could not be well accounted for, as the patients awaking in the morning found their voice was gone. Some of them, however, stated a cold draught having been the cause of it.

The degree of the affection was different. The normal "timbre" of the voice was totally lost in all cases; but most of the patients were able to whisper by movements of the lips and of the tongue. Such whispering was quite distinct in some patients; but hardly intelligible in two cases, one of which was observed in King's College Hospital, under the care of Dr. Todd, the other in the Samaritan Free Hospital, under the care of Dr. Savage. A sore feeling in the throat was complained of by all patients; four of them felt besides pain in the chest and in the epigastrium. Three were irregular as to the time of entrance of the catamenia; but amenorrhœa was not present in any of them. Aphonia was only one symptom of a deep hysterical disturbance of the

Digitized by Google

whole nervous system in a case which was sent to me by Dr. Routh, as that patient suffered besides from globus hystericus, violent head-ache, sleepishness, cramps, and weakness in the limbs.

To give galvanism a fair trial, in all these cases purposely either indifferent drugs or no medicine was given, except the case of venereal disease, in which mercury was administered, not against the loss of voice, but against the constitutional complaint. I applied in all cases a very mild induced current of galvanic electricity, by means of moistened conductors, and directed the poles partially to the inferior laryngeal nerve, partially to the tissue of the crico-thyroid muscle, which, as Longet's experiments have proved, plays a prominent part in the formation of the voice. This mode of application proved beneficial, as of thirteen cases eleven were cured in a very short time. Faradisation proved unsuccessful only in the above-mentioned case of aphonia, accompanied with many other symptoms of hysteria, and in the case of a lady who had lost her voice for more than ten years, and who was kindly sent to me by Dr. Theophilus Thompson. In eleven uncomplicated cases of comparatively short standing—as none of them extended beyond the period of four months—the treatment had the following result. In one of them the voice returned after the first sitting of two minutes' duration, not immediately after the application of electricity, but about three hours afterwards. Two cases were cured by three, eight others by four sittings. In six cases the voice when it came back was at once quite as strong as it had ever been before; in five patients, on the contrary, an evident increase in the sonority of the voice was discernible from the beginning to the end of the treatment.

Probably it will be objected, that not unfrequently in cases of hysterical aphonia, the voice suddenly comes back without any treatment whatever having been instituted against the complaint (a), and that therefore it remains doubtful if electricity has been really of any use in it; but I hardly think it possible to deny the beneficial influence of Faradisation in cases of this kind. Even if the matter were considered only theoretically, galvanism would give a very fair chance of recovery to merely a local paralysis not connected with any structural disease. Besides the cases I have treated had existed without any change whatever for a longer or shorter space of time, and the great majority of them were cured very quickly, as soon as placed under the influence of Faradisation. I am also inclined to consider the circumstance of the gradual increase of the sonority of the voice, which was observed in five cases during the course of the treatment, as a proof for its efficacy.

So far as I have been able to ascertain, in one case of eleven a relapse took place, a fortnight after the voice had come back; two sittings then produced again the desired effect. I hardly think that there were any other relapses; because it is very likely that if such had been the case, the patients would have sought again help for a very troublesome and annoying affection, from which they had been delivered by a short treatment not connected with any inconveniences.

2, Manchester-street, Manchester-square.

(a) An interesting case of this kind is related by Dr. Todd in his Clinical Lectures on Paralysis, etc., p. 265.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

HOSPITAL NOTES.

THE TREATMENT OF ACCIDENTS FROM CHLOROFORM.

We delayed to comment upon the case of death from chloroform which was recorded in our Hospital reports last week. There are two or three points, however, which it suggests for consideration, respecting which a few words may be permitted. The mode of death was plainly by paralysis of the heart, as indeed, has certainly been the case in a majority of the chloroform deaths which have occurred in the London Hospitals. It is clear that the importance of sedulous attention to the pulse cannot be overrated. The administrator should invariably either himself keep his patient's wrist without interruption in his hand, or if that be inconvenient should depute a responsible assistant to do so. To content himself with putting a finger on the temporal artery is manifestly not safe, since any sudden movement of the patient's head may displace it. Then as regards the accomplishment of the first objects when danger is apprehended, namely, the drawing forward of the tongue and artificial respiration—it has become the fashion to do the one with forceps, and the other by the "ready" or postural method. Surely, if ever there were an instance in which fingers are better than instruments, it is when it is wished to open the glottis of a patient suddenly asphyxiated. The fore-finger thrust over the root of the tongue may be made, by pressing forward that part together with the epiglottis, to accomplish in an instant what would be most inefficiently done by forceps. The utmost promptitude is desirable, and the idea that an instrument is required for so simple a manœuvre cannot but risk the loss of invaluable time. Many facts have been recorded as to the efficiency of the postural method of artificial respiration in suspended animation. It is very well that the public should be aware that in cases of drowning, hanging, etc., it is a good plan to roll the patient from side to side, but there is still reason to doubt whether after all that method is the best for Medical men, when surrounded by assistants, to have recourse to. As was the case in the instance under consideration, it has been tried in several accidents from chloroform, and abandoned after some waste of time in order to substitute the old and more convenient plan. Now, as it is the first moments which are most valuable, would it not be better to have it an understood rule of practice that forcible compression of the chest and abdomen should always be employed from the beginning, and as immediately as possible after the first symptoms of danger? This plan leaves the patient's face, etc., exposed to observation, it is most efficient in filling the chest, and it does not prevent other methods of resuscitation (galvanism, cold affusion, etc.) being resorted to at the same time. In these cases plenty of assistance is usually at hand, so that as one manipulator tires another may take his place.

This case, and one which happened a few weeks ago in the provinces, in both of which the patients were young boys, open to us a large extension of anxiety. Hitherto the exceedingly few accidents with chloroform which had happened to children allowed us to feel a very comfortable degree of security while administering this agent to the young. Henceforth, however, its employment in those of all ages must be regarded as one of the most responsible of our duties. That Surgeon will be rashly bold who ventures to exhibit it without having assistance at hand, and without feeling himself prepared in every minutiæ of detail for any contingency which may arise (a).

SUCCESSFUL OPERATION FOR IMPERFORATE ANUS.

A curious case of congenital recto-vaginal fistula with imperforate anus has recently been treated by Mr. Athol Johnson at the Hospital for Sick Children. The subject of it was an infant aged at the time of admission nearly a month. In the posterior wall of the vagina, just above the situation of the hymen, was a fistula, which would admit a probe, and through which fæces escaped. In the perineum the parts were firm and healthy, and the position where the anus ought to have been was not in the least indicated. The depth of the structures between the surface of the skin in front of the coccyx and the rectum (as ascertained by introducing a probe by the fistula), appeared to be about three-quarters of an inch. The infant was obliged to strain a good deal to expel its fæces. Mr. Johnson determined to attempt to establish a canal in the normal situation, and accordingly introduced a probe by the fistula, and pressing its end downwards, then cut down upon it from the spot where the anus ought to have been. The wound was sufficiently enlarged to allow a No. 10 catheter to pass freely. Fæces at once escaped, and the amount of bleeding was not excessive. The catheter was retained for two days, and subsequently the wound was prevented from contracting by the daily use of a bougie. A month afterwards the infant was in improved health, and the bowel freely

(a) A very clear account of the symptoms which ought to excite alarm, and the mode in which they should be met, is to be found in the last edition of "Shaw's Medical Remembrancer."

Digitized by Google

emptied itself by the new channel. A little fæcal matter however still continued to pass by the original fistula. It is not often that we have to record so successful a result after operations in these cases.

RECENT FREQUENCY OF PURPURA HÆMORRHAGICA IN CHILDREN.

During the last six weeks quite a series of cases of that rare affection, purpura hæmorrhagica, have been in attendance amongst the out-patients at the Metropolitan Free Hospital. Almost all the patients have been children under twelve, and in none has the disease assumed its most severe type. Whether this prevalency is to be esteemed a coincidence, or the result of some endemic influence, we have no data to decide; and it would be not uninteresting to know whether others, having large spheres of observation in the same district, have noticed the same fact. With regard to the treatment of this ill-understood malady, there is no doubt as to the fact that chlorate of potash will usually restrain the bleeding from the gums. It appears, however, to have little if any influence upon the disease itself. Turpentine during the hæmorrhagic stage, and quina afterwards, have been the favourite remedies.

PLASTIC OPERATION FOR PROLAPSUS UTERI—PERMANENCE OF CURE.

As a contribution to the determination of the much-vexed question, as to the permanency or otherwise of cures of prolapsus uteri by plastic perineal operations, we may just mention the case of a woman whom Mr. Baker Brown has recently had under care in St. Mary's, and which he has afforded many Surgeons an opportunity of examining. The operation was performed a year ago, and prior to it she had suffered from prolapse of the entire womb. Since the restoration and extension of the perineum the woman has been pregnant, and her delivery at the full time of a large child was recently accomplished without any material laceration. Due precautions were adopted afterwards, and the uterus is at the present time in its natural position. Many cases have of course been recorded, in which more than a year had passed without relapse, but the present one is especially valuable on account of the subsequent occurrence of pregnancy and delivery.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, OCTOBER 16.

MYSTICISM AND CREDULITY IN 1858.

It is melancholy to reflect that in a land like England, which has produced a Bacon and a Newton, and which, in its Universities and Schools, is daily endeavouring to diffuse the principles enunciated by those great philosophers among the mass of the population, the most dense ignorance and credulity should prevail. If this lamentable deficiency of the first principles of reasoning were confined to the multitudes who are still deprived of the blessings of education, our wonder might be less; but, unhappily, the mysticism of the age appears to fascinate not only the vulgar, who, from the beginning of time have been the dupes of the impostor, but it charms the minds and guides the conduct of some of the highest and noblest, and most learned, in this favoured country. Even Sir Isaac Newton, whose physical discoveries have revealed the mechanism of the heavens, and have displayed to mankind some of the counsels of Infinite Wisdom, was inclined to mysticism in his metaphysical speculations; we have heard of moral philosophers of our own days who have avowed themselves the believers in globulism; and mathematicians who have yielded to the delusions of clairvoyance and spirit-rapping. How these opposite tendencies of the human mind are to be reconciled we leave for the decision of psychologists; while we draw attention to some of the flagrant instances of imposture on the one hand and credulity on the other, which have been lately recorded in the public journals, or have been forwarded to us by our correspondents. In a late police report we find it recorded that a baker paid a considerable sum of money to a so-called astrologer, under the promise held out to him of the possession of riches. The money advanced by the credulous baker, paid in instalments, was to be variously disposed of in order to produce the promised wealth; part was to be melted in a furnace, part was *to be deposited in the bosom of a midwife* (!) and part was to be buried in the earth with a religious ceremony. Of course the cash really went into the pockets of the astrologer, and the upshot of all was that the deluded baker summoned the impostor before a magistrate for obtaining money under false pretences. The second instance of imposture and credulity which has been presented to our notice is to be found in a long and elaborate handbill, circulated throughout the country, and announcing the wonderful cures performed by an American *Doctress* by means of vegetable medication. This lady takes care, however, to repudiate all connexion with the Coffinite quacks, with whom her system would seem to ally itself; and she strongly denounces the absurdity of supposing that diseases can be cured by any one herb alone, especially referring to Pepper and Lobelia. According to this lady, the vegetable tribes contain none but medicinal and healing herbs, and are thus distinguished from the poisonous products, such as mercury and arsenic, obtained from the mineral kingdom. She is evidently ignorant, or she conveniently forgets that strychnia, morphia, picrotoxia, atropia, aconitina, and many others, are not minerals. With great modesty the female doctress announces that no fee will induce her to take any case in hand which she may deem incurable; but as she publishes her cures of cancer, diabetes, consumption, diseases of the heart, etc., it is evident that there are very few diseases, if any, which are not amenable to her skill. All this miserable nonsense, like the fleecing of the baker by the astrologer, would be too pitiful to notice in our columns, were it not intimately associated, in a psychological point of view, with the mummeries of homœopathy, and other absurdities, which reckon a certain number of dupes in the present day. The homœoquack who declares that he can cure a serious disease by the administration of infinitesimal globules, is as much an impostor as the man who promises the acquisition of wealth by mystic incantations; and the arrogant pretensions of the American doctress are fully equalled by men who, we regret to say, assume the titles of our honoured Profession, and who cannot, perhaps, plead ignorance, as she might do, in excuse for their offences. Another handbill before us advertises *a Homœopathic and Hydropathic* establishment, conducted by two persons calling themselves Doctors, but of whose claim to that title we know nothing. In this document the public is informed that acute diseases are more quickly and safely cured by homœopathy and hydropathy *combined* (the Italics are not ours), than by any other system of treatment. Inflammations, fevers, paralysis, chest diseases, gout, rheumatism, dropsy, etc., pronounced incurable under other systems, are all restored to

Digitized by Google

health by the combined agency of infinitesimal globules and the wet sheet. Verily the mysteries of astrology and witchcraft, the botanic cure of diseases, the pretensions of homœopathy, the belief in the efficacy of Morrison's pills and Holloway's ointment, and many other similar delusions, all belong to the same category of imposture on the one hand, and credulity on the other; and the general encouragement given to these various forms of quackery, shows how ignorant many of our people are of their own ignorance, and the necessity for some radical reform in our system—or no system —of National Education.

The *profanum vulgus* has its delusions as well as its more elevated aristocratic brothers. We have lately seen pretty numerous specimens of the credulity of human nature exhibited among certain of the *lower* classes of our countrymen, as they are called. The spectacle of such degrading ignorance is not very encouraging to those who have entertained elevated hopes for the progress of humanity, nor does it say overmuch for the lessons taught by the schoolmaster, who has now for some time had the credit of being abroad. It shows one thing, however, pretty clearly, that there is a very intimate connexion in certain of their psychical qualities between the *aristo* and the *proletaire*. The former dabbles in small *fantasias* with the gipsy tribe; and the latter indulges in somewhat larger fancies with those other Bashi-Bashouks of society —the homœopaths, mesmerists, table-turners, spirit-rappers, and so forth. Where is the difference between my lord and his man? One fact clearly comes out of all this, and it is, that if my lord and his man are both supplied with education (as we know they are), the education, though abundant in quantity, is manifestly defective in quality. This fact Faraday plainly told his *educated* audience at the Royal Institution, when he explained the absurdity of the table-turning nonsense to the deluded individuals who believed in it.

THE MEDICAL COUNCIL.

The elections of Members of the General Council have been continued during the past week. To the names we gave last week we have now to add that of Dr. Apjohn, as the representative of the University of Dublin; Dr. Watson, of the Glasgow Faculty; Dr. Alexander Wood, of the Edinburgh College of Physicians, and Dr. Andrew Wood, of the Edinburgh College of Surgeons. The only Government Member whose name has yet been given by permission is Dr. Stokes, who has been nominated by the Crown as the Member for Ireland. We are quite sure that this appointment will be hailed by the Profession generally with unmingled satisfaction. There is no man who has shown that he has the best interests of the Profession more truly at heart than Dr. Stokes, and his nomination augurs well for the care with which the other Crown appointments have been made. We say *have been made*, advisedly, although it has been said that our announcement of the appointments three weeks ago was premature. We repeat that the appointments were made, if letters from Mr. Walpole asking certain gentlemen if they were willing to accept the post, and expressing his intention to recommend them to Her Majesty if he received an affirmative reply, are to be considered as equivalent to nomination, which we believe them to be. The nonsensical story of a dispute between Mr. Adderley and Mr. Walpole as to the right of nomination, we have good ground for stating has no foundation whatever in fact. No interference has been made with Mr. Walpole's appointments.

With regard to coming elections, that for the United Universities of Aberdeen and Edinburgh has excited a good deal of angry discussion. Mr. Syme is most anxious to be the representative of the two Universities, and went so far as to propose himself as a delegate to confer with the Aberdeen Professors. His chief claim seems to be that he is the senior member of the Edinburgh Medical Faculty; but whether this will be sufficient to outweigh his faults of temper remains to be seen. For the peace and gravity of the Council it is to be hoped that the men of Aberdeen will either support Dr. Balfour, or bring forward one of their own men—Dr. Fyfe or Dr. Pirrie. They may do good service to the Profession by sending a man of sense and discretion to represent the United Universities.

The London College of Physicians had a very excited meeting last Saturday, at which a most excellent plan of electing the representative of the College was agreed to after considerable opposition. No name is to be proposed to the Fellows, but every Fellow present will write one name on a piece of paper and place it in a ballot box. If two-thirds of those present vote for one member, that member will be elected as the representative of the College. If no member has received two-thirds of the votes, then the three names who have received the greatest number of votes will be selected, and the ballot will be taken upon these three. The friends of Drs. Watson, Alderson, and Burrowes are eagerly canvassing the respective qualifications of these gentlemen. They are so well known, however, that we do not think it advisable to add anything to what we said last week. It was arranged most properly that the representative should be sent to the Council, not as a mere delegate to record the votes of a majority of the Fellows, but as an independent and trusted member. The College now seems to be in a fair way to earn popularity, and we trust that the motion now on the books, recommending an immediate application for a new Charter, may be carried, and that it may be framed in the most liberal spirit. The election to the Council is fixed for Friday, the 22nd instant.

The decision of the Council of the College of Surgeons as to the mode of electing the representative is exciting some interest; but we believe if the voting were freely thrown open to all Fellows and Members, a system of balloting arranged like that of the College of Physicians, and a day appointed for the election, not a hundred Members would attend, and, in all probability, the choice of the Council would be confirmed. An opposite course would be sure to lead to ill-feeling; and putting aside the law of the case, it would surely be more satisfactory to the gentleman elected to feel that he was the representative of the whole College, rather than of a portion of it, however respectable, yet numerically insignificant.

THE WEEK.

The new warrant for the Army Medical Department has been sanctioned by Her Majesty. We have received it too late to publish it entire this week, but the following is an abstract of the most essential parts. There are to be four ranks for the future:—1. Inspector-General. 2. Deputy-Inspector-General. 3. Surgeon, Staff or Regimental. 4. Assistant-Surgeon. Relative Military Rank.— Assistant-Surgeon as Lieutenant; ditto after five years' service, as Captain; Surgeon as Major; ditto after twenty years' service, as Lieut.-Colonel, but junior of the rank,—and then called "Surgeon-Major;" Deputy-Inspector-General as Lieut.-Colonel; ditto after five years' service, as Colonel; Inspector-General as Colonel; ditto after five years' service, as Brigadier-General. Inspectors and Deputy-Inspectors to be obliged to retire on becoming 65 years of age. Assistant-Surgeons, Surgeons, and Surgeon-Majors on becoming 55 years of age. All can claim retirement on completing twenty-five years of full-pay service, on seven-tenths of their full pay. Honours, Widow's Pensions and all other advantages are now granted to Medical officers as to Military officers of corresponding rank.

Digitized by Google

The following are the rates of *Full-Pay*:—Assistant-Surgeon, on appointment, per diem, 10s.; after five years' service, 11s. 6d.; after ten years' service, 15s. Surgeon, on promotion, 15s.; after fifteen years' service, 18s.; after twenty years' service (styled Surgeon-Major), 22s.; after twenty-five years' service, 25s. Deputy-Inspector, on promotion, 28s.; after twenty-five years' service, 30s.; after thirty years' service, 34s. Inspector-General, on promotion, 40s.; after twenty-five years' service, 45s.—*Half-Pay:* An increased rate, if obliged to retire on account of sickness, or on attaining the ages of fifty-five and sixty-five. But if retirement is claimed at the twenty-five years' service, seven-tenths of the rate of full-pay the officer is in receipt of. Although the rank of first-class Staff Surgeon is abolished, every Surgeon of twenty years' full pay service in any rank arrives at the new relative grade by seniority, is called Surgeon-Major, and ranks with Lieutenant-Colonel. It will be seen that this is an immense boon to the Army Medical Department. It has been gained after a sturdy resistance from the Treasury, by the persistent demands for justice of Mr. Alexander, the present Director-General, who, we are happy to add, has been most earnestly and consistently supported by General Peel, the Minister for War. The Profession generally must be congratulated on the new position held by their Army Medical brethren, and on the gain to the public service by attracting first-class Medical men to the ranks of the Army Medical Department, thus ensuring the preservation of the health and the proper treatment of the diseases of the soldier.

The meeting of the National Association for the promotion of Social Science, held during this week at Liverpool, has been a great success. The addresses of Lord John Russell, the President of the year; of Lord Shaftesbury, as President of the Department of Public Health; and of Sir James Stephen, President of the Department of Social Economy, were full of interest. Lord Brougham on the Cheap Literature of the Day, Lord Carlisle on Punishment and Reformation, and Mr. Cowper on Education, also delivered addresses which are worthy of the attention of sanitary reformers. They are all so fully reported in the daily press, however, that we must reserve our space for papers of more direct importance to Medical readers.

Margaret of Vienna, lately deceased, of the Imperial family of the Cæsars, since her death has been subjected to a Royal process. The loyal subjects of Austria appear to have fought for her remains with the eagerness of foxhounds. "In an abattoir," says a cotemporary, "in the Palatial Chapel of Vienna, Archduke Charles-Louis directed her to be operated upon by a gang of embalmers and anatomists. First they cut out her heart, and then transmitted it in an urn with infinite pomp to the Loretto Chapel of the Augustine Church at the capital; where it reposes temporarily on its road to the Tyrol." But other cities besides Innspruck spoke up for a remnant of this mortality; and they petitioned for "a part of the remains." But the Duke could not spare more than the intestines, and these, "drawn out and deposited in a copper urn, were delivered to the Dean and Chapter in St. Stephen's Cathedral at Vienna." Hereupon the writer remarks:—"There are, in the world—or have been—many peculiar fashions of honouring the defunct; but German ingenuity puts the Egyptian mummy-makers themselves to the blush. In a certain uncouth region of the East, when a priest dies, he is rammed into a great gun and fired into the jungle; elsewhere, when a maiden departs this life, her body is calcined, and the ashes are swallowed by her admirers; one uncivil tribe of yellow and mis-shapen pigmies goes so far as to flatten a corpse by pressure before leaving it to rest under a cairn; but it was reserved for Europe to exhibit, in one of its most sumptuous capitals, the last refinement of savagery." In a room of Voltaire's abode at Ferney, there is an urn, on which is written: "Son Cœur est ici, mais son Esprit est partout." On this immortalised Duchess's urn might be inscribed a somewhat different motto: "Mes intestins sont ici; mon cœur est là; mais mon esprit nulle part."

The corporation of Sunderland are at present erecting public drinking fountains in their borough, in the principal thoroughfares, at the railway stations, and in the public park. Thos which are fixed against the walls are made of cast-iron enamelled on the inside, in shape somewhat similar to those at Liverpool; the design is exceedingly neat, and is surmounted by the borough arms. Eight fountains are at present in course of erection, but the number will shortly be increased. The cost of each fountain is about £5. When will London consent to follow in the wake of so many of our wiser country communities in this matter? Even Glasgow's council has resolved upon these fountains. And the late philanthropic Mayor of Chester, Peter Eaton, an extensive brewer there, has placed at his own expense, in different parts of the city, public drinking fountains, from which the wayfarer may slake his thirst, a neat bowl being attached to each fountain for the convenience of drinking. What a lesson this for the consideration of our great national London brewers and gin distillers!

In 1852 a decree was passed by the Government of France which relieved the French Student of Medicine from the necessity of obtaining the diploma of Bachelier-des-lettres. Another decree has just been published which makes the taking of the diploma imperative with the student. The necessity of a knowledge of such studies is urgently enforced by the Faculty of Medicine. "In neglecting the humanities," says the report, "the Physician neglects an element indispensable to him, he rejects a means of success and of influence, and he creates an actual obstacle to the authority as well as to the progress of his art. These studies give to the taste, the heart, and the mind the most delicate tendencies, and the most happy impulses." The neglect of such an education has long been felt with us in England; but at length the proceedings of the College and the Hall show a determination to elevate the standard of primary education amongst Medical students. And on this head we cannot help calling attention to the fact that the East India Company opens its examinations to young men at the age of 21. Is this really desirable? Is it possible that a man at that age can have acquired an amount of knowledge such as will fit him to perform the duties of a Surgeon? It must be remembered, that buried in the heart of India he has no further means of gaining knowledge or of correcting his errors. Is it not most reprehensible to send men forth to such duties, at such an age, without tutelage, and without assistance?

Daylight appears to be gradually creeping into the benighted minds of the admirers of Brown Bess and her antiquated relatives. The press is assuredly rousing these gentlemen up to a sense of their duties. Air and light sufficient for the healthy use of man is at length to be supplied to a certain amount, at all events, of our soldiers sick and healthy. "On the Commissioners inspecting the barrack-rooms at Chatham Barracks it was found that, although means were taken to air the rooms during the day, yet a proper system of ventilating them during the night was utterly wanting. The same defects were found to prevail at Brompton Barracks, occupied by the Royal Engineers; at the Hut Barracks, where

Digitized by Google

the troops of the Line are quartered; and at the Casemate Barracks, occupied chiefly by the sick and wounded troops who have arrived from India and the colonies. The result has exhibited itself from time to time in an unusually large percentage of sickness among the soldiers, especially during the hot summer months, while occasionally epidemic diseases, chiefly small-pox and measles, have broken out among the troops in barracks. It was at first considered that the overcrowding of the troops in the barrack-rooms was the chief cause of the sickness, and steps were immediately taken by the authorities at Chatham to reduce the number of men in each room, and a camp for several hundred men was formed at some distance from the barracks. But the main evil was the want of proper means of ventilation. This defect was brought under the notice of General Peel during his visit to Chatham by the Commissioners, and the result has been that orders have been given for a thorough ventilation of each of the barrack-rooms at the several barracks of that garrison. The plan proposed has received the sanction of the War Department, and Messrs. Foord, of Rochester, have been employed to erect the necessary apparatus under the direction of Colonel Williams. The contrivance for effecting the ventilation of the barrack-rooms, although exceedingly simple, has already been found to answer most satisfactorily. At the side of each fireplace a large square wooden shaft is erected, running from the ceiling of the room to a point clear of the outside of the roof. This shaft is sufficiently large to carry off in a powerful current all the impure air engendered in the barrack-room, and its capacity gives an average of eight square inches to each occupant of the room. In order to obtain a supply of fresh air to each room, incisions are made in the outer walls, which are then filled with the ventilating irons, placed on a slight angle, and covered with perforated zinc. The advantages of this plan are that, although a current of cold air rushes in to supply the place of that carried off, yet the persons in the room are not in the least inconvenienced, as the angle by which it is admitted prevents its pouring down on the heads of those below. The rooms on each floor will be supplied with a separate shaft, and these will all communicate with a square apparatus on the roof. Experiments were recently made with the new ventilators, and were found to work very satisfactorily. It is believed that the same system will be generally adopted throughout England." So says the *Times* reporter; and we record what he says, partly to encourage the sanitary movement in the soldier's favour, and partly to point out that the system of ventilation adopted appears to be far inferior to that of McKinnell, fully described in our last volume.

The meeting of the College of Dentists on Tuesday, to discuss the merits of electricity as an anæsthetic, was quite an event in its way. The rooms were crowded, while the deep interest evinced indicated how anxiously the men who have to do with the details of operative practice are awaiting the coming man who shall put into their hands an anæsthetic which shall be successful without any danger or fear of danger. Respecting electricity as an anæsthetic, the unanimous expression of the meeting was that the electric current has no anæsthetic quality, but produces such modification as is effected in tooth-drawing by what Dr. Richardson in his paper in our number for September 11, called a "diversion" of sensation. Indeed, the views which Dr. Richardson there put forward on physiological grounds, were independently reiterated at the meeting by all the speakers.

Many thousands of our seamen are drowned every year, in consequence of being sent to sea in rotten vessels—in vessels totally unfitted for the purposes to which they are put. The loss is chiefly among the vessels which bring coal coastwise. The owners put an extra insurance on them; and if the vessels go to the bottom the only loss sustained by the owners is that of a certain number of lives. Why should not the government, which makes owners of houses purify their drains and render them habitable, also punish those who neglect the seamen's dwelling on the ocean? Why should he be less cared for in his ocean home, than the pauper in the parish of Marylebone? Greedy landlords will let their lodgers choke with pernicious stenches; and so greedy shipowners will sacrifice lives of sailors for money. Why not make both alike do their duty?

REVIEWS.

A Treatise on the Pathology of the Urine, including a complete guide to its analysis. By J. L. W. Thudichum, M.D. London: 1858. 8vo, pp. 429.

Had any one a few weeks ago intimated to any twenty members of the Profession in England that a new work on the urine was on the eve of publication, we conceive, from our knowledge of the mind Medical, that at least nineteen out of the twenty members would have received the information with a shrug, and expounded upon it by inquiring what need of another work on such a hackneyed subject? However, as matters now stand, we have not to foretell, but to announce the appearance of a new work on the Urine; and to add, at once, that now a new book, like the one in hand, has appeared, the tables will be universally turned, and the wonder will be why a book of such merit has remained undelivered from the press for so long a time.

The title given to Dr. Thudichum's book is, in point of brevity and of comprehension, typical of the book throughout. An opening chapter makes the reader conversant with the general characters of the urine, physical and chemical. The chapter teems with information communicated in a condensed yet ready style; at pages 15 and 16 there is given a table which shows at a glance the substances which cause the reaction of urine expelled from the bladder. The table, as a specimen of many other similar useful condensations, is here given entire:—

Table showing the Substances which cause the Reaction of Urine Expelled from the Bladder.

A. Acid Reaction: imparting a permanently red colour to litmus paper. Common in health: due to—

a. Free acids.

- α. Oxalic
- β. Malic
- γ. Tartaric

} acids, and their acid salts, when taken in large and repeated doses. (Buchheim.)

- δ. Free acid (nature unknown).
- ε. Phenylic acid
- ζ. Taurylic acid
- η. Damaluric acid
- θ. Damolic acid

} questionable.

b. Acid salts.

- α. Phosphates
- β. Sulphates
- γ. Urates (acid)
- δ. Hippurates

} of alkalies.

c. Neutral salt, with acid reaction.

- α. Chloride of ammonium (questionable).

B. Neutral or Alkaline Reaction: occurring in health occasionally, more frequently in disease: due to—

a. Fixed alkali, imparting a permanently blue colour to red litmus paper.

- α. Carbonates of the alkalies, potash and soda, derived from the salts of organic acids—acetates, citrates, tartrates, malates, lactates, etc.; or introduced directly, *e. g.* in mineral waters of Vichy, Aix-la-Chapelle.
- β. Carbonates of the earths, lime and magnesia.
- γ. Pus, blood, and serum.

b. Volatile alkali—ammonia; carbonate of ammonia, from decomposition of urea, being a result of—

- α. Uræmia (questionable).

Digitized by Google

β. Retention of urine, caused by weakness, or paralysis of bladder, or by obstruction to discharge of urine, as from enlarged prostate; the ferment being mucus, or a retained portion of the already fermented urine.

γ. Decomposition of urea, under the influence of a continued discharge of fixed alkalies by the urine.

c. *Deficiency of phosphoric and sulphuric acids*, in alkalinity or neutrality of pale urine, occurring in anæmic conditions.

In the second chapter the author discusses the quantity of urine and its ingredients. First is brought forward the quantity of urine discharged in health, then the quantity discharged in disease, and thirdly, the determination of the specific gravity of urine.

In the third chapter, "Urea" is the subject under debate. The author commences by giving the symbol and the composition of urea; then he glances briefly at the physiological meaning of this body; thence to the history of its discovery, its physical properties, its combinations, its diagnosis in urine and other animal fluids, methods of ascertaining the absolute quantity of urea in urine, the physiological quantity of urea, and the pathological indications, the whole of this last section, viz. the "pathological indications," may be given in full in illustration of the matter as well as the style of the author:—

"*Pathological Indications.*

"If the amount of urea remain above or below the average for any length of time, so that the possibility of an accidental variation is excluded, it is a symptom of disease.

"I will first consider the excess of urea. It is common in the *stadium incrementi* up to and over the acme of all acute febrile diseases, such as typhus and pneumonia, etc.; and the total quantity of urea discharged in twenty-fours hours may amount to 50, 60, or 80 grammes (A. Vogel), being double the amount of that discharged during health. This increase becomes a more important feature of disease, when the ingestion of nitrogenised matter falls to a minimum at the same time; in other words, because these patients have mostly no appetite, and if they have, are obliged to restrain it by the dietetic rules of their Medical attendant. As soon, however, as the fever has abated, the amount of urea will sink; and that the lower below the normal quantity, the less food the patients are able to take from the continuance of loss of appetite, or from the inadequacy of the organs of digestion to perform their task. But as the patients recover appetite and strength the amount of urea rises to its usual height. The same process is observed during the exacerbations of chronic disease, which in fact constitute an acute episode in the long train of symptoms. So an exacerbation of phthisis may be accompanied by urine similar to that of an attack of pneumonia, containing an excess of urea.

"But in diseases which are chronic and accompanied by impaired nutrition, the amount of urea sinks below the average.

"The lowest amount of urea which I have ever observed to be discharged by a patient during twenty-four hours, was 75 grains, in 200 fluid drachms of pale, faintly alkaline urine. This was from a lady suffering from an ovarian tumour, for which she had been salivated several years ago. The growth of the tumour had been arrested since that time, but an anæmiated condition of the body had established itself, against which all treatment was tried in vain.

"So low an amount of urea as 75 or 90 grains in twenty-four hours generally only occurs towards the fatal end of diseases, when not only the production of urea is very limited, but also the excretory activity of the kidneys begins to become languid.

"The diminution of the quantity of urea may, however, be due to the failure of the excretory activity of the kidneys only, though at the same time an excess may be produced in the system. The excess is then retained in the blood, tissues, and juices of the body, and causes the cachexia commonly known as uræmia, which, if it be true that the products of decomposition of urea, namely, ammonia and carbonic acid, are the *materies et causa morbi*, had better be called ammonæmia. When urea is retained water is also mostly retained in part, and, by its effusion into the cavities and cellular tissue, causes dropsical disease. Urea may then be detected in most secretions, excretions, exudations, and effusions. It is the same with dropsical effusions from other causes; they contain in solution an amount of urea derived from the blood, but in these cases the impairment of the excretory activity of the kidneys is a secondary symptom, and scarcely ever causes that amount of retention of urea which may lead to uræmia. And even then the kidneys may be stimulated by diuretics or by exercise, or a spontaneous rally of the system may revive their excretory activity, when, with a large amount of urine, a proportionally large quantity of urea, which has been accumulated in the system, may be discharged. The amount of urea will here indicate the amount of depuration effected, just as in retention of urea the smaller amount discharged will allow us to calculate, taking the whole case into consideration, the amount produced, and, by subtraction, the amount retained in the blood."

Following out his subjects in the same systematic manner, Dr. Thudichum considers in respective chapters, Uric Acid, Creatine and Creatinine, Uræmatine, a term adopted by the author for the colouring matter of the urine, Hippuric Acid, Chlorine and Chlorides, Sulphuric Acid and Sulphates, Phosphoric Acid and Phosphates, Free Acid of the Urine, Potash and Soda, Lime and Magnesia, Iron, Ammonia, Carbonic Acid, Blood and its Anatomical Elements, Hæmatine, Fibrine, Chylous Urine, Casts of Uriniferous Tubules, Albumen, Pus, Mucus, Fat and Oil, Cancer Cells and Tubercular Matter, Echinococcus Hominis, Spermatic Filaments and Spermatozoa, Bile and Biliary Matters, Leucine and Tyrosine, Xanthine, Hypoxanthine, Sarcine, Cystine, Allantoine, Grape Sugar, Acetone, Inosite, Purpurine, Uroxanthine, Phenylic or Carbolic Acid, Damaturic Acid, Oxalic Acid, Lactic Acid, Urophanic Organic Acids, Urophanic Organic Bases, and Urophanic Inorganic Substances. By the term Urophanic Substances, the author means substances which never appear in the urine as products of the organism, but as substances simply passing through the body without undergoing destruction; *ουρον* urine, and *φαινομαι* I appear.

We have laid before our readers in this outline the heads of Dr. Thudichum's labours; to attempt deeper analysis would be impossible in this place. Nor would the result of such analysis be fair, either to the author himself or the professional public, whom he addresses. Instead therefore of attempting this exhibition of the reviewer's art, we prefer rather, after a careful reading of each chapter, to sum up in a few words the main features of this important work.

The first characteristic which strikes the reader, is the pure simplicity of the narrative. In the most difficult chapters the simplicity is entirely sustained. Often in reading descriptions of chemical processes some looseness of style, or a mode of expression implying on the part of the reader a knowledge of the question under debate as perfect as that of the writer, obscures the whole and vitiates the teaching. Here all this is avoided. Whoever will take up Dr. Thudichum's book and follow its plain directions will feel without hesitation that he can progress without break or failure. The book is, in fact, what it professes to be—"a complete guide to the analysis of urine." Another point of great worth in an educational work of this kind is, the entire absence of speculative argument. Whatever is touched upon, in every part is based on experimental fact. The author has no hypothesis on his back, and his book, consequently, betrays neither bias nor prejudice.

Withal the work is learned. There are free bibliographical references, and a thorough acknowledgment of the labours of other writers. Rich himself in self-acquired information from the natural studies, our thorough-bred scholar despises all that meagreness of the compiler which gives the construction of other men's thoughts after a pattern which misleads, and is intended to mislead, into a belief that special or rather individual information is general, and that the original mental property of an original mind becomes every man's property when the printer has done his business of turning MSS. into immoveable type.

Again, while every chapter of the work indicates that its author has observantly studied his subjects in their practical bearings, and is not less accomplished as a physician than a chemist; such knowledge as is practical is conveyed in a tone which, for soundness, science, and inobtrusive force, is almost original in English medical literature, and is a model for practical writers of earnest cast.

Lastly, we must not omit the fact, that the style of the book is as elegant as its matter is solid. Considering that

Digitized by Google

Dr. Thudichum is not "of the manor born," and that he is writing in his stepmother tongue, it is remarkable to find with what ease and perfect mastery of the language he has put his instructions into our English dress. We have spoken of this work in terms of earnest commendation; but as it is no business of ours to do the prodigal of flattery, so we leave the work, feeling that we have said not a word too favourable. To the Student and Practitioner alike the treatise is invaluable. It ranks from the first a standard work. Let those who doubt, read, the trial will give the heaviest doubt a staunch denial.

The British and Foreign Medico-Chirurgical Review. No. XLIV. October, 1858.

In the present number of this review the subject of Psychology occupies a rather prominent position, the first article being on the subject of Insanity, and especially that form of it to which the name of Dipsomania has been given. The difficult point as to the criminality of acts committed during the excitement caused by intoxicating drinks, together with the question of the responsibility or non-responsibility of habitual drunkards, are treated with great ability and judgment. In another article, entitled "Materialism and Spiritualism," a very moderate and candid criticism is offered of the "Kraft and Stoff" of Dr. Louis Büchner, whose atheistic views are nevertheless powerfully contested. A third psychological article is a review of the "Manual of Psychological Medicine," lately published by Drs. Bucknill and Tuke, which is treated in terms of well-deserved commendation. In the department of Pathology, there is a review of the "Elements of Pathological Anatomy" of Dr. Gross, of Philadelphia; a work which, on the whole, is regarded with favour, although some of the author's views are little in accordance with the present doctrines held by pathologists. In another article, the proceedings and publications of the Pathological Society of London are brought under notice; and in a very elaborate and carefully-written analysis of the Society's Transactions for the last ten years, the reviewer points out the valuable results already obtained, and recommends a more systematic and methodical arrangement of the scattered facts now collected in such abundance. The Clinical Lectures on the Principles and Practice of Medicine by Dr. Bennett, of Edinburgh, receive very warm, and perhaps rather indiscriminating, praise. In a review of Mr. Owen's "Researches on the Homologies of the Vertebrate Skeleton," the great comparative anatomist is rather severely handled; but the arguments adduced against his morphological theories exhibit learning and acuteness. A very favourable notice is given of Dr. Armstrong's work on "Naval Hygiene and Scurvy," the materials for which work were collected by the author during the memorable voyage of the ship *Investigator* to the Polar Seas. The other reviews are one on the Obstetrical Treatises of Cazeaux, Dr. Miller, of Louisville, U.S., and Dr. Waller, of London; one on the work of Dr. Roberts on Wasting Palsy, and one on two works on Military Surgery, lately published respectively by Dr. Macleod and Mr. Lawson. The Original Communications consist of a very interesting and amusing account, by Dr. Chambers, of the Blood-letting controversy in olden times, when Galen was defending the necessity of blood-letting in opposition to his contemporaries; of an essay on Physical Morphology, or the Law of Organic Form, by Mr. James Hinton; of some critical remarks and experimental researches on the influence of the Vagus Nerve on Respiration, by Dr. Gilchrist; and of some practical remarks by Dr. Sieveking, on the relation of Common and Tactile Sensibility in Disease. The writer seems to consider that there are two kinds of cutaneous sensibility, one which feels the sensation of pain, and the other which merely conveys the impression of touch.

It will thus be seen that the whole number of the "Medico-Chirurgical Review" is full of interest to the professional reader.

What the British Lion pays for his Drink.—Lord Shaftesbury informed an audience of labourers the other day that £60,000,000 sterling are yearly expended by the people of this country in the purchase of beer and spirits.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF BERLIN.

Herr Carl Mayer read a paper on some of the morbid conditions which give rise to sterility in women (a). He showed that notwithstanding the important investigations of modern times upon the subject of conception, we have not yet made much progress in reference to it, inasmuch as we are still ignorant of the conditions under which this interesting occurrence is brought about, and of its further course. Although, too, the brilliant results recently afforded by the microscope deserve the greatest attention, and have both already borne, and shall certainly still bear, important fruits, a great number of practical questions have as yet received no elucidation. We still know as little as we formerly did, why conception results from a particular connexion, while in a hundred or a thousand instances it does not follow from intercourse under the same external conditions. We are as yet unable to explain why many healthy women conceive only at regular intervals of three, four, five, or more years, notwithstanding that connexion regularly takes place during the intervals. We cannot say why women often conceive for the first time after several years of married life (the speaker saw it once occur after the lapse of twenty-five years); we cannot give a reason why one marriage should prove unfruitful, while the same individuals entering into another should beget and bring forth children. But such questions are very important in a practical point of view, for in the existing state of ignorance of the conditions necessary to conception, we grope in the dark in the investigation of the causes and in the treatment of sterility. Hence, too, it comes, that Physicians, in cases in which they give advice to barren women as to the attainment of their most ardent wish, in general catch quite empirically at this or that remedy famed of old, and preserve only the appearance of a rational treatment when among the bath cures recommended in sterility, they prefer, bearing in mind the general constitution or existing morbid condition of the patient, a strengthening chalybeate or sea-bath for the weakly, frail, or nervous—a resolvent or ioduretted spring for the strong, plethoric, overfed, or too fat patient suffering from abdominal derangements; and a more stimulating bath for the unexcitable, passive, insensitive woman. When in such cases the several springs have the desired effect, it will be doubtful whether the fortunate result is due to the bath or to some other circumstance. Often has the abstinence from intercourse occasioned by the journey the best effect. As to the capacity for conception of insensitive, unexcitable women, it is certain that sensual excitation is not necessary (b) to conception, that even women conceive who have a decided aversion to intercourse, while, on the contrary, very sensitive women frequently have no children.

But there is also a series of pathological conditions in the female organs, which are more or less easily recognisable and curable, and it is the bounden duty of the Physician to direct his most earnest and fullest attention to these states, and by a careful investigation to ascertain the cause of sterility in any given case which may come before him. One would think that such an investigation should be a matter of course, and that no Physician would omit it; but unfortunately experience shows that in numberless instances unfruitful women have been for years treated by various Medical men, and sent to the most different baths, until at last an examination has proved that conception was quite impossible on account of the existence of local obstacles. Among the patients treated by the author there was, for example, the wife of an official, a person of weakly constitution, who had for several consecutive years been sent by her Physicians to the sea, on account of sterility. To the question, whether

(a) Printed at length in Virchow's Archiv. für Pathologische Anatomie etc., Bd. 10. Hefte 1 und 2, p. 115, 1856.

(b) This is fully illustrated in Dr. Montgomery's important and valuable work on the "Signs and Symptoms of Pregnancy." Second Edition. Pp. 361-365.

Digitized by Google

an examination had been made, a negative was returned. On investigation it was ascertained that the vagina, which was scarcely one inch and a-half in length, presented no trace of an os uteri, the short cul de sac was formed by a very dense hymen, which by reason of its great dilatability had permitted an imperfect connexion to take place. At the upper edge of the hymen was a small opening of the circumference of a quill, through which the menses had found an exit. The introduction of a probe through the opening, demonstrated the existence of a vagina, examination through the rectum proved the presence of the uterus. A slight operation with the knife destroyed the membrane, and in four weeks afterwards conception ensued, and the lady is now the mother of several children. This case is by no means singular; on the contrary, the author can state that in the greater number of women seeking his advice under the circumstances, no examination had been made; he therefore considers it not superfluous, but urgently necessary, to remind his brethren that they neglect their duty when they omit an examination in cases of sterility, that they act inexcusably, and are unworthy of the confidence reposed in them, when without this preliminary step they lay down any plan of treatment whatever.

The author divides the several malformations, abnormities of develcpment, and pathological changes affecting the female genitals, into two groups according to their situation,—1. Those which occupy the external genitals, the orifice of the vagina, the vagina, the external and internal os uteri, and either wholly or in part prevent intercourse, rendering impossible the necessary penetration of the semen into the cavity of the uterus, and its contact with a mature ovum capable of fructification. 2. Those implicating the ovaries, the tubes, and the cavity of the uterus, and preventing either the development or separation of a mature ovum, or its further normal progress, or its organic connexion with and attachment to the soil appointed by nature for its growth. The conditions belonging to the first group are recognisable by an exact examination, and are frequently capable of being even easily removed; those of the second are during the lifetime of the patient not at all accessible to the eye, and only with difficulty to the sense of touch, and render the diagnosis uncertain, and the cure very difficult. The author does not go through all the anomalies belonging to this class, but quotes only the more important, adding some short observations from his own experience.

Among the diseases of the second group the ovaries play the most important part, as they undergo the most manifold changes, and are then of course not in a state to form healthy ova, and so cause sterility. If an increase of circumference does not at the same time take place, this condition is neither to be recognised nor removed. It is only the frequently occurring, and often overlooked chronic inflammation of the ovaries, which is recognisable and curable, and is consequently of greatest importance in connexion with the present subject. The chronic inflammation often lasts for years, causes the most violent dysmenorrhœa and sterility, is seldom combined with violent local pains, except at the time of menstruation, but is almost always attended with consensual and hysterical nervous affections. On simultaneous internal and external examination, we find the ovaries swollen and painful, and in general soft. In such cases the ordinary anti-spasmodic and narcotic remedies are of no avail; it is only local antiphlogosis, with a mild derivative treatment, which is of use. The employment of leeches must sometimes be frequently repeated, and in a case more fully quoted by the author it had to be resorted to nine times before a permanent cure was effected. The opinion often put forward by Physicians, as well as by non-professional people, that the pains of menstruation cease after marriage, does not at all hold good in chronic inflammation of the ovaries, on the contrary, the inflammation is increased in consequence of intercourse.

Another pathological condition of the second group is formed by closing of the tubes, with or without adhesion or attachment of the fimbriæ to the neighbouring organs. But we have not as yet succeeded in recognising this change in the living subject, and the tube-sound recommended by Tyler Smith neither attains its object, nor is free from danger.

The several morbid conditions of the inner wall of the uterus are also neither to be seen nor felt in the living subject; but from their results we can with tolerable accuracy draw inferences as to their existence, and under certain conditions employ instruments and remedies for their relief. Thus chronic endometritis gives rise to a profuse, gelatinous, transparent secretion, which with the aid of the speculum we can see issuing forth from the os uteri, and which is particularly characteristic, and very important in reference to sterility, inasmuch as it hinders the access of the spermatozoa to the internal genital organs, and does not provide a suitable soil in which the ovum, arrived in the uterus through the tube, may take root; the ovum must perish, even though it come in contact with the most healthy spermatozoa. The formation of this peculiar secretion constitutes one of the most obstinate varieties of uterine affection, and the author never saw a woman labouring under it become pregnant, while the flow of mucus which so very frequently occurs in consequence of various morbid conditions of the mucous membrane of the lips of the os uteri, by no means causes sterility, and even cancer of the uterus admits of conception taking place. The injections into the cavity of the uterus recommended in this affection are dangerous to life, and have given rise to fatal peritonitis. The author himself saw a very small quantity of a weak solution of nitrate of silver, though very carefully injected, and which certainly could not have reached the tubes, instantaneously produce the most violent nervous symptoms; uterine colic with swooning, icy coldness of the extremities, etc., which did not give way until after the lapse of some hours, and quite resembled the effects produced in another case by a leech having made its way through the inner os uteri. Chronic endometritis produces various anomalies of menstruation, neuralgias of all kinds, especially in the stomach; menstruation itself is at one time scanty, at another profuse, and is always combined with boring, tearing, or dragging pains in the womb, the sacrum, the hips, and thighs. A diminution of the transparent mucus attends menstruation. The entire womb is painful on examination; in the speculum the soft, turgescent vaginal portion appears very red, hyperæmic; the lips of the os uteri are ulcerated around the opening, are of a scarlet red colour, and secrete a white, cream-like mucus. The author has not seen the oft-boasted advantage attend dilatation of the os uteri, or the division of its edges with the knife; as little benefit has he observed from the use of caustic or astringent applications, or from the employment of cold; on the contrary, he has seen a cure effected by a very long-continued derivative treatment, small local abstractions of blood, the application of blisters, followed by preparations of iodine, luke-warm injections, and suitable baths, and lastly iron, which is best given in the form of chalybeate mineral water.

In the first group of changes of the female organs, more or less obstructing intercourse, are the degenerations of the external genitals, which admit of immediate recognition, as enormous hypertrophies, elephantiasis, tumours and excrescences, and atresias. Less apparent, but still always sufficiently recognisable on examination, are inflammations of the parts surrounding the aperture, sometimes attended with so high a degree of sensitiveness and pain, that the slightest touch cannot be borne, and intercourse is consequently impossible. Such conditions are often, through false modesty, long concealed from the Physician; and the author has seen many women in whom, after several years of married life, during which they have been always under Medical treatment for constant hysterical affections, he has found an uninjured hymen, and such excessive tenderness of the genitals, that the examination, consented to with much reluctance, has been attended with convulsions and fainting fits. This great sensitiveness often exists from childhood in consequence of eruptions, ascarides, or onanism, or it is the result of frequently repeated violent efforts of powerful men to accomplish intercourse in cases in which an insuperable disproportion exists between the organs. Local abstractions of blood, tepid fomentations, baths, etc., and dilatation with sponge, are the remedies on which we should in such cases rely for the removal of sterility.

Not unfrequently the impossibility of accomplishing intercourse, arising from excessive painfulness, is caused by a peculiar affection of the urethra, a relaxed, turgid, and prolapsed condition of the mucous membrane, which Morgagni called fungous excrescences, also occurring from childhood. The projections have a dark red, spongy appearance, and protrude from the orifice of the urethra, varying from the size of a lentil to that of a cherry; they are usually attended with a secretion of bloody mucus, and frequently give rise to

Digitized by Google

but slight annoyance; but, particularly when the affection of the mucous membrane extends deeply into the urethra, cause such violent pain to the touch, and consequently during intercourse, as to render the latter intolerable. It is a very obstinate affection, against which the most certain remedy is the knife or the actual cautery: caustics are usually ineffective.

Similar sufferings are produced by inflammation of Bartholini's glands and their excretory ducts, and by its results, an affection which has been so well described by Huguier. These conditions are obstinate, not difficult to recognise, and yield best to an antiphlogistic mode of treatment. In the advanced stage incisions are necessary. Pencilling with tincture of iodine has also proved useful in several cases.

Prolapse and procidentia of the uterus would hinder intercourse only in the rare cases in which the parts are not capable of replacement even in the horizontal posture. But if hypertrophy or prolongation of the vaginal portion be present, a condition easily mistaken for prolapse, reposition cannot avail, the vaginal portion would be only compressed and crookened by the attempt, and the semen could then not reach the cavity of the uterus. In such cases amputation alone remains, an operation much recommended by the author, and lately performed by him in a case which he has detailed. In this instance a soft, fleshy mass, of the thickness of a plum, about three inches long, round, very red, and painful on pressure, protruded from the genitals, having at its lower free extremity the soundest os uteri, giving exit to a clear, transparent mucus: this mass was easily recognised as the hypertrophied vaginal portion, and was returned with difficulty. The sound passed five and a-half inches, that is, three inches too far, into the uterus. Amputation with the knife gave rise to enormous hæmorrhage, which was arrested only by the actual cautery; the wound healed slowly, but perfectly, and at the end of six months the uterus resembled that of a woman who had borne children.

The closing of the external and internal ora uteri is important in reference to impregnation. This may occur in three modes: 1. by growing together or adhesion, by atresia; 2. by altered abnormal position of the external os in the altered directions or obliquities of the uterus, which are called versions; 3. by compression of the os internum, in flexions.

Actual complete atresia, at an age when conception is possible, is of the most extreme rarity, while in old women it is frequently met with. On the contrary, we more frequently find the external or internal os uteri exceedingly narrow and small, so that the finest probe can scarcely be introduced. The menstrual flow is then attended with various sufferings, and it is very advisable to enlarge the os uteri, by slitting up its edges with a knife. If little polypous or fibrous excrescences close the os, they must be removed by operation.

In the various versions of the uterus, especially anteversion and retroversion, the os uteri is more or less pressed upon the neighbouring parts, and consequently closed against the seminal fluid. These versions occur tolerably frequently in women who have borne children, and are attended with many troublesome symptoms; they are more rarely met with in women who have not had children. Impregnation can take place only when we are able to give the uterus permanently its normal position, and to relieve the pathological conditions and complications on which its abnormal direction depended.

The third and last form of closing of the orifice of the uterus is found in the flexions of the organ, which are to be carefully distinguished from the versions. Flexion takes place always in the situation of the os internum, and attains to various degrees; conception cannot take place where flexion exists. According to the cases of flexions collected by Rockwitz from the journals of the author (Verhandlungen der Gesellschaft für Geburtshülfe, 1852) there were among 117 patients 26 barren, according to Valleix 19 in 126. From more recent observations the author found, that of 272 barren women 97 suffered from flexions, and more particularly 60 from anteflexions, and 36 from retroflexions. Of these 97 cases only 29 were complicated with chronic endometritis, chronic oophoritis, hypertrophy of the uterus, ovarian tumours, or with polypi, to which the sterility could be at the same time attributed. In 68 cases therefore flexion remains the probable cause of sterility, recognisable by examination, and it is to be observed that none of these women had ever conceived; the great number of those, therefore, who after a miscarriage or delivery at the full term were attacked with flexion and did not again conceive, is not taken into calculation. After such statistics it cannot be doubted that flexion constitutes an obstacle to conception. But it is the duty of the Physician to remove this obstacle, and at the same time the various sufferings, which, especially during menstruation, are the results of flexion. A correct and certain diagnosis of flexions is attainable only by means of the skilful use of the uterine sound, in addition to the other methods of investigation; and the employment of this instrument should, therefore, not be omitted in such cases. The inspection of the os uteri through the speculum is also useful, inasmuch as the opening, which is usually rather gaping, is in anteflexions directed downwards, and in retroflexions upwards; and, in the latter, the posterior lip is more frequently hypertrophied, presenting a darkened vascular appearance. The curability of flexions is certain, and, therefore, treatment is necessary. An experienced and cautious Physician will soon recognise the cases in which, either on account of great hypertrophy of the uterus, of tumours, of intergrowth between the coverings of the uterus and the neighbouring organs, a cure is impossible. In all other instances a persevering mode of treatment must be adopted, and even should no result be obtained in six or eight weeks, the attempt must be renewed. The author has himself cured a great many cases, and has not only removed severe affections of several years standing; but in eight cases has had the pleasure (once after twelve years unfruitful married life) of seeing his patients conceive and bear living children.

In conclusion, the author classifies the anatomico-pathological condition of the 272 barren women examined by him. He found in 2, no uterus; in 97, flexions, namely, 60, anteflexions, and 37, retroflexions; in 38, versions, namely, 35 anteversions, and 3 retroversions; in 42, inflammatory irritation of the external genitals and of the orifice of the vagina, and among these in 14 women the hymen was found uninjured after several years of married life; in 51, chronic endometritis; in 25, chronic oophoritis; in 23, ovarian tumours; in 12, uterine polypi; in 6, fibroid tumours on the uterus; in 9, hypertrophy of this organ; in 1, elephantiasis of the external genitals; in 6, no morbid condition was to be discovered: 16 anteflexions were complicated; 1 with irritation of the pudenda, 4 with chronic endometritis, 5 with chronic oophoritis, 3 with tumour of the ovary, 1 with polypus of the uterus, 2 with hypertrophy of the uterus: 13 retroflexions were complicated; 1 with irritation of the pudenda, 6 with chronic endometritis, 2 with chronic oophoritis, 2 with tumour of the ovary, 1 with fibroid tumour of the uterus, 1 with elephantiasis of the pudenda: 10 anteversions were combined: 2 with irritation of the pudenda, 3 with chronic endometritis, 2 with tumour of the ovary, 1 with polypus of the uterus, 2 with hypertrophy of the uterus: 1 retroversion was combined with chronic oophoritis.—*Monatsschrift für Geburtskunde und Frauerkrankheiten*, November 1856, p. 313.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, October 11, 1858.

I have been referred to my letter appearing in your impression of the 18th ultimo, where I find some remarks upon vaccination and variola very nebulously expressed, and needing explanation. What I meant to state was,—that there existed in Paris much small-pox with many serious cases, and that I had noticed some facts calculated to shake the present unlimited confidence in the prophylactic power of cow-pox. First, cases of children, who being vaccinated (in a surrounding variolic atmosphere, it is true), presented cotemporaneously with their vaccine pustule on the eighth day a general and typical eruption of small-pox; other children vaccinated from the same source (viz. a capillary tube as introduced into practice by Brettonneau), presented simply the normal vaccine pustule, thus proving the laudability of the lymph. I by no means meant to intimate that the vaccination was the cause of the variola, but rather to show that it possessed no power of checking the course of the latter disease. In two cases

Digitized by Google

this frightful scourge attacked two children who had been successfully vaccinated four and two months previously. In both cases the imprints of vaccination were well marked, and in the latter case the small-pox was confluent. There was at the same time and in the same service, a case of confluent variola in an adult who bore deep cicatricial evidence of vaccination.

M. Trousseau is in the habit of employing, even in his Hospital practice, an ingenious and convenient capsule for the administration of disagreeable medicines, as turpentine, etc., which being filled at the moment of administration by the Practitioner himself, is not open to the reproach with which the ordinary capsules are assailed, that is, the containing an unknown quantity of an agent of doubtful quality. These capsules, an enclosed specimen of which will in all probability be crushed by the postal authorities, were introduced by a M. Lehuby some six years ago. They were then composed of lichen, and consisted as now of two small tubes, the one so closely fitting into the other as to prevent the escape of the introduced fluid: they are made to contain fifteen grains. Like most inventors, M. Lehuby found his invention more to his cost than profit, and he consequently discontinued the manufacture. Lately, however, M. Mezery, a French chemist, has taken up the affair; he has slightly modified the capsules, making them of gelatine, and not as formerly of lichen, and at the same time rendering them more delicate; the enclosed are of his make. The druggist's cost is ten francs the thousand, therefore the success of M. Mezery is in a measure guaranteed by the capsules being cheaper than the gilding of pills.

In the wards of M. Jobert, now superintended by M. Broca, I have lately noticed a novel method of treating acute articular effusion. M. Broca, in preference to all other methods, prefers passing a trochar into the articulation, and drawing off the effused fluid, and he states that, although blisters are all very well, still there are cases in which the puncture succeeds after the blistering has failed. He cites cases in which having withdrawn in part a *purulent* effusion the remainder has been spontaneously absorbed. He employs this treatment in some chronic cases, and in all acute effusions, not even excluding those cases of constitutional origin, as in the rheumatic diathesis. He states that the withdrawal of the effusion removes all local symptoms, and induces a prompt recovery, speaking positively of his success.

M.M. Velpeau, Follin (co-editor with M. Lasègne of the "Archives Générales de Médicine") and M. Robert, have been lately occupied with testing the value of electricity as an anæsthetic in the minor surgical operations; all and each have separately arrived at a negative result; but M. Robert has been this morning engaged with M. Emile Magitot (a French dentist who has the merit—rare amongst French dentists—of belonging to the Faculty of Medicine) on the question of extracting teeth without pain, or rather without the pain peculiar to this operation. I saw twelve teeth extracted all by means of the key—three cases were certainly negative. In another case the patient stated that he felt no further pain on the extraction of the tooth than on the simple application of the electricity; but upon being asked if he had previously had a tooth extracted, he replied, "Yes, and with *less* pain." Others spoke of the application of electricity as extremely painful. A female patient said that she felt the tooth extracted, but that she did not experience the ordinary pain of extraction. A male patient said he neither felt the electricity nor the extraction, although a powerful shock was applied. Upon the general result I am not yet willing to draw any conclusion. It is, however, certain that the application of electricity to the neck of the tooth is extremely painful. The electricity was generally applied by placing one wire in connexion with the instrument and the other in the hand of the patient at the moment of extraction; but in two cases the first wire was placed in the patient's hand and the lobe of the patient's ear was touched with the second on a signal of the extractor. The experiments were well arranged—for example, the key was applied, and the second conductor placed in the hand of the patient and the key withdrawn previous to extraction: the patient was then made to describe his sensation—a difficult matter with most of them—the key was again applied, and the tooth extracted at the moment of completing the current; and in most cases the patients complained no more of the second complete operation than of the first simple application of electricity.

There is now at La Charité a very curious case. A young girl, aged seventeen, presents a *most enormous* hypertrophy of the mammary glandular tissue, which commenced at the first menstrual period. The hypertrophy is so considerable that the united volume of the two glands equals in size a third of the whole body!

GENERAL CORRESPONDENCE.

ON NARCOTIC INJECTIONS IN NEURALGIA.

LETTER FROM CHARLES HUNTER, Esq. M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the two following cases of neuralgia, the local treatment, by narcotic injection into the part, proposed some years ago by Dr. A. Wood, has been employed. Having briefly enumerated them, I propose to point out what I consider the advantages or otherwise of this mode of treatment.

Case 1.—J. G., aged *55*, was admitted into St. George's Hospital, July 21, under Dr. Pitman, with tic douloureux. He had been constantly subject to it for four years, with but little intermission; at one time, he obtained for a few weeks from seven to eight hours sleep at night, but with that exception he used always to be in pain day and night, and seldom slept an hour without a violent paroxysm.

On admission he was suffering these repeated violent attacks of pain all over the left side of the face, which extremely and almost constantly distorted him, and caused him day and night to keep up a cry of anguish. Various remedies to palliate the pain were attempted, but unsuccesafully till the 7th of August, when the local injection of morphia was commenced. About one grain and one-third of the acetate of morphia was injected at 8 p.m.; the man fell asleep very soon after, and continued to do so for seven hours. During the next few nights the same dose was regularly injected, and he slept either all night or for several hours.

On the 11th, he was asleep when visited, so no morphia was injected; he, however, slept but two hours; the next few nights the injection was not given; he slept either not at all, or most indifferently.

16th.—A larger dose was injected into the cheek from within the mouth; he went off to sleep at once, and did not awake all night; he was also easy the whole of the next day; after this the original dose was continued, but now night and morning.

20th.—He sleeps a good deal; has good nights, and two or three hours' sleep in the day. The paroxysms are now so slight, that often no one except the patient can tell when they are on; no continued pain is felt, and the paroxysms are "sometimes off for half a-day, often for several hours."

30th.—Up till to-day the morphia has been injected night and morning; but, for the present the administration is left off on account of a considerable-sized abscess which has been gradually forming the last few days, and which was opened to-day.

The part injected was the gum over a back upper tooth, as that was the most painful part, and the spot, which if touched, always brought on a paroxysm; latterly, the adjacent tissue of the cheek was injected close to the gum.

Thus, not only was sleep procured, but the patient obtained considerable ease during the day while the injection was gone on with. The constant recurrence of the attack of pain was put an end to, and the paroxysms when they did occur were far milder; but a large abscess formed in the cheek.

Case 2.—E.P., aged 18, was admitted into St. George's Hospital, July 25, under Mr. Tatum, suffering from excessive neuralgia in the right eye, which was also extensively diseased. As there were no hopes of saving the eye, and the pain was constant, the globe was removed for fear the other eye should also suffer: unfortunately it did, and ran a most rapid course—the lids becoming swollen, hard, thick, and everted; the neuralgia in this eye became even worse than it had been in the other.

All kinds of remedies were tried—aconite, morphia, hyoscyamus, opium, quina, etc., all failed to give relief; chloroform was then used and frequently, but it only gave her ease and sleep for a few minutes, or at the most an hour or so.

Digitized by Google

Sept. 9.—¼ gr. of morphia (the acetate) was injected under chloroform into the eyelid, but produced no sleep, as sickness (which had commenced in the afternoon after a dose of morphia by the stomach) continued during the night.

10th.—No morphia given by the stomach, 1½ gr. injected under chloroform into the eyelid; she went off to sleep for seven hours continuously, which she had not done for some months. She slept also once or twice the next day without chloroform.

11th.—Injection repeated 10 p.m.; a part escaped; she slept four hours; had acute paroxysms between the periods of sleep.

12th.—Sleep produced by the injection, and the severity of the paroxysms much diminished.

In the next few days the morphia was injected, and gave ease and sleep in proportion to the amount injected; from this time no chloroform was employed while inserting the point of the syringe in the skin.

16th.—Slept four hours last night. The pain now is nothing to be compared to what it previously was, the swelling is going from the eye. In the evening nearly three grains of morphia were injected; sleep was immediately produced, and continued eight hours. The next day she was far quieter and easier, and appeared so comfortable at night that no morphia was injected.

18th.—No morphia having been injected, no sleep was obtained last night, although a six-hour dose (gr. i.) was continued to be administered by the stomach.

19th.—1½ gr. injected into the eyebrow, gave sleep for several hours at night, and a little in the day; at night two grains were given by the stomach; it gave no sleep, but after an hour or so caused considerable sickness.

October 4.—The morphia injection is still continued, and with considerable relief to the patient.

Remarks.—In this patient, then, it appears,—

1. That a very great change has been made for the better, the progress of the affection appears arrested; or, at all events, for the present kept at bay; the health of the patient is improved.

2. That the local affection appears so far improved that all the hardness, thickness, and eversion of the conjunctiva have subsided; the pain in the head is very much less, the pain in the eye is far less acute, and the attacks much less frequent, so that sleep is every now and then obtained during the day without medicine.

3. But it must be observed that this girl, like the man, has had abscess as a result of the local injection; the eyelid, the eyebrow, and the side of the eye, have all been opened for the liberation of matter.

4. It is very interesting to observe, that in this girl the injection of morphia into the cellular tissue was most effectual; but that morphia given by the stomach was of no benefit at all, but always did harm; that general irritation to the nervous system was produced; that sleep hardly ever followed, and was then probably accidental, because so seldom, but that sickness, nausea, giddiness, etc. almost always accompanied its administration by the stomach, whatever the strength of the dose happened to be.

In considering the results of the trial of the local treatment in the two cases, the advantages obtained appear to me to be,—

1. That much less constitutional (nervous) irritation attends the local introduction of the narcotic than when it is given by the stomach.

2. That the effect of the narcotic is more immediately produced.

3. The action of the narcotic appears more sure when injected. The exact amount taken into the circulation can be more readily seen, and the risk of contamination or alteration which it is exposed to, given by the stomach, is avoided.

4. It appears to exert more benefit on the local affection when it has to be absorbed from the part affected itself, probably from being brought more directly into contact with the nerves involved in the disease.

On the other hand there are the disadvantages; these are chiefly,—

1. The pain occasioned by the introduction of the fine canula.

2. The chance of the fluid escaping from the wound or puncture.

3. The production of local inflammation, effusion of blood, abscess.

To conclude: are the disadvantages of such import that they ought to preclude the local employment of narcotics by injection? do the advantages preponderate over them? I think they do; and that the disadvantages are only those which, with care and experience, may either be avoided, or much diminished; for instance,—1. By employing such a syringe as that used for the perchloride of iron (to inject aneurisms, etc.), with a very fine point to the nozzle, the pain is not more than that occasioned by the prick of a needle. 2. By having the injecting tube no larger than that of such fine syringes, the puncture in the integument is so small that the fluid does not escape. 3. With regard to the formation of abscess; it is only, for the most part, after repeated injections have been made in one place that such happens. One great thing then to avoid it is, to vary as much as possible the exact site to be injected, still injecting in the painful part, or to cease injecting for a time. The necessarily acid state of the solution of the morphia (for it must be strong), is certainly another disadvantage; but as irritation to the integument appears produced, as little acid as possible ought to be employed, and any excess in the solution neutralised by potash. These inconveniences being obviated as much as possible by the means pointed out, I think such advantages as the more rapid introduction of the remedy into the system, the avoidance of constitutional (especially nervous) irritation, the greater certainty of the effect, and the more concentrated effect of the remedy on the painful part ought not to hinder the local treatment of neuralgia from having a fair trial.

I am, &c. CHARLES HUNTER, M.R.C.S.,
Oct. 5. House-Surgeon, St. George's Hospital.

NEURALGIA SUCCESSFULLY TREATED BY SUBCUTANEOUS ANODYNE INJECTION.

LETTER FROM WILLIAM M. G. BURNS, M.R.C.S. Eng.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following is a case of neuralgia treated by subcutaneous anodyne injection, which may be worthy of being inserted in your columns. The patient, Mrs. —, married, aged about 38 years, had been suffering for years with severe attacks from neuralgia. I was called to her in the month of June last, found her suffering from her old complaint in an aggravated form above the right eye, extending over the temporal region of same side. I had exhausted all the ordinary remedies employed in such cases, when I observed in your journal a notice of the cases successfully treated by Dr. A. Wood, of Edinburgh. I had at once recourse to his method of treatment, by subcutaneous injection. The injection was composed of equal parts of the tinctures of opium and hyoscyamus. The result was all that could have been wished for. The patient enjoyed a refreshing night's sleep after the operation. Till now she has been free from neuralgic pains.

I am, &c.
WILLIAM M. G. BURNS, M.R.C.S. Eng.

Ayr, October 9, 1858.

N.B.—The syringe used was a common ʒij. glass syringe, with a flat silver nozzle fitted to it.

TREATMENT OF INFRA-MAMMARY NEURALGIA BY ELECTRICITY.

LETTER FROM JOSHUA PLASKITT, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a letter published in your journal of the 13th ult. Mr. Lobb describes the anæsthetic effects of electricity as displayed in certain patients of this Dispensary. For the benefit of those of your readers who wish for something more than immediate results, which is all Mr. Lobb gives, I send you the following particulars.

The patients, three in number, were hysterical women, suffering more or less severe and continual pain in the left infra-mammary region. It was with a view to the removal, if possible, of this pain that Pulvermacher's chains were applied on May 29. The first patient, J. G. expe-

Digitized by Google

rienced much but not complete relief up to June 12, when, on the removal of the chain, the pain became as bad as ever. The chain was re-applied, but by the 24th, although it had been worn constantly, it had ceased to give any ease whatever. There is, however, a note after this date which shows that its occasional use afforded temporary comfort.

The second patient, A. R. alternate increase and palliation of the pain answering to the removal and replacement of the chain, mark the history of this case for the first fortnight. On July 1 the pain was severe, despite the uninterrupted use of the chain from June 8, and the note of July 12 is "pain as bad as ever." From this time forward "sometimes better, sometimes worse" was the account this patient gave of herself.

In the third patient, E.Q. the electric current was almost instantly followed by "general anæsthesia," Mr. Lobb terms the state—an hysterical fit I believe the other beholders would have said. Brief as was the application of the chain in this case, it seems not to have been without some influence on the pain which, dull and constant before, now became sharp and paroxysmal, shortly, however, to resume its original characters.

I may add that similar results—relief partial and transitory—had succeeded the use of other measures of local and general stimulation in these cases; but lasting good never.

I am, &c.

Joshua Plaskitt, Resident-Surgeon.

Western General Dispensary, Oct. 11, 1858.

CATHETERISM OF THE LARYNX.

Letter from Dr. Markham.

[To the Editor of the Medical Times and Gazette.]

Sir,—If it be really true that a tube may be inserted and left for twenty-four or thirty hours in the larynx of a child suffering from laryngeal disease, as is asserted by M. Bouchut, then allow me to suggest whether it would not always be advisable in tracheotomy to insert a catheter, or some open bent tube into the larynx and trachea, so as to press the trachea forwards, and enable the Surgeon to cut down upon the tube, as he would upon a sound in the urethra. The operation of tracheotomy may be very easy and simple (as is asserted of it), in the hands of certain dexterous Surgeons; but I know that in most of the cases in which I have seen it performed I have most sincerely wished that the business could have been considerably expedited.

The proposition here made is rendered more worthy of consideration from the fact that patients in the last stage of croup, or partially asphyxiated in consequence of any other laryngeal disease, are invariably, according to the evidence of MM. Bouchut and Demarquay, in a state of anæsthesia.

I am, &c. W. O. Markham.

Clarges-street, October 13, 1858.

[It is quite unnecessary to pass a tube through the glottis to fix the trachea and press it forward: a grooved hook introduced through the skin into the trachea answers the same purpose much more easily, and the groove serves as a director for the knife. See *Medical Times and Gazette*, vol. xiv. p. 209.—Ed.]

PROVIDENT DISPENSARIES.

Letter from H. L. Smith, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the Secretary of the Society for the Extension of Self-Supporting Dispensaries, founded in Warwick to commemorate the visit of the Queen to the county, I beg to send you the following testimonial from Derby, and I take this opportunity of stating that I have reason to believe that as these Dispensaries extend they will bring so many millions of the most prudent and frugal of the poor people under Medical care and superintendence, that while Medical men can attend on more patients with less trouble than they do by any other means, yet it will be found that the supply of Medical men will be unequal to the demand. I would urge them to occupy this field of usefulness, which they have generally abandoned to the care of incompetent persons. Indeed unless they do this the late Act of Parliament will be an evil instead of a good to the working-classes of this kingdom, for they must resort to absolute quackery more than ever.

I am, &c. H. L. Smith.

Southam, October 9, 1858.

"We, the undersigned Medical officers of the Derby Self-Supporting or Provident Dispensary, are unanimously of opinion that for the last thirty years during which it has been established, it has been of great benefit to the poor and working-classes of this large and rapidly increasing town; and that since the year 1844 especially, when it became disunited from a charity club, it has been of inestimable value to those persons for whose benefit it was established.

"The undersigned further state that the benefits which it confers on the poor and working-classes have been secured without injuring the Medical Profession, which, from its peculiar constitution, it protects as much as possible.

Robert Hamilton, M.R.C.S.
J. Wright Baker, M.R.C.S.E. L.S.A.
John Clark, M.R.C.S. L.S.A.
George Taylor, M.R.C.S. L.S.A.
H. F. Gisborne, M.R.C.S.
J. W. Johnson, M.D. M.R.C.S.E.
John Jones, M.R.C.S.
A. G. Greaves, L.S.A. etc."

MEDICAL REGISTRATION ASSOCIATION.

Letter from Thomas Wright, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to forward the following resolutions which were passed at a meeting of legally-qualified members of the Medical Profession, which was held this day at the Dispensary, Nottingham. Mr. Eddison in the chair.

I am, &c. Thomas Wright.

Pelham-street, Nottingham, October 13, 1858.

Proposed by Mr. Stanger and seconded by Mr. Truman—

"That it is expedient to form an Association of duly-qualified Medical men practising in Nottingham and Nottinghamshire, to assist the Registrar to carry out the provisions of the new Medical Act."

Proposed by Dr. Robertson, and carried by acclamation,

"That a subscription of two shillings and sixpence be entered into to defray the necessary expenses of the 'Nottinghamshire Medical Registration Association."

Proposed by Dr. Thompson, of Newark, and seconded by Mr. Coombe, of Basford,

"That a Committee be formed to carry out the objects of this Association, and to call a general meeting of members wherever it may be considered necessary."

Proposed by Mr. Stanger, and seconded by Mr. Worth,

"That the following be members of the Committee, with power to add to their number:—Mr. Eddison; Dr. Wilson; Mr. T. Wright; Mr. White; Mr. Stanger; Mr. Ellam; Mr. Coombe, of Basford; Dr. Thompson, of Newark; Mr. Scott, of Mansfield; Mr. Butler, of Beeston."

Proposed by Mr. Stephenson, and seconded by Mr. J. N. Thompson,

"That the above resolutions be forwarded to the Medical journals."

Proposed by Dr. Wilson, and seconded by Mr. T. Wright,

"That the thanks of this meeting be given to the chairman."

Thomas Wright,
Secretary and Treasurer.

Presentation to Dr. Haslewood.—The members of "Court Perseverance" of the Ancient Order of Foresters, entertained their Medical officer, Dr. Haslewood, at dinner, and presented him with a handsome silver snuff-box, the lid of which bore the following inscription:—"Presented by Court Perseverance, No. 1586, Ancient Order of Foresters, to William Haslewood, Esq., M.D., in gratitude for his valuable services."

Digitized by Google

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 8th inst. viz. :—

ALTHAM, GEORGE, Preston, Lancashire.
FINEGAN, JAMES, Liverpool.
HEALE, ALFRED, Luton, Bedfordshire.
HILL, THOMAS MILES, Clifton, Bristol.
IRELAND, JOHN, Kingswinford, Staffordshire.
MCCOURT, FRANCIS, Portglenone, county of Antrim.
RAWDON, HENRY GREENWOOD, Liverpool.
SHEA, JOHN, Blackfriars-road.
WALKER, RICH. PETTIFER, Birchfield, near Birmingham.

At the same meeting of the Court, Mr. John Breakey passed his examination for naval surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date December 19, 1851.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to Practise, on Thursday, October 7, 1858 :—

DUBUC, EMILE WILLIAM, George-street, Edinburgh.
HOPGOOD, THOMAS, Chipping Norton, Oxon.
MOLINEAUX, James, Manchester.
THORNTON, BENJAMIN, Elford, near Litchfield.

APPOINTMENTS.

FACULTY OF GLASGOW.—On Monday, October 4, the Faculty of Physicians and Surgeons of Glasgow elected Dr. James Watson to be their representative in the Medical Council, under the New Medical Act.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—We understand that at a meeting of this College held on the 8th instant, Dr. Andrew Wood was unanimously elected their representative in the General Medical Council.

James H. Wharton, Esq. F.R.C.S.I., has been elected one of the Surgeons to the Meath Hospital and County of Dublin Infirmary, in the room of the late Mr. Ledwich.

DUBLIN UNIVERSITY.—At a meeting of the Dublin University Board, held on Saturday, the 9th inst. James Apjohn, Esq. M.D., Professor of Chemistry to the University, was elected the representative of the University under the new Medical Act.

DEATHS.

DAUNEY.—On the 2nd of July last, on board the Hospital-ship *Bellisle*, in the Gulf of Pe-tche-li, William John Dauney, M.B., Assistant-Surgeon H.M.'s 59th Regiment, aged 21.

GIBSON.—On the 10th inst., suddenly, at Doune, Perthshire, John Gibson, Surgeon, R.N.

STRETTON.—On the 18th of August, at Shahjehanpore, Arthur Stretton, Assistant-Surgeon 1st Battalion, 69th King's Own Royal Rifles, aged 29.

ROYAL COLLEGE OF PHYSICIANS.—The election of a member of the Medical Council will take place at the *comitia* to be held at the College on Friday next, the 22nd instant.

SERPENTS AND COWS.—M. Lamare Picot informs the French Academy of Science that serpents have the faculty of sucking cow's teats!

M. SIEBOLD communicated at the Carlsruhe Congress the newly-discovered fact that there exists in the females of Salamanders and Tritons a seminal receptacle.

NATURAL ANÆSTHESIA IN TRACHEOTOMY.—"M. Bouchut," says M. Demarquay, "has called the attention of the academy to the anæsthesia which is observed in children who have reached the last stage of croup. I have also demonstrated, that all individuals who are submitted to tracheotomy to avoid imminent asphyxia, are insensible. M. Dameril and I observed this fact ten years ago." M. Demarquay then relates several cases showing that the patient was unconscious of the operation being performed upon him.

CHLOROFORM.—Referring to the number of deaths from inhalation of Chloroform, which had lately come before the public, we, a few weeks ago, ventured to ask, whether the anæsthetic was at all times really and truly administered with that care and circumspection which its qualities demanded? We trust that the rules laid down by the late Dr. Snow for its use will now be thoroughly studied by those who administer it.

ABERDEEN ROYAL LUNATIC ASYLUM.—During the past years—fifty-six—of this Institution's history, the number of cases, inclusive of readmissions, recorded in the books, has been 2628. "Of these 511 have terminated fatally, the great majority of them after a lengthened residence, and from decay of natural force rather than from unsubdued malignity of cerebral disorder. The number of cases that have been dismissed recovered or relieved, after treatment more or less prolonged in duration, has been 1823, the recovered being in the proportion of 45 in the 100 admission."

ASSOCIATION of the Fellows and Licentiates of the King and Queen's College of Physicians, Ireland. Session, 1858 and 1859. *President*—Sir Henry Marsh, Bart, M.D., M.R.I.A. etc. *Vice-Presidents*—Charles P. Croker, M.D., M.R.I.A. etc. Robert Law, M.D., M.R.I.A. etc. *Council*—Drs. Henry Kennedy, John Hughes, Atthill, McClintock, and Churchill. *Treasurer*—Dr. George A. Kennedy. *Secretary*—Dr. William Moore. Meetings of the Association are held in the College Hall on the first Wednesday of every month, from October to June inclusive, at eight o'clock p.m.

DUBLIN UNIVERSITY—The Board of Trinity College have elected Benjamin George M'Dowel, Esq. M.D. T.C.D. to the post of Professor of Anatomy and Physiology to the University, rendered vacant by the death of the late Dr. Harrison. Dr. M'Dowel has long been known as Lecturer on Anatomy and Physiology to the Carmichael School of Medicine, and as Physician to the Whitworth and Hardwicke Hospitals, and has acquired a reputation which will cause this appointment to be received with confidence and satiafaction both by the Profession and the public. His opponent, Dr. King, of the Queen's College, Galway, is also a distinguished man, and we hear that the contest was a very close one. The appointment rests with the Provost and seven senior fellows.

DEATH FROM OIL OF ALMONDS.—On Saturday a fatal occurrence happened to a man, aged 50. The deceased was at work at Fresh Wharf, London Bridge, unloading some cases of oil of almonds, when one of them broke, the oil running on the deck of the vessel. The deceased went on his knees and licked it up, in spite of his being told by the other workmen that it was poison. He was placed in a cab, and conveyed to St. Thomas's Hospital, where every assistance was rendered, but he died shortly after his admission.

UNIVERSITY OF LONDON.—A general meeting of the members of Convocation of this University has been called for Wednesday, the 10th of November, for the purpose of nominating a list of three persons to be submitted to her Majesty for selection therefrom of a Fellow of the University. The graduates who are qualified to be submitted for the Royal selection are Doctors of Law, Doctors of Medicine, and Masters of Arts, all Bachelors of Law and Bachelors of Medicine of two years' standing, and all Bachelors of Arts of three years' standing. At the same meeting the new regulations of the Senate respecting degrees in the University will be submitted to the Convocation.

GAY-LUSSAC IN STATUE.—The present is a great time in France for the raising of statues and the making of chevaliers. Limoges has heretofore been remarkable as being the only important town in France which did not possess a statue; the reproach is now removed by the inauguration of one to the celebrated Gay-Lussac. "Justice," says the inspired journalist, "has been rendered to Gay-Lussac. He is represented in academic costume, standing, his eyes directed to Heaven, in the attitude he may be supposed to have assumed on the 17th of September, 1804, at the moment when he ascended to an inconceivable height in the atmosphere, in the fragile car of his balloon!"

MORTALITY FROM CROUP.—During thirty-two years croup has been more frequent among boys and girls in the hospitals of Paris, says M. Bouchut. It is most frequent at the age of two and three years. A sensible increase of the

Digitized by Google

mortality has occurred during the last few years. Is this because croup is more common; or is it because the Medical treatment is too much neglected in favour of the surgical treatment? M. Bouchut thinks that the Surgical treatment is the cause of this greater mortality; and he concludes that tracheotomy is in his opinion dangerous, so long as the patients have not reached the stage of anæsthesia.

ANATOMY AND ULTRAMONTANISM.—"The Professors and students of the General Hospital of Vienna," says the *Medical Gazette* of the Sardinian States, "have not yet recovered from the surprise given them by an order of the Archbishop of Vienna. This prelate has ordered that henceforth no autopsy shall be made on individuals who die in hospitals or other public charities. It has resulted from this order, that for twelve or fifteen days not a single body has been obtained for anatomical demonstrations. Vienna may justly be proud of her Medical school; but the Austro-Roman concordat has placed in the hands of the clergy a power which may ruin its reputation. There exists, it is true, a decree of Joseph II. which authorises the dissection of persons who die in public charities; but the Imperial ordinance is abrogated by the Cardinal Archbishop of Vienna. '*Et nunc erudimini!*'"

MEDICAL REGISTRATION SOCIETY.—At a meeting of Medical Practitioners of Thorne, Mr. J. J. Littlewood in the chair, certain resolutions were unanimously passed, forming a Society, to be called the "Thorne and Goole Medical Registration Association," the objects being to assist the Registrar in working the "Medical Act" passed last session; watching the Registration; preparing correct lists of all legally-qualified Practitioners, as well as of unqualified men in the district, and using the most efficient means for protecting alike the interests of the public and of the Profession, by preventing, as far as possible, all illegal practice. Mr. R. Gillard was appointed Honorary Secretary. A resolution was passed inviting the members of the Profession resident in the Doncaster district to join the Association in the event of their not forming one of their own. All gentlemen entitled to be registered under the Act, are eligible as members of the Association.

ELECTRICITY AS AN ANÆSTHETIC.—A meeting of the members of the College of Dentists was held on Tuesday night to discuss the question of Electricity as an anæsthetic agent in Dental operations. The meeting was crowded to excess with members of the Medical and Dental profession, and other scientific men, all of whom took a deep interest in the proceedings. Mr. Peter Matthews, President of the College, occupied the chair. The President opened the debate with an address on the various anæsthetic agents used in Surgery, and ultimately came to the question,—Is Electricity an Anæsthetic or is it not? He (the President), after a long and careful experience, had no alternative left but to answer that question in the negative. He then related with great precision the details of various cases of extraction of teeth, in which he had employed galvanism, but explained that although the result was, in some instances, modified from ordinary tooth-drawing, he could not admit that in any instance had the pain of extraction been abolished. In certain peculiar cases indeed (cases where the elastic tissue which connects the tooth with its socket, the tooth periosteum, is inflamed and painful), the application of galvanism in extraction adds to the pain of the operation. Mr. Matthews then described the different modes of applying the electric current, and concluded by expressing his opinion, that in our present state of knowledge, electricity could not be considered as an anæsthetic agent. Dr. Purland, Mr. Weiss, Mr. Lobb, and Mr. Perkins, joined in the discussion, the tenor of their experience being consonant with that of the President. It was clearly the general feeling that galvanism in tooth extraction acts only by producing a diversion of pain, not by causing insensibility. Dr. Elliotson moved, and Mr. Thomson seconded, the following resolution:—"That the Council of the Dental College be requested to organise a committee to investigate further the subject of 'Electricity in Dentistry,' and to report thereon to the College." The motion was unanimously carried, and, after a vote of thanks to the President, the meeting separated.

HERTS MEDICAL REGISTRATION SOCIETY.—On Friday, October 1, a public meeting of the members of the Medical Profession residing in the County of Hertford, was held for the purpose of taking into consideration the means to be adopted to give effect to the provisions of the New Medical Act. Dr. Davies, of Hertford, was unanimously called to the chair. He opened the proceedings by remarking that, up to the present time, the public had been, to a great extent, at the mercy of irregular practitioners, who, assuming titles to which they had no right, had imposed upon the unwary. The new Act would correct this evil. It would not prevent people from consulting unqualified practitioners, if they pleased to do so; but it would enlighten them as to the status and qualifications of these men, so that, if people did employ them it would be with their eyes open. All qualified Medical men must be registered, and those who neglected to register would not be able to recover their charges for professional attendance in a court of law. It followed, therefore, that unqualified persons, not being competent to register, would not be able to enforce payment of their charges against the persons who might choose to employ them. But there was no machinery provided for enforcing the provisions of the Act against persons assuming to have qualifications which they did not possess; and there was reason to fear that great numbers of qualified Medical men were even unaware of the necessity of registering. It was, therefore, necessary to organise local means to carry the Act into effect, and he had been requested to call the present meeting, with a view to the formation of some such organisation in this county. A conversation then took place with reference to the scope and objects of the new measure, and it was unanimously agreed to form a Society, to be called the "Herts. Medical Registration Society," Dr. Davies, of Hertford, was appointed President; Mr. O. Foster, of Hitchin, Treasurer; Mr. W. J. Bowden, of Ware, Secretary, and the following gentlemen were appointed, together with the officers of the Society, as a Committee (three of their number to form a quorum):—Dr. R. D. J. Evans and Dr. Woodhouse, of Hertford; Dr. Hill Smith, of Stevenage; Mr. Webb, of Welwyn; Mr. Stevens, of Hoddesdon; and Mr. Balding, of Barkway. Mr. M. S. Longmore, of Hertford, was appointed Solicitor to the Society. It was agreed that a subscription of 5*s.* should be paid by each member of the Society towards defraying the current expenses. It is worthy of remark that out of about ninety members of the Medical Profession in Hertfordshire, more than one-third (either by their presence or by letter) concurred in the objects of the promoters of the Society, at this preliminary meeting. There can be no doubt that when the objects of the recent Act are thoroughly known, the Society will include among its members all the qualified Practitioners in the county.

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 9, 1858.

BIRTHS.

Births of Boys, 810; Girls, 711; Total, 1521.
Average of 10 corresponding weeks, 1848-57, 1382.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	497	496	993
Average of the ten years 1848-57	535·8	537·6	1073·4
Average corrected to increased population	...	...	1180

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	5	16	6	3	5
North....	490,396	1	7	83	4	7	9
Central ..	393,256	..	9	14	4	6	12
East	485,522	..	6	45	4	11	7
South	616,635	..	9	87	10	17	9
Total..	2,362,236	1	36	145	28	44	42

Digitized by Google

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·685 in.
Mean temperature	52·1
Highest point of thermometer	69·5
Lowest point of thermometer	35·4
Mean dew-point temperature	45·2
General direction of wind	S.W.
Whole amount of rain in the week	0·47 in.
Amount of horizontal movement of air in the week ...	1040 miles.

TO CORRESPONDENTS.

Dr. Druitt's paper on Ozena shall appear next week.

Dr. Habershon's paper shall appear next week if possible.

Mr. T., St. Leonards.—It would not be fair to publish such a communication with an anonymous signature.

A Young Chemist.—The Liverpool College of Chemistry was founded in 1848 by Dr. Muspratt. It is private and self-supporting. Many of the students have attained distinguished positions in different parts of the world.

J.F.—In the year 1856 the rate of marriage in the population was 1·674 to 100 persons living; of births 3·452; of deaths 2·050; or one person married to every sixty persons living; one child was born to every twenty-nine living; and one person died to every forty-five persons living.

R. M., Edinburgh.—1. It was the theory of Sir David Barry that during inspiration the lung does not perfectly follow the expanding thoracic wall, and that there is consequently a vacuum during inspiration. The theory is supported by the experiments of many physiologists.—2. When the arteries are left empty after death, the blood is received by the veins and right side of the heart. The veins in such cases are distended.

Pharmaco.—Dr. Richardson's formula for making syrup of the carbonate of iron is as follows:—Take of carbonate of potass half an ounce, sulphate of iron three drachms and one scruple, simple syrup eighteen ounces, water ten ounces. Dissolve the sulphate of iron and carbonate of potass each in five ounces of water, mix the solutions, collect the precipitate on a cloth-filter, wash with distilled water, squeeze into a pulp as dry as possible, and rub up quickly with the syrup.

Juvenis.—1. The Vinegar Plant is a species of vegetable fungus, developed by sugar in fermentation. The name of the fungus is *Penicillium Glaucum*. The vinegar so produced is quite wholesome. 2. A pint of air and a cubic inch of air occupy precisely the same space as the same volumes of a solid or liquid body, and therefore air or gaseous bodies in general are measured in vessels of known capacity. The weight of a given quantity of air is ascertained by weighing the vessel when filled with air, and weighing it again after the air has been exhausted by an air-pump, and the difference gives the weight of the air. Conversely, the weight of a given quantity of air or other gaseous body will indicate its volume, by comparing the known relations of its weight and volume with the weight of the air actually examined.

Professional Encouragement of Quackery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I see you state that quacks advertising under false names and pretending to be qualified practitioners can be punished under the New Act. But the scoundrels will evade the law by the help of some still greater scoundrels among the legally qualified if we are to judge by the following advertisement which I have cut from the *Daily Telegraph* for the instruction of your readers. I am, &c.

Oct. 13. F.R.C.S.

"New Medical Act.—This Act came into operation on the 2nd. Any gentleman carrying on an Advertising Medical Practice, or in any way likely to be affected by this Act, may come to some arrangement with a fully qualified surgeon, by applying to A. B., No. 1, Portland-terrace, etc. etc.."

Remarkable Case of Spurious Hematocele.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—There is at the present time in the Hôpital du Midi, a patient who is the subject of an enlargement of the left side of the scrotum, and for a short distance of the corresponding cord. The tumour is of the size of a doubled fist, blueish in colour, soft and fluctuating, and non-translucent; the testicle being in front, as it were, floating upon the fluid, but not surrounded by it. The patient states that during the genital act he felt something give way, and his purse began to swell very rapidly to its present size. The case appears to be one in which some vessel of the cord has given way, and the blood become extravasated outside the tunica vaginalis. I am, &c.

Paris, September 12, 1858. C. F. Maunder, F.R.C.S.

Drastic Properties of Oil.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the West Indies I have seen the newly-expressed oils of cocoa-nut and castor-bean freely used as food, and believe that the drastic properties in vegetable oils, whether of olive, palm, beech-nut, or any other, arises from the imperfect manner of cleansing, or want of extracting all the vegetable matter. The oils in themselves are perfectly pure, and the irritating effect of the decayed vegetable matter on the intestines causes the purgation. In the *Mechanic's Magazine* are letters on means to purify oils by filtering through transected stone slices,—of course by practice we shall arrive at knowing the stones best adapted for different purposes. If you desire I will give you more, or all I know on this, to me, very important subject. As an old sugar-grower, I say that the temperlime in cane-sugar is decidedly injurious, and can, by my new process, be dispensed with.

I am, &c. Colin M. Dick, late of Tinidad, W. Indies.

12, Margaret-street, Cavendish-sq., London, Oct., 1858.

Homœopathic Members of the College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the *Medical Times and Gazette* of the 2nd ult., it is announced that Henry Blumberg, M.D., of Southport, was admitted an Extra-Licentiate of the Royal College of Physicians, London, on September 28, 1858. I will thank you to say whether this is correct, as Dr. Blumberg is an Homœopathist, and has been for some time practising as such.

I have always considered the London College of Physicians as the most venerable, dignified, and honourable licensing board in the kingdom; but if it is going to grant licences to practise to known Homœopaths, I can no longer hold it in the same estimation.

We see Homœopathy allied to fanaticism in the Agapemone—to Mormonism in one of its Journals, and Brigham Young's Colony—to Spirit-Rapping in Dr. de Say Brereton, the Homœopathic Physician, and Town Councillor of Bradford, Yorkshire, who publicly challenges the world to dispute the truth of that absurd Yankee notion of communications from the spirit-world—with Hydropathy in the editor of the Hydropathic Journal—with clairvoyance in some of the respectable supporters of it,—with modern German transcendentalism and mysticism; but I never thought I should live to see it patronised by the Royal College of Physicians in London. Is it possible? I am, &c. Subscriber.

October 12, 1858.

COMMUNICATIONS have been received from—

Dr. Rigby; Dr. Conolly; Dr. Robert Lee; Dr. West; Dr. Davies, Hertford; Dr. Druitt; Dr. Davey; Mr. Griffin; Mr. Craven; Mr. P. Matthews; Mr. Maunder; Mr. Douglas; Mr. Samuels; Dr. Kidd; Mr. Wallis; Dr. Baines; Mr. Milner; Mr. Clark; Registrar General; Mr. Owen; Mr. J. Moyle; Mr. McCheyne; Mr. Radley; Mr. T. Simpson; Dr. Nunn; Mr. H. Watson; Mr. Kitching; Mr. Moss; Mr. Sumner; Dr. W. White; Mr. Stutter; Mr. Saunders; Mr. Wordsworth; Mr. Gillard; Mr. Adair; Mr. Symmonds; Mr. T. Wright, Nottingham; Dr. Devenish; Mr. Valentine; Registrar General, Edinburgh.

APPOINTMENTS FOR THE WEEK.

October 16. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

18. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

19. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

20. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

Hunterian Society, 8 p.m. Mr. Hutchinson "on Plastic Operations for the relief of Prolapsus Uteri."

21. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

22. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m. Address from the President, and Paper by Dr. Barclay "On the Real Value of Blood-letting in Acute Diseases."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

For hare lip—3 cases; Cleft Palate; deformity of leg following fracture; epithelioma of leg. By Mr. Partridge.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock.

Amputation of Arm; two cases of Strictures of the Urethra. By Mr. Barnard Holt.

St. Mary's Hospital.—Mr. I. Baker Brown will operate on Wednesday next, October 20, at 1 p.m., for vesico-vaginal fistula and prolapsus uteri.

Digitized by Google

Colwell's Trusses have been recommended to the Public by upwards of thirty of the Daily, Weekly, and Medical Journals. The following are extracts:—

"Those Trusses designed for Prolapsus Ani are admirable in their construction, and for the efficiency with which they perform their office; but those which are intended for Prolapsus Uteri are the most perfect instruments we have ever seen."—The Chemist.

"In science and skill in adapting his Trusses to the peculiar circumstances of the case, Mr. Colwell is inferior to no artist in London."—United Service.

Price to Surgeons.—Good Plain Trusses, 18s., per dozen; Salmon's Patent, 30s. per doz.; Coles' ditto, 48s. per doz. Elastic Stockings in Cotton, 3s. 6d.; in Silk, 5s. Spiral Elastic Stockings, Belts, and every description of Surgical Bandage, at equally moderate charges, and warranted of the best material and workmanship.—59, South Molton-street, Bond-street.

Dr. J. Collis Browne's Chlorodyne.—

CAUTION.—Owing to the frequent complaints made by Physicians and General Practitioners of the distress and disappointment caused by the substitution of fraudulent imitations of Dr. J. Collis Browne's Chlorodyne, when prescribed by them for patients, as also vended to them as the genuine (proofs of which are in possession), it is found necessary to adopt the Government Stamp, having the name of Dr. J. Collis Browne's Chlorodyne engraved thereon. None other genuine. Medical men, Hospitals, and Dispensaries, desirous of obtaining it without stamp, *must* forward their *orders direct, duly authenticated*, to the manufactory, where they can be supplied in bulk, a liberal discount being allowed.

Sole Agent and Manufacturer, J. T. DAVENPORT, Operative Chemist and Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London.

Mr. Howard, Surgeon-Dentist, 52,

FLEET-STREET, has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth stopped and rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

DR. DE JONGH'S

Light-Brown Cod Liver Oil.—This

pure, transparent Light-Brown Cod Liver Oil is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied only in bottles, capsuled and labelled with Dr. De Jongh's stamp and signature, so that the Faculty may rely upon a Genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON, W.C.

Half-pints (10 ounces), 2s. 6d.; Pints (20 ounces), 4s. 9d.; Quarts (40 ounces), 9s. Imperial Measure.

*** *A Liberal Discount to the Profession.*

Wines from the Cape of Good Hope.

W. and A. GILBEY'S SOUTH AFRICAN PORT, SHERRY, MADEIRA, MARSALA, &c., 20s. per Doz., all of the first growths only. Any two samples for 12 stamps.

"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. Gilbey, of Oxford-street. We find them to be both genuine and wholesome."—Lancet, June 5th, 1858.

"We have examined eight samples of different wines from the Cape, forwarded by Messrs. Gilbey, and find them equal in most respects, and in some superior, to the ordinary wines from Spain, Portugal, and Madeira."—Medical Times, April 10th, 1858.

Price Current with full particulars, and Dr. Hassall's and Dr. Letheby's Analysis sent free on application.

FINE OLD BRANDY, U. V. brand, 15s. per gallon, or 30s. per dozen.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London (W.), and 31, Upper Sackville-street, Dublin.

Sydenham Clerical Suit: Trousers

17s. 6d.; Waistcoat, black corded, 12s. 6d.; Frock Coat, black or steel, 50s. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Top-Coat, 42s.—Simple,

easy, warm, waterproof, and elegant; undeniably the most perfect overcoat out. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Trousers, 17s. 6d.—A new

and entirely unique pure woollen fabric, in Oxford and Clerical mixtures, are now applied to the Sydenham Trousers. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Collegian's Suit.—Trousers,

17s. 6d.; Waistcoat to match, 8s. 6d.; Lounging, Boating, Riding, or Shooting Coat, to match, 33s.; Top Coat, 42s. SAMUEL BROTHERS, 29, Ludgate-hill.

Electric Battery for Painless Tooth

EXTRACTION.—LEMALE and COMPANY'S Electric Batteries, constructed purposely for the Extraction of Teeth, have the best mode of connecting the circuit, simultaneously with the act of extraction. These batteries likewise possess full applicability to all medical purposes, and can be graduated to any strength by a simple and instantaneous adjustment. Price 50s.

LEMALE and COMPANY, 62, CHANDOS-STREET, LONDON, Manufacturers of Mineral Teeth and Dental and Surgical Instruments.

Established upwards of Thirty years.

Whicker and Blaise (late Savigny

and CO.), 67, ST. JAMES'S-STREET, LONDON, (Established upwards of Two Centuries), CUTLERS & SURGEONS' INSTRUMENT MAKERS, To Her Majesty's Army, The Royal Board of Ordnance, and the Hon. East India Company, particularly beg to invite the Nobility, Gentry, and the Medical Profession, to their immense Stock of Cutlery of every description, Instruments for Deformity, Artificial Legs, Arms, etc.—A great variety of Patent and Improved Enemas.

W. & B. beg to call the attention of students to their great variety of dissecting instruments, etc.

Surgical Instruments, and every Im-

plement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.: Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes, ELASTIC NEW CORSETS of the same beautiful fabrics. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE ON CONCUSSION OF THE BRAIN.

(*Concluded.*)

A man, aged 53, was admitted into St. George's Hospital, under the care of Mr. Cutler, twelve hours after having fallen down a flight of stairs, while drunk. His case was thought to be one of severe concussion of the brain. He remained in a state of insensibility for two days, passing his water and his motions under him; but by the third day he was able to answer questions put to him, and henceforward he went on gradually improving until he became quite collected. His face was at one time drawn to the left side, and there was also ptosis of the right lid; but within a month these symptoms had passed away, and he was allowed to get up, and go about the ward. At times he was, however, flighty, and odd in his manner, with partial loss of memory. Such was the state that he was in when an attack of erysipelas carried him off, just two months after the accident. The brain-substance was perfectly healthy, but within the cavity of the arachnoid were the remains of an extensive extravasation of blood, which, membrane-like, was adherent to the parietal layer of the serous membrane corresponding to the upper surface of both hemispheres.

In neither of these cases had there been any suspicion as to blood having been extravasated within the skull. In each case, the symptoms were those which are said to belong to concussion; in fact, there was not a single symptom in either of these cases, which you will not find ascribed to severe concussion, and yet the remains of large extravasations of blood were found within the arachnoid in both cases. And these are not the only cases I have seen of this nature. I might mention several other cases in which extravasations of blood were found in the cavity of the arachnoid, cases in which the symptoms of concussion had even been altogether transient, and in which death had been brought about by some other cause. Indeed, I cannot help thinking from all I have seen, that many of the so-called cases of severe concussion, in which recovery has taken place at a more or less remote period, have, in truth, been cases of extravasations of blood within the membranes.

You will also find many a case recorded by eminent Surgeons, and as a matter of course quoted over and over again, in which partial paralysis and loss of memory are said to have taken place after, and to have been due to, concussion of the brain. But, is it not much more probable that in such cases, effects such as these are dependent not upon concussion only, but either upon some extravasation of blood, or upon some local injury done to the brain-substance?

Just now I said that in many cases we really have no means of distinguishing between simple concussion, and some of the slighter forms of extravasation of blood. Some cases there are, however, in which there is no such difficulty, cases in which after recovery from the concussion, the symptoms of compression gradually make their appearance. You will recollect that in speaking of extravasations of blood, I mentioned several such cases, in which first the effects of concussion, and then those of compression from extravasated blood were most distinctly marked. But cases with so clear an interval are not common.

As we have some clearly-marked periods in the symptoms of concussion, so too must we adapt our treatment to these various periods.

In the first period, that of depression, the safest practice is certainly to do as little as possible—to avoid all interference either in the way of blood-letting on the one hand, or in that of stimulating on the other. If the patient be bled to any extent in such a state of depression, the mischief done may be irreparable; indeed so well known is this fact to Surgeons of the present day, that it but very seldom happens that we now find a case of concussion which has been bled before admission into our Hospitals. But how different was the practice a few years ago,—then, no sooner was a patient, it mattered not at what stage of concussion, seen by a Medical man, than blood was immediately drawn. Hence the cases of death—hence, too, the cases of delirium after blood-letting in the first stage of concussion, which were not uncommon among us some years back.

And with regard to stimulants, we must also stay our hand as long as possible. Let us bear in mind that we cannot be sure that we may not be dealing with a case of extravasation of blood, or of bruised brain, and that, under such circumstances, a period of depression is the safeguard of the patient.

Cases of concussion absolutely requiring stimulants are but very, very seldom met with in practice. Even when of a very severe form, all that is necessary, in the vast majority of cases, is to apply warmth to the surface, and carefully to watch the case; and, if it should so happen—but this occurs very rarely—that the patient is manifestly in danger of sinking from depression of the circulation, then stimulants or cordials must be resorted to.

In all attempts of this kind, we must, however, be exceedingly cautious in our proceedings; and, if we find the pulse recovering itself, let us at once abstain from all further interference. As is the state of depression, so too will be the state of reaction—the depression is slight—the reaction will be slight: the depression is extreme—the reaction will be excessive, and all the more so, if we make use of stimulants.

And in the stage of reaction, so long as this reaction keeps within due bounds, here again it is better to abstain from all active interference, taking care, however, to exclude all possible sources of excitement—to keep the head and shoulders well raised, and evaporating lotions constantly applied to the head, which in bad cases must be shaved. Precautionary measures such as these, with a mercurial and a saline purge now and then, and great attention to diet, with perfect rest, will, in a large number of cases of concussion, carry the patient through this period.

When the concussion has been of a somewhat severe character, there is generally no difficulty in getting the patient to submit to the necessary regimen—his own feelings tell him, in fact, that it is absolutely necessary; but in the slighter cases, where all the symptoms soon pass off, feeling as well as he does for the time being, the patient very frequently resists all attempts at treatment, and then, within a few days, is laid low, with mischief of a very severe and dangerous nature—so dangerous indeed, that notwithstanding all our care, a few days more bring his life to a close.

In the cases of concussion which die, from some other cause, shortly after the injury, and in which no extravasation of blood, or actual injury to the brain substance is found, you will recollect that there is intense congestion of the cerebral vessels, which, in some cases, is so intense as to give a manifestly darker hue to the different substances of the brain.

The cases revealing these early appearances are to us, as practical surgeons, of the utmost value. They at once plainly point to the mischief by which we are likely to be threatened, and at once give us the key to the treatment.

The great danger lies in the tendency which this congestion has of leading to inflammation. Hence the reason why the case is to be so narrowly watched; hence the reason why the state of the pulse and all other symptoms are to be so carefully inquired into, and even the slightest appearances of mischief, as far as possible, guarded against. But intracranial inflammation, taken as a whole, will form the subject of another lecture.

I cannot, however, dismiss this subject of concussion of the brain, without again calling your attention to a point which I consider of the utmost importance in all cases of injuries of the head, of whatsoever kind, and which I have consequently been led to urge upon your notice already more than once.

In speaking of scalp wounds, and of fractures of the skull also, I pointed out how necessary it was that we should take into consideration the state of the various viscera, and especially of the kidneys, whenever we had to deal with any such injuries. To scalp-wounds, and to fractures, let me now

Digitized by Google

add concussion, the diagnosis, the prognosis, and the treatment of which must be greatly influenced by the condition of the viscera.

A man, aged 50, was admitted into St. George's Hospital, in February, 1854, under the care of Mr. Henry Charles Johnson, in a state of perfect insensibility from concussion of the brain. He had fallen off, it was said, from a building on which he was at work, a height of about forty feet. There was a contused wound of the right temporal region, with some extravasation of blood below the scalp; but no fracture could be made out. His left arm was broken. On the day after his admission, he was so far recovered as to be able to answer some questions put to him, but he could not speak intelligibly. The breathing was quite natural, and the pulse eighty-eight, and of natural strength. The water being retained was drawn off; it was examined, and found to all appearance healthy. He was purged, and as the pulse had risen, fourteen ounces of blood were taken from him. On the third day the countenance was much improved, and he answered questions intelligibly; and thus he went on improving daily, so that the head affection appeared to be progressing most favourably; the pulse was eighty, and the tongue good. But on the sixth day after the accident, this patient's manner was found to be confused; there was no apparent cause for this, and the other symptoms remained much as they had been for the last two or three days. The water was still retained, and the bowels inclined to costiveness. On the seventh day he was in a semi-unconscious state; his pulse fell rapidly and alarmingly, and he sank during the night. The scalp was bruised to some extent, but there was no fracture of the skull. At the upper part of the skull no blood was found between the bone and the dura-mater; a thin layer of recently extravasated blood was, however, detected in the front part of each middle fossa, and in the right cerebellar fossa. In the cavity of the arachnoid were one or two small patches of recently extravasated blood, with a quantity of bloody serous fluid. The fluid in the sub-arachnoid space was quite clear. Within the meshes of the pia-mater corresponding to the posterior lobes of the hemispheres, there was a small quantity of blood. Numerous minute points of extravasated blood were detected in several parts of the brain. Three very small ones in the substance of the anterior lobe of the left hemisphere; a small one in the fornix, and one of about a similar size in the right lobe of the cerebellum. The posterior horn of the right lateral ventricle contained a small quantity of blood. No traces of inflammatory action were detected either about the membranes, or about the brain-substance, save the fornix, which was soft and diffluent. The muscular structure of the heart was soft and flabby, and the mitral valve was extensively diseased; the flaps of this valve were partially adherent, and very much thickened, so that the auriculo-ventricular opening was much contracted. The root of the aorta was studded with patches of atheroma. Both lungs were much congested at the back part. The kidneys were in an advanced stage of disease; they were mottled, and upon their surfaces were several small cysts. The other viscera presented nothing worthy of note.

If we look carefully into the symptoms in this case, I think it will be found that the diseased condition of the kidneys and of the heart, had, at any rate, a great share in the rapid failure of the powers of life which unexpectedly took place, and such a case as this ought assuredly to warn us of the mischief which may suddenly arise, in any case of injury of the head, from a diseased condition of the viscera, and especially of the kidneys.

THE BENGHAZI PLAGUE. — The *Gazette Médicale d'Orient* has published the report of Dr. Bartoletti, President of the Sanitary Commission sent to Benghazi. The Commission declares that the epidemic which reigns there is the plague. The disease commenced about the middle of April in a camp of Arabs, about eight leagues from the town: 1340 inhabitants have been attacked by the disease, and of these 806 have died, that is, about 60 per cent. The emigration or flight of the inhabitants has spread the disease among the Bedouins, among whom it has made awful ravages. The plague has reached to Medji and to Derna. Buboes appear to be the chief signs of the disease which distinguish it in particular.

ORIGINAL COMMUNICATIONS.

CASE OF

LODGMENT FOR FOUR MONTHS OF THE BREECHING OF A FOWLING-PIECE IN THE FACE,

AT THE ROOT OF THE NOSE, AND SAFE REMOVAL.

By WILLIAM KEITH, M.D. M.R.C.S.E.

Senior Surgeon to the Royal Infirmary, Aberdeen, and Lecturer on Clinical Surgery.

James Scott, aged 19, a draper's apprentice, called at Dr. Keith's house, on the 23rd of June, 1857, complaining of the constant weeping from a small wound in the bridge of his nose, between his eyebrows. His face was disfigured by a deep cicatrix, involving not only the soft parts, but also the nasal bones, the nasal processes of the superior maxillary bones; and the shrivelled remains of the left eyeball lay deep in the orbit. The face and forehead were dotted, under the skin, with grains of gunpowder. The weeping wound was linear, about half an inch long, with the lips in apposition, tinged black as if stained by ink; but no swelling or redness, no sign of irritation whatever existed in or around the wound. Inserting a silver probe at the slit, it came into instant contact with metal, and on asking how it had come there, the following particulars were stated in explanation.

While shooting on the morning of the 19th of February, 1857, on the sea cliff near Aberdeen, his fowling-piece burst; he stood stunned for a minute, and then fell on the ground quite insensible, and so continued for about half an hour: when consciousness returned he found himself in a farm-house, and there, in the course of another half hour, was seen by a Surgeon. He had bled very freely all this time from a large and deep wound in his face, between his eyebrows and just below that level into the very root of his nose. The wound extended from below the right eye, across the root of the nose, and into the left orbit, lacerating the lower eyelid, and utterly destroying the left eyeball.

The bones of the face-proper seemed to have been so far separated from the os frontis, that the patient is positive the Surgeon applied one hand under his chin, and the other on the crown of his head, and pressed them forcibly together.

Be that as it may, the bleeding was stanched, and the torn integuments brought together by stitches, over a chasm said to have been large enough to let one see down into the top of the pharynx. Indeed, to the patency of the wound must be ascribed the fact, that no suspicion was awakened that any foreign body could be there lodged. Under the care of two Medical men the case progressed most favourably; the wound filled up by granulation, and cicatrized, except the little slit between his eyebrows. After confinement to bed for three weeks he began to get up; at the end of six weeks to go out of doors; and in the end of April he resumed his service at the desk.

He had an occasional headache, especially when he awoke in the morning; but he slept well at night, and felt well through the day, and never for a moment suspected the presence of any foreign body in his head or in the wound. It was the constant weeping from the little slit that induced him to apply to Dr. Keith to get rid of that annoyance (four months and six days after the occurrence of the accident above referred to). On the 25th of June, having seated Scott firmly in a chair with his head steadied against the breast of an assistant (Dr. Redfern), Dr. Keith forcibly separated the nasal bones, so as to enable him with a powerful molar tooth forceps to grasp the tip-end of the screwplate of a fowling-piece breeching, and after splitting the nasal bones widely from each other, and fracturing the nasal process of the left superior maxillary bone, he was able by a strong twist and a steady downward pull (using both hands), to bring away the whole breech of a fowling-piece, weighing two ounces and five drachms, and measuring two inches and a-half in length; the thick or screw-bolt end having entered first, and penetrated so far as to allow the very tip of the screwplate to be covered in by the skin of the nose.

This mass of metal when it entered must have smashed in

Digitized by Google

the upper half of both nasal bones, the nasal process of the left superior maxillary bone—the os unguis—the vomer and the zygoma process of the ethmoid bone. It lodged and rested against the sphenoid bone, in front of the sella turnica, with the screwbolt protruding laterally into the bottom of the left orbit.

The bleeding was not profuse on the removal of the breeching, and was easily stopped.

The bones so rudely separated were re-adjusted; and the skin, rather freely torn by the exit of such a bulky body, was neatly closed by stitching. At the end of a fortnight he was able to step about again, and before the end of six weeks he returned to his daily duties, the wound entirely cicatrized. His face is marked by a deep indentation at the bridge of the nose; and the left nostril is so far closed, and the olfactory nerve destroyed, that he is robbed of the sense of smell. The right nostril is however patent, and on that side the function of the nerve is entire. The shrivelled remains of the eyeball lie in the bottom of the orbit, retaining some prominence in the centre. This, with the eyelids very perfectly restored, give him a control over the movements of an artificial eye, since then inserted into the left socket, so that it is now difficult to discover that anything very serious had ever befallen him.

There are on record several cases not at all unlike the above. Guthrie, in his "Commentaries on the Surgery of the War," etc., fifth edition, page 503, gives a perfect parallel in the case of Captain Fritz, at Ceylon, except that no attempt seems to have been made to remove the iron breeching until after it had gravitated through the nares so as to protrude through the palate into the mouth, which it did at the end of a year. The closing remark, "he died eight years afterwards, having suffered much inconvenience from the offensive discharge it occasioned," leaves the point in some doubt as to whether it was removed during life.

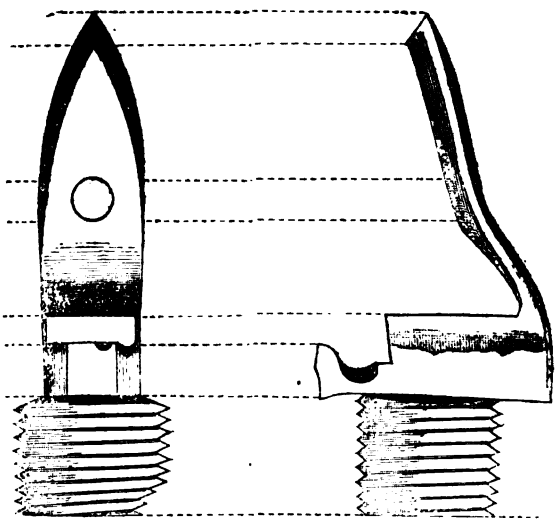
Dr. James N. Fraser, of St. John's, Newfoundland, under date 4th July, 1856, publishes in the "Edinburgh Monthly Journal of Medical Science," the case of William Roberts, fisherman, from whose antrum maxillare superius on the right side he withdrew the large coarse breeching of a common musket, where it had lain unsuspected for a period of eight years, though the case had passed through several hands, and though symptoms were ever present such as to warrant an effective search for some foreign irritant. The case is well worth perusal, and reflects great credit on Dr. Fraser for his energy and skill.

In the *Medical Times and Gazette* of August 21 of this year, Professor Hewett, in his "Lectures on Injuries of the Head," refers to the case of a Lieutenant F.'s, so similar to Mr. Guthrie's case of Captain Fritz, that I presume they are one and the same; and if so, the Professor affirms that the breeching, notwithstanding all the pain and annoyance it occasioned, was only removed at the end of eight years; and after he was dead. "On examining the head," the Professor states, quoting from the "Dublin Medical Press," vol. xiii. page 81, "the whole of a large iron breech of a gun, with the screw which attached it to the stock, was found lodged in the forehead. The anterior portion of the right hemisphere of the brain rested on the flat part of the breech, from which it was only separated by a false membrane."

A very instructive case is published in the *Lancet* of September 18th current, by Mr. R. Hughes, Surgeon to the Stafford Infirmary, where a portion of breeching, weighing an ounce and a half, had been driven by the bursting of a musket through the roof of the orbit, so as to bed itself in the brain, and there it had lain for a period of fourteen months without materially affecting the health—"the patient only complaining occasionally of a sensation of weight in the head, especially on stooping. Neither his sight nor smell were interfered with."

Mr. Fletcher of Walsall, who attended this case at the commencement, describes the wound in his forehead as "ragged, much contused, and about an inch in diameter; the frontal bone was fractured, and that part of it behind the external wound was deficient, as if it had been carried away by some solid body which had passed through the bone, and which, in his opinion, was still within the cranium. The man was perfectly conscious, and gave a distinct account of the accident, and this consciousness he constantly retained. He suffered no pain, and the only inconvenience of which he complained was a sense of an immense weight in the head; to use his own words, 'his head felt to be a ton-weight, and so heavy that he could not raise it from the pillow.' He had not throughout the illness a bad symptom; he slept well, and took whatever was allowed; it was, in fact, a case requiring no Medical or Surgical interference."

Mr. Fletcher in this case acted in accordance with a very sound principle in Surgery, that of letting well alone; and he would be a bold man who would venture to affirm that Mr. Fletcher might safely have withdrawn the portion of gun-breeching from the position in which it had lodged: yet for future guidance in like cases, let us note the issue,—it was the presence of the ounce and a half of iron in Thomas G.'s skull, and its pressure on the brain that caused his death. The prison discipline would have done the man no harm had the foreign body not been in his head: and therefore I would urge in every similar case, that when a hole is found in a person's face or forehead after such an occurrence as the bursting of a musket or fowling-piece at the moment at the person's shoulder, the fact that a foreign body has made the hole, and most probably has lodged itself at the bottom of the wound, should be assumed—a mere explosion of powder without a projectile could not make a round hole in a person's skull—and that projectile, I think, should be at once sought for, by the Surgeon's finger in preference to any probe, if possible; it should be found, and ought to be removed at once. The risk of removal in Mr. Fletcher's case might really have been great; but the proceeding not difficult nor necessarily fatal. The issue would likely have been far more satisfactory. But in the other recorded cases which I have referred to it is unaccountable how a Surgeon could see either of the cases without detecting its nature, and at once proceeding to remove the offending body: one thing is very evident that wounds in the *face*, however ghastly to look at, are not dangerous; and if the presence of such bulky bodies as above described can be tolerated for years, after such extreme violence as must have attended their first lodgment, there need be no hesitancy in at once adopting the necessary Surgical steps for dislodging them.



I annex a sketch of the breeching removed in the case of James Scott, with its measure and weight: a side, and a front view.

Aberdeen.

OZÆNA; OR, FETID DISCHARGE FROM THE NOSTRILS.

By ROBERT DRUITT,

Licentiate of the Royal College of Physicians, London.

MALADIES that are offensive to the smell inflict double torture on patients of refined minds, and this is particularly true in the case of offensive discharge from the nostrils. Not merely is the patient tormented with a constant, hot, nauseous taste, that renders food disgusting; but he is con-

Digitized by Google

scious that his infirmity must be obtruded on every person with whom he speaks, and that his best friends must be inclined to send him to Coventry.

Ozæna is a very common disease among all ranks of society, and, it must be confessed, is intractable enough, so far as perfect cure is concerned. Yet I hope to show that it admits of relief speedily, and of cure in time, provided the patient and practitioner be endowed with the virtue of perseverance, and with faith in one of the elementary principles of chemistry. That principle is this: that an ill odour is not an immaterial abstraction, but is a something physical given off by organic matter in a state of decomposition; and that if the decomposing matter be got rid of the smell will go likewise.

I may seem to be treating of the odour as if that was a specific disease. This is not my meaning. For as I shall show presently, there are several diseased conditions of the nose, attended with foul odour; but I mean that so far as local treatment is concerned it must be calculated to remove or destroy putrescent matter, and may be the same for all, and that unless this condition be attended to, the disease, no matter what its original cause, may be prolonged to an almost indefinite period.

What that local treatment should be may be seen from the following case which I have lately treated:—

A young lady, aged 20, consulted me for an offensive discharge from the left nostril, of twelvemonths' duration. It followed a cold in the head, which had been unusually severe, and attended with much pain in the bones of the face. Since that time she had been infested with nauseous taste in the mouth, stuffiness and obstruction of the nostril, and profuse yellow offensive discharge, sometimes streaked with blood. The stench of her breath was most unbearable. There was no tenderness of the nose nor any other outward sign of disease. Her appetite was bad, and spirits low, inasmuch as she felt herself a nuisance to her friends, and her family doctor had pronounced the case one of disease of the bones, and had prescribed some zinc ointment, which had done no good.

I immediately caused the affected nostril to be syringed by means of a large brass syringe, with warm water, to which a few drops of Condy's disinfecting fluid had been added. Several syringefuls were used without any effect or any decrease of the odour; but after persevering a little longer, the patient blew her nose, and expelled a small fragment of yellow putty-like stuff,—consisting evidently of pus, in that state of decay to which the name yellow, or cheesy-tubercular matter is applied. The syringing was proceeded with, and in the course of half an-hour the nostril was completely emptied of quite a large quantity of this yellow stuff, the fetor of which was so terrible that it clung to the clothes of those present for some hours. The result was, that the nostril was entirely freed from smell, and although there was great irritation, and the eye was rendered very vascular and swelled, the patient expressed herself greatly relieved, and quite comfortable by comparison.

On the following day the irritation had subsided, and there had been no return of ill odour. There appeared some swelling and excoriation at the anterior extremity of the turbinated bone. A small quantity of very dilute citrine ointment was directed to be put up the nostril with a hair pencil every night.

On the eighth day she called, and reported that there had been no return of the ill odour. This case is a good example of its kind; accumulation of muco-purulent matter, following catarrhal suppuration, and keeping up a diseased suppurating state of membrane by its presence.

Slighter and earlier cases of the same class are very common. An ordinary "cold;" *i. e.* catarrhal mucous discharge from nose throat and internal ear is aggravated by a feeble condition of health, or by residence in a damp situation, and is followed by suppuration of one or both nostrils. If the health improves, the malady gets well of itself; or if it comes under treatment early, it is effectually treated without any troublesome local application, as in the following example:

A lady, aged 38, of consumptive family and appearance, consulted me in July, 1858, for offensive discharge from the nostrils, the consequence of a cold that she could not get rid of. There was an immense discharge of yellow muco-purulent offensive matter, and great general debility. She was speedily relieved by bark and nitric acid, ten minims of dilute nitric acid, and an ounce and a half of decoction of yellow bark twice daily; and a visit to Tunbridge Wells completed the cure. Moreover, she inhaled every night the vapour of creosote, ten drops of which were dropped into a large basin of boiling water, so that she might snuff up the steam.

Cases such as these are very common, and very curable by art, if they do not get well of their own accord. But a certain small proportion of them go on to a worse stage; the matter collects and becomes impacted; ulceration follows; and ulceration of the lining membrane of the nose is, as I have ascertained, as a rule, accompanied by the formation of clots composed not only of inspissated muco-purulent matter, but of false membrane. These clots lodge in the nasal cavities; as they increase they give rise to the most painful sense of obstruction and fulness, and it is their decomposition which chiefly causes the horrible fetor of confirmed ozæna. Now on the commonest principles of therapeutics it is evident that the presence of putrescent matter must tend to perpetuate any ulceration, from whatever original cause it may have commenced; and that any plan of treatment which gets rid of this putrescent matter, will afford the best chance of an early cure.

Nevertheless, I have seen abundance of patients during the last few years, to whom the existence of this odious infirmity was absolutely ruinous, and who had been subjected to treatment not only futile, but cruel, as futile treatment is apt to be. One, a young tradesman in Mount-street, cauterised by nitrate of silver; another a milliner in Bond-street, salivated! In both cases, the use of the large syringe, with warm water, brought away fetid clots, and the odour was at once removed for a time.

The most common origin of ozæna, is neglected catarrhal inflammation, in patients of scrofulous habit; and when once established, the bones may participate in the diseased condition. There is a peculiar appearance of the nose, a thickening and quasi-*romanising* of the nasal bones, so that the upper part of the organ looks broad and prominent, whilst the lower part has a sort of pinched or twisted appearance, which characterises the early victims of ozæna. Moreover, there is that terrible aspect of scrofula, which Cullen describes, the swelled columna and alæ nasi, and the swinish pouting of the upper lip, which are realised to the full only in case of scrofulous ozæna.

But an ulcer accidentally produced in a scrofulous patient, and which is hindered from getting well, is one thing; a true scrofulous ulcer, a local organ of elimination of scrofulous poison from the blood, is another thing; the one may be difficult to cure in a given number of weeks, the other too often sure, under any treatment whatever, to drag on for months or years. Yet, whatever may be the ultimate duration of the malady, its most painful feature, the smell, may be at once brought under control, and the same means which accomplish this also relieve other most troublesome symptoms, and expedite the entire recovery.

The ordinary history the patient gives, is, that in addition to the constant effluvium and nauseous discharge, he passes at times portions greater or less of clot or fleshy matter; that there is increased stuffiness, and often very acute pain just before the accumulation of these things, and some relief, possibly some bleeding afterwards. The sense of smell is generally lost, although that of taste remains.

These symptoms may all be mitigated at once, by the use of a large syringe or India-rubber bottle; by means of which the nose should be resolutely sluiced out with warm water, containing ever so little of Burnett's or Condy's deodorising solution; and this should be repeated often enough,—sometimes once a-week, sometimes twice or three times—often enough to keep the cavity free from discharge, and to deodorise any decomposing surface.

As auxiliary measures, the citrine ointment diluted, the vapour of creosote, and other astringents may be of use; and of course such constitutional remedies as may be adapted to relieve any existing cachexia. Bark and nitric acid are my favourite remedies; but the iodide of potassium, cod-liver oil, etc. have their uses.

It must be borne in mind further, that these ulcers have their spontaneous periods of aggravation and subsidence, and that a gorged condition of the alimentary mucous membrane is a sure forerunner of mischief. Whenever, therefore, the health has been a little better, and the appetite keener than usual, and the veins fuller, then is the time to guard against fresh exudations, and to administer a gentle purgative.

Digitized by Google

Moreover in women, it is the natural tendency of every disease of congestion or exudation to be aggravated just before the monthly period. This was very noticeable in a case for which I was consulted in 1856. Jane H., aged 28, had suffered from ozæna for five years. She had not been vaccinated, and her face was scarred with small-pox in her infancy. Her aspect was that of anæmic scrofula. Before the commencement of the ozæna, she was never regular, and was liable to epileptiform seizures; being sometimes found fast asleep on the floor, and not able to give any account of herself. These symptoms were succeeded by attacks of violent pain in the frontal region, with delirium. After one of these, the discharge commenced. It was attended by most nauseous smell at all times, so that it could be perceived by any one who was driving the same open carriage. Her own faculty of smell was lost. The symptoms were worse at the sea-side; and a friend who detailed most of her history, assured me that she could always tell when the menstrual period was approaching, by the increased intensity of the smell. At times there was intolerable pain at the root of the nose, after which, what her friend (who was French) described as *pacquets* of foul-smelling stuff used to pass, and there was some relief for a time. She had undergone much medical treatment, including issues in the arms, which had been inserted by a French physician, and had been kept open for months. I prescribed, as usual, a large syringe, and Burnett's solution. By these means the odour is quite kept under control, although there are tendencies even to this day to a return occasionally.

Some cases of syphilitic ulceration are also attended with ozæna, which arises from just the same conditions as it does in the catarrhal and scrofulous varieties. But in order to prevent repetition, I will give the following narrative in the words of the writer, a rising member of the medical profession, who consulted me at the beginning of this year, and in due time reported progress as follows:—

"March 3, 1858.—Dear Sir,—In accordance with a wish kindly expressed by you that I should report myself within a few weeks from the time of my consulting you about my nose, I am writing to inform you of my present condition. In so doing I am happy to be able to give a favourable account of myself, as although, of course, I could not expect to get entirely rid of such an obstinate disease in such a short time, yet I am very much better. I procured a syringe and the solution of chloride of zinc as you directed, and have applied the remedies pretty assiduously. I soon found the good effect of the larger syringe, inasmuch as it dislodged the clot without difficulty, whereas before I used it, I was obliged to make considerable effort in blowing the nose to dislodge it, which was frequently followed by considerable hæmorrhage and soreness. I can now speak very much better, having nearly lost the nasal twang. There is, of course, some increased secretion still, but it is not of that fetid character it formerly was, and when a clot forms (as it still does occasionally) it is of a different character to what it was before I used the remedies prescribed, it now being considerably less, unmixed with false membrane, and having no vascular points of detachment from the membrane. No more bone has come away, and I have in some degree recovered my sense of smell, being now able to recognise the carminative waters, as peppermint, etc. My general health, too, is much improved."

These are details of treatment, which I believe may be useful to your younger readers. The sum of the matter is this:—

Ozæna is an accidental complication of any suppurating or ulcerative disease of the nose.

It is the tendency of muco pus to accumulate; and it is the tendency of the mucous membrane of the nose, if ulcerated, to exude flakes and clots of lymph or false membrane, which matters putrefy, and cause the smell.

If these putrefying substances be washed away, and the cavity kept clean, there can be no smell; and this process carried out, as I have described it, makes the patient at once more comfortable, and conduces to the radical cure of the ulcer, no matter what the first origin of that ulcer may have been. The requisite constitutional measures should, of course, be used at the discretion of the Practitioner.

Any one who has seen the distress caused by this infirmity in respectable circles will not think these remarks superfluous.

37, Hertford-street, May-fair, W.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL AND THE ROYAL LONDON OPHTHALMIC.

TWO CASES OF PARALYSIS FROM SYPHILITIC NEUROMATA OF THE INTRACRANIAL NERVES.

(Cases under the care of Mr. DIXON.)

A case of ptosis in a man who is the subject of constitutional syphilis, now attending at the Moorfields Ophthalmic Hospital, induced the other day some very instructive clinical remarks from Mr. Dixon, under whose care he was. As in that instance we have no conclusive evidence as to the accuracy or otherwise of the diagnosis, nothing would be gained by our giving its details. We have, however, much pleasure in being permitted by Mr. Dixon to select from his note-book and place before our readers the full particulars of two carefully observed and complete cases in which syphilitic neuromata of certain of the intracranial nerves existed. Very few cases indeed illustrative of this lesion as dependent on syphilis have yet been placed on record. The value of the present ones is also further increased by the careful experiments made as to the effects of the paralysis of the different nerves. This latter subject is one to which Mr. Dixon has paid great attention, and a case in illustration of it and of much interest in respect to the present cases, is recorded by him in the "Medico-Chirurgical Transactions," vol. xxviii. p. 389, and xxix. p. 131. The disease, however, did not depend on syphilis, but was of a malignant nature.

Case 1.—*Tertiary Syphilis.—Paralysis of the left third nerve and blindness on the same side.—Facial palsy on the left side and anæsthesia of the fifth nerve on the right.—Paralysis of the muscles of mastication.—Ulceration of the right cornea.—Death in coma after delirium.—Effusion of pus and of organised lymph at the base of the brain.—Neuromata in the left third, and right fifth nerves.*

John Borman, aged 40, a sawyer, of intemperate habits, had severely suffered from syphilis. He had been salivated, and lost a portion of the lower jaw-bone by exfoliation.

Nine months before he came into St. Thomas's Hospital he was attacked with violent pains in the head, particularly on the left side; and five months later the third nerve was paralysed, and he became blind on the same side.

When he was admitted (on October 17, 1845) the conjunctiva was slightly injected, the pupil widely dilated and fixed, and all perception of light gone. The sight of the right eye was also rather dim.

By the beginning of November he had become very deaf in the left ear: the pain in the head had abated, but had been succeeded by a pricking sensation in the face, especially in the right half of it. Towards the end of the month the pain in the head returned, with occasional delirium. Facial palsy occurred on the left side, while on the right the pricking pain gave place to loss of sensation.

On December 6 the following was the state of the patient:—

Right side—Feeling totally lost in all parts supplied by the first division of the fifth nerve, and much impaired in those to which the second and third branches are distributed. All the muscles of the face perfect in their action, except those of mastication. Sight rather dim, and hearing dull.

Left side—All perception of light gone; the pupil fixed and fully dilated: ptosis palpebræ, permanent abduction of the eye, and all other symptoms of palsy of the third nerve well marked: the fifth unimpaired either in its motory or sensitive portions. Hearing quite lost.

About the end of December the anæsthesia of the fifth nerve on the right side was complete. He could not feel when the anterior part of the right half of the tongue was scratched or pinched, but did so perfectly at the base of the organ. He said he could also taste at the latter part. The ninth pair of nerves remained healthy. The cornea had

Digitized by Google

ulcerated near its lower edge, and the iris had prolapsed so as to efface nearly all the pupil. The injection of the sclerotic was of a dark purplish colour. He could still see light, and distinguish a hand waved before him, as the upper half of the cornea was clear. A small superficial ulcer had made its appearance below the inner corner of the eye, and another at the edge of the nostril. He frequently picked the ulcerated surfaces without being aware of it, from the total insensibility of the parts. A bloody sanies flowed constantly from the nostril.

On the left side, the eye, still abducted, was much protruded from the orbit, and there was serous chemosis of the conjunctiva, the surface of which was so morbidly sensitive that the patient could not bear it touched. The muscles of mastication were much enfeebled, and the temporal could hardly be felt to contract. The teeth were with difficulty brought together, and chewing was impossible.

The pulse was thread-like and feeble. He had frequent pains in the head and occasional loss of memory, and was disturbed at night by frightful dreams.

On January 5, 1846, he was more deaf and difficult to be roused, but gave perfectly clear and correct replies. The pains in the head had increased in frequency and intensity. The muscles of mastication on the left side were now as powerless as those on the right; the lower jaw had dropped, and he could not raise it by any effort. The left eyeball projected more, the chemosis had increased, the pupil was dilated to its fullest extent. The power of abducting the globe was now lost.

The inflammatory process seemed to have ceased in the right eye, the upper half (or rather more) of the cornea was clear, and the contracted pupil could be seen, filled with filmy opacity, and adherent to the capsule of the lens.

The ulcer near the angle of the eye on this side had healed, and there was no longer any sanious discharge from the nostril.

I ascertained the following facts as his sense of taste:—

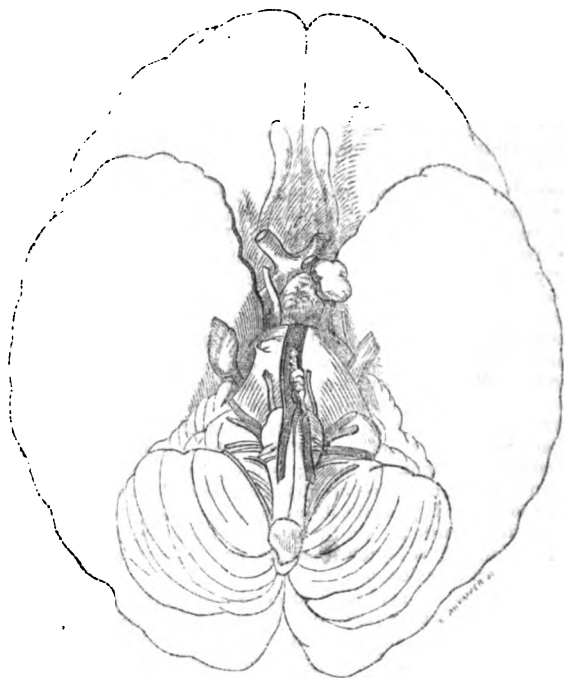
1. Sugar rubbed on base of tongue (right side), tasted sweet.
2. Salt rubbed on base of tongue (right side), tasted *sour*.
3. Sugar to fore part of tongue (right side), no taste.
4. Sugar to base of tongue (left side), tasted sweet.
5. Salt to base of tongue (left side), tasted *sour*.
6. Disulphate of quina to base of tongue (right side), tasted bitter.

The end of a pen was not felt at all on the fore part of the right half of the tongue, but felt readily at the base of the organ on that side; and over the entire left half of the tongue. The motions of the tongue quite perfect.

March 27.—His general appearance had changed for the worse: he was thinner, and very deaf. The only improvement was in the right eye, where the upper part of the cornea had cleared, and the pupil (although irregular, adherent to the cicatrix of the cornea, and obstructed by lymph), enabled him to see my fingers held above his head, and to count them readily. I put several grains of Cayenne pepper between the lower lid and the eyeball without his being sensible of it. They were left there about five minutes, and then wiped away. Although he did not feel anything, the conjunctiva, both of the globe and lid, reddened slightly where the pepper had come in contact with the membrane. No tears followed its application. Nearly all the right ala nasi was gone, and the edges of the gap were smoothly skinned over. Two abscesses had broken in the left cheek, and were discharging abundance of thick pus. The pain in this part had abated. The left eyeball no longer projected, and all the chemosis and redness had disappeared. No doubt these symptoms were dependent upon the caries of the malar bone, as they ceased when the pus had found vent externally. The pupil remained widely dilated, and there was no perception of light in the eye, nor the slightest power of moving it in any direction.

Towards the middle of April the man complained of increased pain in the head. On the 21st he became delirious, and very violent, so that it required the efforts of several persons to keep him in bed. During the night he fell into a state of insensibility, and died comatose on the following day.

Post-mortem examination.—April 22.—Both temporal muscles were so atrophied as hardly to be recognised. There was an effusion of pus between the dura mater and the left hemisphere of the cerebrum. Pus also covered the olfactory nerves, which were matted together, and discoloured from the disease



Woodcut (from a drawing taken at the time), representing the condition of the structures at the base of the brain. By an error on the part of the engraver, the left sixth nerve is shown as if distinct from the mass of deposit on the trunk of the basilar artery. In reality it adhered to it. For description of the other appearances we must refer the reader to the text.

in the dura mater. Just behind the commissure, some reddish material, like condensed cellular tissue, surrounded the left optic nerve and internal carotid artery, and connected them both to a rounded mass, of yellow colour and gristly hardness, the size of a large pea, which was developed in the substance of the third nerve at about a quarter of an inch from its attachment to the crus cerebri. The mass had pressed against the left optic nerve, which was of a greyish tint and rather flattened, before it passed through the optic foramen, but of its normal size and colour in the orbit. The fourth nerve passed unaltered through the yellow mass developed in the third. The sixth, diminished to half its natural thickness, adhered to another deposit of yellow tissue, which was seated on the basilar artery, anterior to the junction of the two vertebrals. The fifth nerve offered nothing remarkable; its fibres, where they spread out into the ganglion, were rather slender, and the ganglion itself somewhat pale. On the right side, the optic nerve was healthy throughout; as also were the third, fourth, and sixth nerves. The fifth, where it came out of the pons Varolii, was diminished to less than a quarter of its normal bulk; but it immediately expanded into a firm nodule of the size of a large pea, slightly flattened in form, which, by its pressure, had produced a small pit at the side of the pons. The nerve then regained its natural appearance, and spread out into the ganglion. This, like its fellow on the opposite side, was pale and rather small. There was nothing unusual in the first, second, and third divisions of the nerve where they passed through the foramina in the sphenoid bone, nor did the ophthalmic and lingual divisions, when they were dissected out in the orbit and in the tongue, differ in any respect from the branches on the opposite side. The seventh, eighth, and ninth pairs of nerves seemed healthy. The facial palsy and the deafness on the left side were perhaps due to caries which may have extended into the internal ear. *Orbits.*—The roofs of these cavities having been raised, the ophthalmic nerves were seen of normal appearance, and both optic nerves of equal calibre. The eyeballs were opened from behind; no difference could be perceived between the deeper textures of the two organs. In both the choroid was of a rust-brown, with a little black pigment about the ciliary processes. The retinæ looked healthy, and the yellow spot was very distinct in each; the

Digitized by Google

vitreous body perfectly clear and colourless; the left lens transparent, and of a pale straw colour; the right lens had the same tint, but was slightly cloudy. The cornea and iris were healthy on the left side. On the right, the lower third of the cornea presented a dense white cicatrix, to which the under edge of the pupil adhered. Sufficient opening, however, was left for the purposes of vision (as has been above noticed). There were two small apertures in the left cheek. A probe, passed into the upper one, touched the roughened floor of the orbit; through the lower one it might be thrust into the carious substance of the malar, superior maxillary, and sphenoid bones. The palsy of the muscles of mastication on this side was probably owing to the disease of the bones having involved the motor cord of the fifth nerve just below the foramen ovale. There was not the slightest difference in bulk between the tubercula quadrigemina on the right and left sides. The roots of the auditory nerves on the floor of the fourth ventricle were very well marked and distinct.

24th.—With Mr. Rainey I examined the deposit under the microscope. That on the basilar artery, and those on the third and fifth nerves, were of a cartilaginous hardness and pale yellow colour. It presented the characters of a mass of granular matter with fibrous structure (areolar tissue) running through it. Some of, apparently, the same deposit taken from the under surface of the pons Varolii had in addition distinct nucleated cells.

Case 2.—Tertiary Syphilis.—Obstinate pain in the right side of head.—Inflammation of the right eye with ptosis.—Anæsthesia of right side of face and paralysis of its muscles of mastication.—Death after more than a year's symptoms.—Neuroma in the right third nerve.—Wasting of the right fifth nerve from the compression of a cerebral neuroma.—The subject of the following case was a most abandoned prostitute, well known at the Borough Hospitals, where she had repeatedly been under treatment for different forms of constitutional syphilis. The first part of the notes of her case refer to a period when she was an in-patient at Guy's six months prior to her death.

It has not been thought necessary, either in this or the preceding case, to encumber the narrative by details of treatment. The usual remedies for the late stages of constitutional disease (iodide of potassium, opium, etc.) were freely had recourse to in both.

Caroline Jones, aged 30, was admitted into the Clinical Ward, Guy's Hospital, on October 3, 1849, under the care of Dr. Addison, and the following are the notes which were preserved of her case:—

"For three years she has had frequent headache. In March, 1849, she had severe pain in the back of the head, which was relieved by a blister. The relief was, however, only temporary, and the pain returned with greater severity, affecting the right supra-orbital region, and the right side of the face. She was then admitted into St. Thomas's Hospital: left the Hospital May 28, relieved. On returning home she states that she took cold, the pain returned, and she had inflammation of the right eye with double vision: she then went into the country. In the beginning of June she experienced numbness of the whole right side of the face. In August returned to London, and the right eyelid then began to droop; this paralysis gradually increased, and for three weeks before admission into Guy's she had complete ptosis.

"The pain in the head had left her until the middle of September, when it returned on the left side, with tingling, coldness, 'pins and needles,' and occasionally throbbing pain on the left side of the face. There is loss of sensation on the right side of the face as far as the median line. In the course of the first and third divisions of the fifth the anæsthesia is complete, in that of the second division it is incomplete. Slight sensation over the malar process. The right muscles of mastication are paralysed, and wasted. The tongue is anæsthetic on the right side.

"No loss of hearing, or of vision, but both eyes are prominent, and the right fixed; pupils moderately large, but the right unacted upon by light; the left contracts slightly under a strong light. There is also inability to abduct the left eye. The cornea of the right eye is opaque.

"The third, fourth, fifth, and sixth nerves, on the right side, and the sixth on the left, appear to be affected.

"She has throbbing, creeping pain over the scalp, especially the left side, also pain in the left eyeball, and occasionally on the left side of the face. The pain is increased by warmth, and prevents sleep at night. She suffers from giddiness, and has ringing noise in the right ear.

"There is no evidence of thoracic or abdominal disease.

"October 9.—Complains of throbbing pain in the scalp, and boring pain at the vertex.

"19th.—There appeared to be some improvement. Slight motion of the right eye; able slightly to raise the eyelid after continued effort. The left eye is also improved.

"25th.—Improvement, though very slight, continues.

"November 12.—For a short time she had slight difficulty in swallowing. The galvanic moxa was subsequently applied to the temples, and apparently with benefit. The improvement slowly increased, so that before leaving the Hospital, February, 1850, she could raise the right eyelid, and had regained partially the muscular movements of the eyeball; the pupils became more obedient to light; her general health was tolerable, but she often complained of weakness."

Having, as above stated, been discharged from Guy's in February, this patient remained at home for two months. She then obtained admission, in a much worse state of health, under the care of Mr. South, into St. Thomas's, where she died a week later. The following are the particulars of the autopsy.

Body well formed and plump. Large scars in each groin. The dura-mater appeared healthy, except at two spots—namely, on the middle line of the basilar process of the occipital bone, near its junction with the sphenoid; and from about the posterior lacerated foramen on the left side to a distance of two inches down the spinal canal. In the former situation, a red mass, about the size of a split pea, grew from the membrane, and had made a little indentation in the walls of the basilar artery and adjoining portion of pons Varolii. To the naked eye this little red mass had the appearance of very vascular encephaloid deposit. It was a patch of the same deposit, about ¾ in. broad, and 2 lines thick, which reached, as above noticed, some way down the spinal canal. Both masses seemed to be between the dura-mater and arachnoid. The right cornea was semi-opaque at the upper part, its lower half densely so and softened. Flaky pus floated in the fluid of the anterior chamber. Left eye healthy.

Olfactory nerves healthy. Optic nerves unchanged at entry into orbits and at commissure. Right third nerve, at half-an-inch from its origin from the crus cerebri, swelled out into a neuroma of a grey tint and gristly hardness; at the sphenoid fissure the nerve regained its natural diameter. Left fifth nerve and its ganglion healthy. Left third nerve unchanged. At the anterior and inner angle of the right middle lobe of the cerebrum there was a slight bulging, caused by a tumour imbedded in its substance. It was about the size of a large pea, and very hard, the cerebral substance, for the distance of half-an-inch around it, softened and grey. This tumour had compressed the fifth nerve against the pons Varolii. The trunk of the nerve, from its emergence to its entrance into the foramen of the dura-mater, was wasted to a third of its natural thickness. The Casserian ganglion was reduced to a mere rudiment, hardly traceable. Pericardium healthy. Heart rather flabby and dilated; the right side contained clots. Valves healthy. Atheromatous patches about the origin of the aorta. Left lung congested; right also, and here and there solidified. A few softened patches, which gave out pus on pressure.

Nothing worthy of notice in the abdomen.

HOSPITAL NOTES.

TREATMENT OF TÆNIA.

THERE are few circumstances more discouraging to the zealous cultivators of therapeutic science, than the so frequent introduction of new and much vaunted remedies, which prove on fair trial not to be so good as the old ones they had temporarily displaced. A woman, who is attending at the Ophthalmic Hospital, on account of an irritable form of ophthalmia believed to be connected with tape-worm, came under our notice the other day. In the first instance large portions of the beast had been got away by the old turpentine and castor-oil draught. Then kousso had been prescribed, and the woman had taken four doses of this remedy (obtained from Allen and Hanbury's) without any effect. The

Digitized by Google

symptoms continuing kameela was now prescribed, and large fragments were again obtained. We should not mention a single case of this kind, were it not that a strong impression is entertained by several Hospital Physicians of large experience, that it is not an exceptional one, but quite in accordance with rule. We have been assured by one gentleman, whose facts we hope very shortly to be enabled to record, that not only is the kousso inferior in vermifuge properties to kameela, but that both are wholly put in the shade by the old-fashioned oleum filicis maris. The latter he regards as a true vermicide, whilst of the kameela he believes that its properties are merely those of a brisk purgative, and that it is consequently only a vermifuge.

ALOPÆCIA AND LOCALISED HEADACHE COINCIDENT WITH TAPE-WORM.

At page 240 of Küchenmeister on Parasites (Sydenham Society's Translation), will be found the following:—"Dr. Ficinus of Stolberg, supported by abundant observations, regards habitual cephalea in the crown of the head as dependent upon tape-worm. He found this symptom almost always accompanied with tape-worm, although only in women." Dr. Küchenmeister adds, "This symptom has not occurred to me." On Tuesday last a woman, aged 42, presented herself in Mr. Hutchinson's out-patient's room at the Metropolitan Free Hospital, on account of a large patch of alopæcia on the vertex of the head. A surface as large as the palm of the hand was perfectly denuded of hair; it extended rather to the left side than in the exact middle. The hair over the whole scalp was much thinned, and had recently fallen off. The woman appeared in fair health, but stated that for a year back she had been tormented by wearing headache, the pain being almost limited to the part which had now lost its hair. The hair had been falling for about three months. Asked if she had ever passed worms; she replied that Dr. Staveley King had been treating her for tape-worm for two months past, and by giving kameela had got long portions away. The headache as yet does not appear to have been materially benefited by the anthelmintic; but very possibly other portions of the parasite yet remain. We record the case, although an isolated one, in order to draw the attention of our readers to Dr. Ficinus' important practical observation.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, OCTOBER 23.

NEW POSITION OF THE ARMY MEDICAL DEPARTMENT.

When the Report of the Commission appointed to inquire into the Sanitary condition of the Army was presented to Parliament in February last, the attention of the public was so completely absorbed in the important question how to diminish the mortality among our soldiers, and place them at least on a footing of equality in that respect with their brethren in civil life, that all the other subjects discussed in the Report were for the time set aside, and appeared to run considerable risk of being overlooked or forgotten. Among these, one especially appeared to merit early and careful consideration. It was stated in evidence before the Commission that it was difficult, if not impossible, to procure the services of a sufficient number of well-educated qualified Medical men for the army; and some of the most eminent teachers gave it as their opinion that the pay and position of the Medical Officers were not such as to induce a good class of students to enter the Department. With a view to remedy this, the Commissioners strongly recommended among other measures an increase of pay and half-pay, higher rank more clearly defined, and a fair share of those honorary rewards which among military men are prized more highly than any emoluments. For a time these recommendations were apparently unnoticed, and with the exception of a question once or twice put in the House regarding a warrant supposed to have gone amissing, and to which the ordinary stereotyped official answer was returned, nothing was heard regarding the improvement of the condition of the Medical Officers. It would appear, however, that though postponed during the press of Parliamentary business the subject was not forgotten, and the warrant now published proves that General Peel has acted in a liberal and enlightened manner, likely to give satisfaction to the Department, and to regain for it the popularity as a branch of the public service which it formerly enjoyed. As we have endeavoured on all fitting occasions to bring forward the grievances of the Army Medical Officers with a view to assist in obtaining their removal, we think it but due to General Peel to point out the measures he has taken to effect this desirable object. He has adopted, almost without alteration, the scale of pay and half-pay submitted to the Commission by Mr. Alexander, now the Director-General of the Department,—a scale which, looking alike to the interests of the public and the Medical Officer, we consider to be very fair, and such as ought to satisfy reasonable men. The relative military rank of the Medical Officers has also been raised in all the grades, and has been clearly defined, so that it cannot in future be the mockery which, under some commanding officers, it was formerly made. Nor is this rank a mere honorary matter, but it entitles its possessor to substantial benefits in the choice of quarters, rates of lodging allowance, fuel, light, and prize money, and his widow, if he leave one, to an increased rate of pension. The warrant also lays down specific rules for promotion, reduction, and restoration to full pay, thus abolishing one of the grievances most loudly complained of by the witnesses before the Commission.

The rank of Staff-Surgeon of the first class is abolished by the warrant, and at first sight this appears to be a drawback as diminishing the number of officers of the administrative ranks. This, however, is more apparent than real; the grade was so ill defined that it was sometimes held to be administrative and sometimes executive. As it is now abolished, a larger number of deputy-inspectors must be employed, by which promotion will be increased, while the rank of Surgeon-major, conferred upon all officers above twenty years' service, is far more than a compensation considered as an executive rank.

The warrant provides for the admission of Medical Officers into the army by competitive examination, and implies the intention of Government to establish lectures on military medicine, surgery, and hygiene, in one of the general military hospitals. The details of this, however, are not given, and will probably be left to the Director-General to arrange.

The Warrant will be found entire in another column. It appears to us remarkable for the honesty and liberality with which the recommendations of the Commission relating to the *personnel* of the Army Medical Department are carried into effect. There are still some measures required as to inspections, confidential reports, etc.; but they

Digitized by Google

come rather within the sphere of action of the Director-General than the scope of a Royal Warrant. Upon all of them the present head of the Medical Department has recorded his opinions in the Report of the Commission; and as he has already shown his determination to act up to the principles he there advanced, we have no fear but that they will be introduced as rapidly as the nature of the service will permit, and the difficulties necessarily attendant upon the introduction of a new system can be overcome. The best thanks of the Department are due to General Peel for his attention to their wishes and wants; and we feel certain that the Medical Officers will prove by their efficiency, intelligence, and zeal that they are in every respect deserving of the interest he has taken in their welfare, and the justice he has obtained for them. There are now several vacancies for the rank of Assistant-Surgeon; and the new position of the Department is such, that we deem it a duty to direct the attention of young Medical men to the great advantages they may attain with the rank of a Medical Officer in the Army.

ALLEGED MALAPRAXIS BY HOMŒOPATHIC PRACTITIONERS IN NORWICH.

An inquest has just been held in Norwich on the body of a young person who had been under the care of two homœopathic practitioners, but who subsequently was treated by Mr. Cadge, and died from the effects of a strangulated hernia. The facts of the case are as follows:—On Monday, September 27, the patient suffered from vomiting and other symptoms indicating disease of the bowels, and on the following Tuesday a homœopathic practitioner was called in to attend her. He most probably prescribed the infinitesimal globules, but we are not informed upon this point. On the Saturday after there was stercoraceous vomiting, and *a swelling as large as a full-sized hen's egg was discovered in the left groin*. When this discovery was announced to the homœopath, he expressed himself as very sorry, stating *that he had been acting in the dark*, examined the tumour, but did nothing. On Sunday he called in another homœopath, and they both examined the tumour, and ordered *the application of wet cloths*, and an injection which brought away a small quantity of feculent matter, but did not relieve the vomiting. On Monday the two homœopaths thought the patient better, and gave her some globules. On Tuesday it struck them that the tumour might possibly be a strangulated hernia, but that the symptoms were too doubtful to enable them to form a decided opinion. Under these circumstances, it was proposed that another opinion should be obtained; and after some attempt on the part of the globulists to obtain the services of a Surgeon who did not object to meet homeopaths in consultation, it was determined to call in Mr. Cadge, who enjoys a high and well-merited reputation as a Surgeon in Norwich. When that gentleman saw the patient, he found undoubted evidence of a strangulated hernia, which was now in a state of mortification; and although the case was almost hopeless, he immediately proceeded to operate. He found the intestine incarcerated and mortified; and he was, of course, unwilling to return it into the abdomen. The patient died the next morning, and upon the *post-mortem* examination, it was found that the abdomen was distended and the peritoneum inflamed, the parts around the hernia intensely inflamed, and the ruptured gut itself in a state of mortification. Under these circumstances, Mr. Cadge and Mr. Dalrymple both gave it as their opinion that the operation ought to have been performed on the Saturday, when the tumour was first discovered, and that if it had been then performed the girl's life might have been saved; they also thought that there was no doubt whatever in the case. After a great amount of evidence had been given, the jury returned the very mild verdict, "That the deceased died by the visitation of God; but that they could not separate without expressing their regret that the homœopaths did not discover the nature of the disease." The *Norwich Mercury*, to which we are indebted for a most excellent history of this distressing case, gives the following remarks, among others, in a leading article on the subject:—"We will suppose for an instant that it was a pardonable fault to have overlooked the nature of the case for several days; was it not a greater error, *when the mistake was pointed out and its dangerous nature ascertained*, to dally with the patient, and trust to a modicum of medicine, a millionth, or a trillionth part of a grain, to avert a danger which had placed human life in such imminence, by allowing the dreadful consequences of mortification to arrive before calling for other aid? . . If the verdict wants anything it is, 'that the operation should have been performed on Saturday.' But we feel sure that, although this is wanting, the public will see, or we are much mistaken, that the only chance of life was in the operation being performed upon the instant. *The publication of the evidence will be the best condemnation.*" We entirely concur in this remark, and shall offer no comments upon the case. In the course of the proceedings, the lawyer who appeared for the homœopaths in trying to bamboozle Mr. Dalrymple, put to him the following question in reference to this Journal: "Are you aware that the *Medical Times and Gazette* says that homœopathy is one of the most ridiculous and contemptible forms of quackery?" to which Mr. Dalrymple promptly replied, "I am not aware that it says so; but if it does, I entirely agree with it."

THE WEEK.

Before this week's number is in the hands of most of our readers Dr. Watson will, in all probability, be the elected representative of the College of Physicians in the Medical Council. We have already congratulated our readers on this choice of the College. It was known early in the week that Dr. Watson had consented to accept this mark of the confidence of his Professional brethren, and that Dr. Burrowes had stated that his engagements would not permit him to devote sufficient time to the meetings of the Council should he be elected. The Council will very soon be complete. Next Friday, the 29th, is fixed for the Cambridge Election, the Senate having been summoned to a poll between 10 and 11 a.m. and 2 and 3 p.m. With regard to the Crown nominees, it is understood that Dr. Stokes and Dr. Christison have accepted and received their appointments for Ireland and Scotland, although this has been denied, as Mr. Bathurst, Clerk of the Privy Council, has addressed a letter to the various bodies, asking for the names of their delegates before recommending any one to Her Majesty. The four English members named are, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, and Mr. Simon; but Mr. Walpole will not announce the final decision of Government until the result of the College and University Elections be made known. As there is still time for modification, we may express what we believe to be a very general feeling, that one Government appointment is enough for one man; and that however eminent Mr. Simon may be in his own department, the place prepared for him in the New Council would be filled with greater satisfaction to the Profession by some General Practitioner of eminence. The example of the Manchester Medico-Ethical Association in memorialising the Home Secretary might be followed with advantage, as recommended in a letter which may be found in another column.

The result of a very successful trial of M. Falcony's mode of preserving dead bodies was seen at the Grosvenor-place

Digitized by Google

School on Tuesday. A body was brought to the school on the 24th of September in a state of decomposition so advanced as to be quite unfit for dissection. It was covered with M. Falcony's powder, and left in an open coffin until Tuesday last, when it was inspected in the presence of a number of scientific and literary men. There had not been the least offensive odour in the room in which the coffin was kept, and the body on Tuesday was quite free from odour. The powder used contains a large proportion of dried sulphate of zinc; this is mixed with common sawdust of white pine before covering the body. The rationale of the process is easily understood. The sawdust keeps the oxygen of the atmosphere from access to the body, and the emanations from the body are oxydised in the sawdust by the atmospheric oxygen. Hence there is no escape of the fœtid gases. Then internal decomposition is prevented by the sulphate of zinc absorbing the water of the body, deliquescing, and recrystalising as hydrate—probably with seven equivalents of water of crystalisation. Whether this explanation be correct or not, there can be no doubt whatever that the process is a cheap, safe, and effectual one, perfectly fulfilling its intended object; and we feel sure that the adoption of such a process with all our dead, would tend to protect the living from cadaveric poisoning of the air we breathe and the water we drink.

A very handsome volume—the ninth—of "Transactions of the Pathological Society of London" has been distributed to the Fellows during the week. It is illustrated by thirteen beautiful plates, and seventeen excellent woodcuts, called *lignographs*. Why such a barbarous bastard word should have been coined we cannot conceive. *Woodcut* is good English, and intelligible to most people; but if we must rob the dead Greeks of their language, why do it by halves? *Xylograph* would be far better than a mongrel of Greek and Latin. Passing over this little blemish, however, the volume is one of which the Society may be justly proud. To say nothing of the sterling value of the contents, and looking, as the purchasers of penny papers are said to do, chiefly for a "good penn'orth," we can say that the Fellows of the Society have got a real good guinea's worth for their guinea. They have a most valuable work of reference, and an ornament to the shelves of their library. Moral—If some three hundred and fifty subscribers of one guinea annually can obtain such a prize as this, what might not the two thousand members of the British Medical Association obtain for their united guineas, if the money were expended in a similar manner, if original observers were encouraged, and if the energies of the able Editor of their paper were directed to the preparation of annual volumes of Transactions, instead of being wasted in the ineffectual effort to maintain even a second-rate position as a weekly journal, while the association is reduced to the position of a trading firm only saved from bankruptcy by the contributions of advertisers?

A discussion of some interest took place on Monday at Cambridge, upon the new regulations respecting degrees in Medicine. It was proposed that three years' Medical study should be required of candidates for the degree of Bachelor of Medicine. Dr. Paget thought the period of four years, required at London and Dublin, not too long. Dr. Drosier thought that as five years was the time devoted to Medical study, and the University did not recognise the right of Bachelors to practise, it was a matter of indifference whether the period was divided into three years and two, or four and one. After further discussion as to compulsory attendance on lectures and other matters, it was agreed to refer the matter again to the Council.

Mr. Edward Tennyson Conolly, of the Inner Temple, Barrister-at-law, son of Dr. Conolly, has just brought out a very sensible and well-timed pamphlet, entitled "Suggestions for the Amendment of the Laws relating to Private Lunatic Asylums." He defends these asylums from the recent attacks of the press—shows that lunatics kept hid away at home in charge of servants, and without proper inspection, are in every respect the worst cared for, and least likely to recover—but admits that some modifications of the lunacy laws are necessary. These alterations are precisely those we have in these columns shown to be necessary. The proprietor or resident-director of every asylum should be a Medical man of some experience in lunacy. A licence should only be granted by the Commissioners after careful preliminary inquiry and inspection. The forms for the admission of patients should be amended, and rigidly observed. Every patient should be visited by some official inspector, within seven days after his admission to any asylum. To render the detention of sane persons or recovered patients impossible, an increase in the number of inspectors is absolutely necessary. The power of the Commissioners should be extended over the whole kingdom, and the whole of the duties now imposed upon justices of the peace with respect to lunatics should be transferred at once to the Commissioners. The increased expense would not exceed £11,000 per annum, and this Mr. Conolly shows might be entirely covered by taxing the proprietors of lunatic asylums two and a-half per cent. upon the annual payments of their patients. The alterations in the Lunacy Acts necessary for carrying out these suggestions, would be merely verbal or matters of form; and Mr. Conolly very properly recommends that the Government should prepare an efficient Bill amending the present laws, and secure its passing through Parliament, rather than consent to a Committee of Inquiry, and waste time by interminable evidence, ending in a voluminous report, and a postponement of necessary reform. A well-considered Bill, forestalling the motion for a Committee, would earn for the Government the gratitude of the nation. Mr. Conolly has expressed all this far better than we can, and we recommend his pamphlet to those interested in the subject.

Now that the College of Physicians has seriously set to work to put its house in better order, we trust that amongst so many other matters which will require refurbishing, the position of the Members—the Licentiates and Extra-Licentiates of the College — will receive due consideration. Nothing can more clearly show the anomalous and improper position of the great body of the Licentiates, than the fact that their feeling towards the College is not a friendly one—to use a very mild and gentle term. We may be very sure that some injustice is lurking somewhere in the connexion between the College authorities and its Members, when such a wide-spread feeling of discontent prevails; and this something ought to be sought out and instantly removed. Where should the College more naturally seek for comfort and consolation in its hours of distress than from its own progeny? But its children are not its best solatium. The fact is sure and patent. And equally sure is this other, that so large a body as is represented by the Licentiates and Extra-Licentiates would not feel ill towards the College, unless driven to this state by some unkindness. Heretofore Physicians in London have joined the College, not so much from any love of the thing, as from the necessity of their position. Those who have been connected with hospitals have, it is true, looked forward to a higher position, and have contentedly bided their time, pretty sure of its advent. But what has been the position of those who had not these views before them, and of so many of the members in the country? Why, once their Licentiateships obtained, they felt themselves completely severed from all ties with the College. They paid

Digitized by Google

their heavy fees with no light hearts, and turned their backs for ever on the gloomy edifice in Pall-mall; and why? Because the College shut its doors upon them. We know that justice is not always done; and that due encouragement to its members has not been held out heretofore by the College authorities in Pall-mall. At this moment we are acquainted with a highly accomplished Physician to a country hospital, who many years ago passed as a Licentiate,—not as an Extra-Licentiate—because he naturally looked forward to attaining the position of Fellow; but with him, as with so many others, it has been out of sight out of mind. Now we would suggest to the College authorities whether they could not at once by a most trifling sacrifice, or rather by doing a simple act of justice, gain for themselves much of the good-will of the Members, now wanting towards them. This Act is the throwing open of the museum and the library to all members of the College. It really does seem outrageous to those who hear the fact for the first time, that the members of the College have not the use of their own books and preparations. Again, we would suggest that the new Fellows should be elected by the Fellows at large. We could, if we were inclined, give plenty of proof that the present system of election is most faulty; so faulty, that it could not by any chance be worse if carried out by the whole body of Fellows.

The appeal of the Meteorological Observers to the Registrar-General has been successful. Dr. Barker, of Bedford, has received the following reply from Major Graham:—

"General Register Office, Somerset House,
"9th October, 1858.

"Sir,—I will thank you to inform the gentlemen who contribute their observations on Meteorology to be published in my Quarterly Reports, that the Lords Commissioners of Her Majesty's Treasury, upon reconsideration of the case, have permitted me again to have the pleasure of transmitting gratuitously to the Observers my Quarterly Reports, in which I have for several years recorded the results of their investigations.

"Perhaps all the Observers may not be aware how necessary it has been for Her Majesty's Government to check the gratuitous circulation of documents printed at the expense of the public—the expense so incurred having in some late instances been prodigious.

"For example, the Report and Evidence of the Commission of Inquiry into Endowed Schools in Ireland—a subject of no very peculiar interest to the inhabitants of England and Wales and Scotland—the number of copies gratuitously distributed was 2500; the weight of paper 34 tons; the cost to the public £5201 2s. 2d. It appears to me that some stringent measure was called for to check such an abuse. But it has also always appeared to me that an exception might have been made with respect to the trifling matter of circulating amongst the Meteorological Observers four times in each year, my Reports costing only a few pence. I am happy to find that the Lords of the Treasury now entertain the same opinion.

"I have the honour to be, Sir,
"Your faithful servant,
"George Graham,
"Registrar-General."

"Dr. Barker, M.D., Bedford.

This is red-tape all over. Because 34 tons of trash were given away to people who did not want it, scientific men were to be charged for copies of their own reports; and it was only by threats that the sapient Treasury Clerks were brought to exhibit a spark of reason.

RANK OF ARMY SURGEONS.

The following warrant was issued on Thursday morning, Oct. 14:—

"VICTORIA R.

"Whereas we have taken into our consideration the recommendations of the commissioners appointed by our authority to inquire into the regulations affecting the sanitary condition of our military forces and the medical treatment of the sick and wounded of our army, our will and pleasure is that from and after the date of this warrant the following rules shall be established for the future admission, promotion, and retirement, and the pay, half-pay, relative rank and allowances of the medical officers of our army, and that by these rules our Commander-in-Chief shall govern himself in recommending officers for admission, promotion, and retirement.

"1. The grades of medical officers in our army shall be four in number—viz.:—

"(1.) Inspector-general of hospitals.

"(2.) Deputy-inspector-general of hospitals.

"(3.) Staff or regimental surgeon, who after 20 years' full-pay service in any rank shall be styled surgeon-major.

"(4.) Staff or regimental assistant-surgeon.

"2. No candidate shall be admitted to the competitive examination for a commission in the Medical Department of our army who does not possess such a certificate or certificates as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as assistant-surgeon until he shall have satisfactorily passed an examination in military medicine, surgery, and hygiene, after attending the authorised course in a general military hospital.

"3. No assistant-surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as our principal Secretary of State for War may require, and shall have served on full-pay with the commission of assistant-surgeon for five years, of which two shall have been passed in or with a regiment.

"4. A Surgeon, whether on the Staff or attached to regiments, must have served ten years in the army, with a commission of full-pay, of which two must have been passed with the rank of Surgeon in or with a regiment, before he will be eligible for promotion to the rank of deputy inspector-general of Hospitals.

"5. A deputy inspector-general of Hospitals must have served five years at home, or three abroad, in that rank before he shall be eligible for promotion to the rank of inspector-general.

"In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for our Secretary of State for War to shorten the several periods of service above-mentioned, in such manner as he shall deem fit and expedient.

"6. Assistant-Surgeons shall, as a general rule, be promoted to the rank of Surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence or misconduct. In cases of distinguished service, however, an Assistant-Surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation, in which the services of the officer shall be detailed, shall be published in the General Orders of the Army and in the *Gazette* in which his promotion appears.

"7. All promotion from the rank of Surgeon to that of deputy-inspector, and from the rank of deputy-inspector to that of inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of Surgeons, whether styled Surgeons or Surgeon-Majors.

"8. The rates of pay of the Medical Officers of our army shall be in accordance with the following schedule:—

—	After 30 Years' Service on Full Pay.	After 25 Years' Service on Full Pay.	After 20 Years' Service on Full Pay.	After 15 Years' Service on Full Pay.	After 10 Years' Service on Full Pay.	After 5 Years' Service on Full Pay.	Under 5 Years' Service on Full Pay.
	£ s. d.	£ s. d.	£ s. d.	s. d.	s. d.	s. d.	s. d.
Inspector-General ...	2 5 0	2 5 0	2 0 0a	—	—	—	—
Deputy-Inspector-General	1 14 0	1 10 0	1 8 0a	—	—	—	—
Surgeon-Major ...	—	1 5 0	1 2 0	—	—	—	—
Surgeon	—	—	—	18 0	15 0a	—	—
Assistant-Surgeon ...	—	—	—	—	13 0	11 6	10 0

(a) Or on promotion, should those periods of service not be already completed.

Digitized by Google

"9. In addition to the pay of their ranks, officers at the head of the Medical department on foreign stations shall receive allowances at the under-mentioned rates, when serving under the following circumstances, viz.:—

"If with an army in the field of 10,000 men or upwards, 20s. per day.

"If with an army in the field of 5000 men or upwards, 15s. per day.

"If with an army in the field of any less number, 10s. per day.

"If serving in a colony where the forces consist of 1500 men or upwards, 5s. per day.

"10. After the date of this warrant every Medical officer placed on half-pay by reduction of establishment, or on the report of a Medical Board, in consequence of being incapacitated by reason of ill-health, caused by wounds, or brought on by the discharge of his duties, shall be allowed the half-pay to which his period of full-pay service may entitle him, according to the following schedule:—

—	After 30 Years' Service on Full Pay.	After 25 Years' Service on Full Pay.	After 20 Years' Service on Full Pay.	After 15 Years' Service on Full Pay.	After 10 Years' Service on Full Pay.	After 5 Years' Service on Full Pay.	Under 5 Years' Service on Full Pay.
	£ s. d.	£ s. d.	£ s. d.	s. d.	s. d.	s. d.	s. d.
Inspector-General ...	1 17 6	1 13 6	1 10 0	—	—	—	—
Deputy-Inspector-General	1 5 6	1 2 6	1 1 0	—	—	—	—
Surgeon-Major ...	—	0 18 6	0 16 6	—	—	—	—
Surgeon	—	—	—	18 6	11 0	—	—
Assistant-Surgeon ...	—	—	—	—	10 0	8 0	6 0

"11. With a view to maintain the efficiency of the service all Medical officers of the rank of Surgeon-Major, Surgeon, or Assistant-Surgeon shall be placed on the retired list when they shall have attained the age of 55 years, and all inspectors-general and deputy inspectors-general when they shall have attained the age of 65 years.

"Officers thus superannuated shall be entitled to the rates of half-pay stated in the preceding schedule.

"12. Every Medical officer who shall have served upon full pay for 25 years and upwards shall have the right to retire upon half-pay, at the rate of seven-tenths of the daily pay he was in receipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for ten years in the colonies, or five years with an army in the field. But if he shall not have complied with any one of these conditions he shall be entitled only to half-pay at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

"13. Every Medical officer thus claiming to retire must give six months' notice to the head of his department of his intention to claim this right prior to his being allowed to retire; and no Medical officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

"14. If a Medical officer is placed on half-pay from any other cause than those hereinbefore named he shall only be allowed a temporary rate of half-pay (not exceeding the rates stated in Clause 10) for such period and at such rate as shall be assigned to him by our Secretary of State for War, on a consideration of the length and character of the services rendered to the public by such Medical officer.

"15. On reduction of establishment the Surgeon and Assistant-Surgeon who are junior in the ranks shall be the first reduced, and on restoration to full pay the reduced officers who are senior in their rank shall be the first restored.

"16. The relative rank of the Medical officers of our army shall be as follows:—

"Staff or regimental Assistant-Surgeon as a Lieutenant, according to the date of his commission; and after six years' full-pay service as Captain, according to the date of the completion of such service.

"Staff or Regimental Surgeon as Major, according to the date of his commission; and Surgeon-Major as Lieutenant-Colonel, but junior of that rank.

"Deputy Inspector-General of Hospitals as Lieutenant-Colonel, according to the date of his commission; and after five years' full pay service as Deputy Inspector-General as Colonel, according to the date of the completion of such service.

"Inspector-General of hospitals as Brigadier-General, according to the date of his commission, if with an army in the field, or after three years' full pay service as Inspector-General as a Major-General, from the date of his joining such army in the field, or according to the date of the completion of such service.

"17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of Courts-martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention, and prize money. But when a Medical officer is serving with a regiment or detachment the officer commanding, though he be junior in rank to such Medical officer, is entitled to a preference in the choice of quarters.

"18. Medical officers shall be entitled to all the allowances granted by our warrant of the 13th of July, 1857, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"19. Their families shall in like manner be entitled to all the allowances granted by our warrant of the 15th of June, 1855, to the families of combatant officers holding the same relative ranks.

"20. Medical officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the conditions and restrictions laid down in our warrant of the 1st of July, 1848:—

DAILY RATE.

	Ordinary.	Extraordinary.
REGIMENTAL.	s. d.	s. d.
Assistant-Surgeon, under six years' service	1 0	2 0
Assistant-Surgeon, above six years' service	1 6	2 6
Surgeon	2 6	4 6
Surgeon-Major	2 6	4 6
STAFF.		
Assistant-Surgeon, under six years' service	1 6	2 6
Assistant-Surgeon, above six years' service	2 0	3 6
Surgeons...	3 0	5 0
Surgeon-Major	3 0	5 0
Deputy-Inspector-General, under three years' service...	4 6	7 6
Deputy-Inspector-General, above three years' service...	6 0	10 0
Inspector-General of Hospitals	9 0	15 0

"21. Surgeons or Surgeons-Major of Infantry regiments shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

"22. All Staff-Surgeons of the first class and Senior Surgeons of Artillery now serving, or who, being now on half-pay, shall hereafter be called upon to serve, shall rank as Surgeons-Major from the date of their commissions as Staff-Surgeons of the first-class, or Senior Surgeons of Artillery, and shall receive the pay of Surgeon-Major according to the foregoing schedule of full-pay from the date of this warrant, or from the date of being called from half-pay to full-pay; and all surgeons who have already completed 20 years' full-pay service, or upwards, in any rank, shall have the rank and pay of Surgeons-Major from the date of this warrant.

"23. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank (b).

"24. A Medical officer, retiring after a full-pay service of 25 years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half-pay.

"25. Good service pensions shall be awarded to the most meritorious Medical officers of our army under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State for War.

"26. Six of the most meritorious Medical officers of the

(b) This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of the "Queen's Regulations for the Army."

Digitized by Google

army shall be named my Honorary Physicians, and six my Honorary Surgeons.

"Given at our Court of St. James's this 1st day of October, 1858, in the 22d year of our reign.

"By Her Majesty's command, "J. PEEL."

REVIEWS.

The Pathology and Treatment of Stricture of the Urethra. By Henry Thompson, F.R.C.S. Second Edition. 8vo, pp. 420. London: 1858.

When noticing the first edition of this work we had to speak very favourably of it. The author has now given to the Profession the results of a more mature experience. The work has been considerably extended, and on one or two points of importance observations and illustrations are given at greater length.

With regard to the locality of stricture, the author, who has investigated this matter carefully, has come to the conclusion, which is undoubtedly the correct one, that the bulbous portion is that most frequently affected. In the first edition he had stated that "the junction (between the bulb and membranous portion) itself, is the point at which stricture is most frequently situated."

In the chapter, "On Treatment by Dilatation," there is a considerable amount of new matter, and the very judicious observations of the author cannot be studied without pleasure or profit. With reference to the employment of caustics Mr. Thompson appears to entertain the same opinions as before—that they are to be avoided as much as possible.

In the chapter, "On Internal Incisions," much new matter has been added; and we are not surprised to find that the author has devoted a very large proportion of his work to the consideration of the treatment by "External incision." As a considerable portion of the chapter has been rewritten, and great pains have evidently been taken with it, we shall look a little closely into the inquiry as to the merits of the operation especially recommended by Mr. Syme.

In the first place, we must premise that Mr. Thompson had expressed himself in his first edition as strongly in favour of this proceeding. His views have undergone no change. He has, after very mature consideration, stated his conclusion that in certain cases the operation is warrantable, and a safe and efficient mode of treatment.

He has not come to this conclusion without some experience of external incision on his own part. He has, moreover, endeavoured to furnish the materials for arriving at a correct estimate of this mode of treatment by enumerating the cases which had been operated upon by various London and other Hospital Surgeons.

"I have made it my business to write or see personally every Surgeon who has performed the operation, as far as my means of inquiry enabled me to ascertain; and from almost every one I have received a prompt and full reply."—P. 276.

Now, great credit is due to the author for an investigation which must have, at least, induced a great amount of letter writing, and his efforts at getting at the real truth of the results of the operation ought to have been crowned with success; but the only fact of importance which has been obtained by the inquiry is, that 219 cases of external incision of a stricture on a grooved staff have been recorded, and that of this number fifteen of the patients have died within two or three months of the operation.

There is one very extraordinary circumstance, however, which the reader, looking into the details of this inquiry, cannot fail to notice. Mr. Thompson says:—"I am not able to present Mr. Syme's own practice." We should suppose that at any rate the author must have applied to Mr. Syme for information, for in the preface to the first edition we find him speaking in the most grateful terms of the obligation he is under to the originator of the operation in question, "who has also afforded him every facility for observing his practice, both public and private;" and it is well known that Mr. Thompson is one of Professor Syme's warmest champions.

This inability to obtain the results of Mr. Syme's practice is a fact of the most striking significance; for it is well known that this Surgeon has had a very large experience of the external incision. It is also asserted that several deaths have followed the operation in the practice of Mr. Syme; and it is as well known to those who are in the habit of seeing many cases of stricture that, in no very long period after the operation, the stricture may return, and be found as bad and obstinate as before operation. Here is the weak point in Mr. Thompson's statistical account—he gives so little information respecting the ultimate results of the cases operated upon by individual surgeons; yet, after all, this is one of the most important points in any discussion respecting the merits of external incision. If Mr. Thompson could have furnished us with accurate accounts of even only half of Mr. Syme's cases up to the latest period after operation, to say nothing of those enumerated in his statistical table, he would have supplied most valuable information. As it is, the only fact of importance which has resulted from his labours is, that fifteen deaths have happened, independently of the practice of Mr. Syme. According to the view of those who oppose this operation, these fifteen patients lost their lives by an unjustifiable mode of treatment, insomuch as a cutting operation was done after an instrument had been passed through the stricture into the bladder, and when the necessity for cutting no longer existed.

Mr. Thompson, after thus furnishing evidence of the dangerous nature of the operation, nevertheless speaks of it as a "safe and efficient mode of treatment." Now, Cheselden in speaking of the result of his lithotomy operations, states at page 332 of his "Anatomy,"—"Publicly in St. Thomas's Hospital I have cut two hundred and thirteen; of the first fifty only three died; of the second fifty, three; of the third fifty, eight; and of the last sixty-three, six." We ask, would Cheselden have had the boldness to speak of lithotomy as a "safe operation?" Mr. Thompson has furnished us with a mortality after Syme's operation not far below that resulting from lithotomy in the hands of Cheselden, and still calls it "safe!" Moreover, if all the deaths which have followed sooner or later in the practice of Mr. Syme and others were fairly and honestly published, we question whether external urethrotomy would not be found quite as fatal as lithotomy in the hands of Cheselden.

Thus it will be seen that Mr. Thompson, in his praiseworthy efforts to solve the difficult question as to the merits of Syme's operation, has effected little more than to make out a case against it, and to support the assertion of those who oppose it that it is not unfrequently followed by fatal results. If he had been able to furnish us with the results of Mr. Syme's practice, we have not the least doubt that this undeniable fact would have been made to stand out in much bolder relief; and if the true history of all the cases operated on by that Surgeon and others could be obtained, we doubt not it would be found, in a large number of those who were operated on years or only months before, that the stricture had returned, together with all its concomitant ills.

There is an excellent chapter on fistulæ and plastic operations on the urethra, containing a great deal of new matter.

Having now referred to the novelties in this edition, we must conclude by stating that the work fully sustains the character it had attained, and the high reputation so justly acquired by the author in this branch of Surgery.

Nutrition in Health and Disease. By James Henry Bennet, M.D. Pp. 210. London: 1858.

Dr. Bennet, already so well known to the Profession by his "Treatise on Inflammation of the Cervix Uteri," and by the controversy to which that work has given rise, has here entered upon a new field, and gives us what may be termed a semi-popular Medical treatise on healthy and morbid nutrition. The object of the Author, as he tells us in his Preface, is to draw attention to the fact so often overlooked, that the imperfect performance of the digestive and nutritive functions leads, slowly but surely, to ill-health, disease, and death. While we entirely agree with Dr. Bennet as to the importance of the nutritive functions, we cannot admit that their derangements are overlooked, at least by the Profession; on the contrary, we believe that every well-informed Medical Practitioner is fully acquainted with the importance of these functions, and the necessity of rectifying their disorders. Still the book is one which will be read with interest and profit. It is divided into six chapters, the first three of which are devoted to the subject of healthy nutrition, and

Digitized by Google

its modifications by temperature, climate, and constitution; and the three latter to the disorders dependent on defective nutrition, and especially to the condition denominated dyspepsia.

In the first portion, which relates to healthy nutrition, we find an able *resumé* of the prevalent doctrines regarding the chemical composition of food, and the mode in which it is received into the body, and converted into the animal structures.

In the latter and more practical portion, Dr. Bennet gives us the results of his observations as to the disordered conditions arising from defective nutrition, whether induced by improper or superabundant food, or its irregular reception into the system. He thinks that the chief disorders belonging to this category proceed from excesses in eating and drinking; and he is by no means a follower of the school which cures all diseases by stimulation. He particularly denounces the use of alcoholic stimulants, except in very moderate quantities, and attributes many forms of disease to their injurious influence.

Every man's notions are of course tinctured by the results of his own experience, and it is very probable that in the higher walks of life, and among persons who are in affluent circumstances, some may take more food and drink than is necessary for nutrition, while they neglect the due amount of exercise which may burn off in the system the superfluous carbonaceous elements ingested. But there are also hundreds and thousands in our metropolis and elsewhere, both among the poor and the middle classes, whose bodies and minds are overworked, and whose stomachs are underfed, and among such persons dyspepsia is as common as among the rich, but from a very different cause. Without, therefore, denying the truth of Dr. Bennet's views, we think that he has hardly dwelt so forcibly upon the disorders arising from the want of food as upon those which are due to too much of it.

On the subject of urinary pathology, Dr. Bennet's remarks are judicious and practical. He states, as the results of his own experience, that the different urinary deposits—such as uric acid, the triple phosphate, oxalate of lime, etc.—do not denote different morbid conditions, as some modern physicians have asserted, but that they are the attendants of all or any deranged conditions of the system, and require pretty nearly the same hygienic treatment.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON A NEW MODE OF CAUTERISATION.

By M. MAISONNEUVE.

In proportion as the field for the employment of caustics has been extended have the procedures made use of become improved. Thus, the poisonous caustics, as arsenic, have given way to alkalis or strong acids, unattended with danger of absorption; while these, again, have been displaced by the metallic chlorides, especially the chloride of zinc. This, indeed, possesses in an eminent degree all the qualities sought for in a caustic, viz. absolute hæmostatic power, extreme destructive energy, complete harmlessness, and the greatest facility of application. Nevertheless, cauterisation has continued to be regarded as but an exceptional remedy, its defects rendering its employment as painful for the patient as difficult for the Surgeon. First among such defects is the insufficiency of the destructive action, three or four applications being required to compass the result, especially when the lesions calling for its use are situated at some depth in the tissues. Of still more consequence is the difficulty the Surgeon experiences in exactly adapting the caustic to and maintaining it in contact with the parts intended to be acted upon: rendering the method dangerous or impossible for the destruction of deep-seated tumours of the rectum, pharynx, neck, etc.

On reflection the author believed these inconveniences to be much rather due to the imperfection of the procedures employed than to the method itself. In fact, if we examine the different procedures, multifarious as these are, we find that they all pursue the same method of cauterising from outwards inwards, in successive layers, so as to disorganise the tissues from without inwards. For a long period, indeed, a single procedure was resorted to, viz. covering the diseased part with a layer of caustic, and repeating the applications according to the thickness of the substance to be destroyed. The pain and delay thus induced are well known. Recamier and others afterwards conceived the happy idea of circular cauterisation, by means of which tumours were attacked at their circumference and separated from their base without their total destruction becoming necessitated. It, however, was only occasionally applicable, and participated in the other defects of the procedure of cauterising from outwards inwards, of which, indeed, it was only a modification.

M. Maisonneuve resolved to practise cauterisation upon another principle, and his success has surpassed his expectations. By his method, not only is the Surgeon spared the delays and difficulties of the old procedure, but he is enabled, almost as well as with the knife, to at once penetrate to any depth, to act with safety in the vicinity of important organs, and to execute delicate dissections; and that without the effusion of blood, and with a promptitude that admits of his having recourse to anæsthetic agents. In place of being applied externally, and acting from outwards inwardly, the caustic is carried at once into the depth of the tissue to be destroyed, and acts from within outwardly. Of all the caustic substances he gives preference to Canquoin's, consisting of chloride of zinc one part, and flour three parts, with water sufficient to form it into a paste. This paste is spread out into a sort of cake, and cut into pointed strips of various forms and dimensions, termed by M. Maisonneuve "arrows," and which are then desiccated so as to acquire the requisite solidity and resistance. When the tissues are soft and friable the arrows have consistence enough to penetrate into their substance; but when the skin is entire or the tissues are indurated, a preliminary puncture with a pointed bistoury is required, the arrow being at once introduced so that no blood whatever issues out. There are three descriptions of this form of cauterisation described by the author.

1. *Circular or radiated cauterisation.*—For this arrows of a conical form are employed, and are disposed circularly, at intervals of a centimetre, around the base of the tumour, constituting together a cone or plane circumscribing the tumour, and isolating it from the healthy parts. As the portion of living tissue comprised between each arrow is very thin, its destruction is brought about in an hour or two; and the tumour, deprived of all vascular or nervous communication, dies without its having been necessary to operate its direct disorganisation by means of the caustic. This special property of insuring the mortification of voluminous tumours in a few hours, while acting on only a very thin layer of the tissues, giving rise to no effusion of blood, and scarcely any traumatic reaction, and preserving from the terrible accidents of purulent infection, will constitute this procedure one of the most precious resources in Surgery. This form of the cauterisation is especially adapted to tumours of a certain size, projecting considerably from the surface of the body, as tumours of the breast.

2. *Parallel cauterisation.*—For this the caustic is cut into little pointed laths, very like our vaccine points. They are not placed circularly around the base of the tumour, but parallel to each other over the whole of its free surface, so that its interior consists of a kind of bundle of caustic arrows, between the interstices of which the tissues are reduced to great thinness, and are rapidly destroyed. This does not like the former procedure confine its action to the interruption of the vascular and nervous communications of the tumour, but operates its direct disorganisation by penetrating its entire substance. It causes more pain, as it implies the introduction of many more arrows; but its action is no less rapid and efficacious, and it is applicable to special conditions. Thus it is especially so in tumours difficult of access, or deeply placed, and making but a slight projection at the surface; as in tumours of the axilla, groin, and neck, and especially in fungous degenerations of the cervix uteri, vagina, rectum, etc.

3. *Central cauterisation.*—For this the arrows are cut fusiform, and are introduced into the centre of the tumour. A puncture is made in the tumour by means of a bistoury to a little beyond its centre, or a little cavity may be thus made in this centre; and immediately on withdrawing

Digitized by Google

the knife, one or more of the arrows are pressed in until they have completely disappeared amidst the substance of the tissues. A thick eschar is produced, without any serious disturbance being manifested externally. It is discharged by the same orifice the caustic was introduced at; and the Surgeon can then repeat the application of the arrows until the whole of the tumour is emptied from within outwards, reducing it to a kind of shell, which gradually collapses and cicatrises. This, although a less powerful and energetic means than the two former, is of great value in the destruction of certain tumours inaccessible to all other means, as interstitial tumours of the uterus, or for the removal of certain superficial tumours, without injury to the skin covering them, as enlarged glands of the neck, axilla or groin. M. Maisonneuve has also employed it with success in tumours of the tongue.—*Moniteur des Hôpitaux*, No. 115.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, OCTOBER 18, 1858.

QUEEN'S UNIVERSITY IN IRELAND.—The annual ceremony of conferring degrees and distributing medals and honorary certificates in the above University, took place on Friday the 15th instant, in St. Patrick's-hall, Dublin Castle. In the absence of the Chancellor of the University, the Earl of Clarendon, the degrees were conferred by the Vice-Chancellor, the Right Honourable Maziere Brady; the prizes were distributed by his Excellency the Lord Lieutenant. Among those present on the occasion were the Lord Mayor, the Archbishop of Dublin, the Lord Chancellor, the Lord Justice of the Court of Appeal, the Duke and Duchess of Montrose, and Lady Agnes Graham, the Chief Justice of the Common Pleas, the Attorney-General, Mr. Roebuck, M.P. the Right Honourable Baron Greene, the Right Honourable A. Brewster, Sir Henry Marsh, Bart. Sir Robert Kane, Drs. Corrigan, Banks, McDowel, O'Ferrall, Collis, Geoghegan, Mr. Wilde, Professor Stoney, etc. etc. The Medical degrees conferred were:—Doctors of Medicine—Garrett Barry, Cork. Jeremiah J. Dowling, A.B. Cork. Alexander Jennings, Belfast. James Stewart Land, A.B. Cork. Francis M. Luther, Cork. James M'Carthy, Cork. John M'Crea, Belfast. James H. M'Manus, M.D. Aberdeen, ad eundem. Thomas Crofts Shinkwin, M.D. Aberdeen, ad eundem. David Taggart, Belfast. Robert Thomas Warren, Cork. Robert Waters, Belfast. Thomas H. White, Cork.

Before conferring the Degrees the Vice-Chancellor delivered an address, in the course of which he made the following remarks in reference to the Medical Department of the University:—

"The second of those subjects is connected with a branch of our institution of more immediate practical value than any other. I allude to the Medical schools of the Colleges. According to the ordinances of the Queen's University, every student in Medicine is required to pass a matriculation examination in some one of the Colleges in non-professional subjects, and, in requiring this moderate test of the literary education of the Medical students, the Senate were guided by an anxiety, so far as in them lay, to advance the general standard of Medical education; and I am very happy to find that in so doing we have the entire concurrence of the Commissioners. After alluding to a proposition made to do away with this matriculation examination, they declare their opinion that the absence of a liberal education in persons pursuing the important profession of Medicine should not be sanctioned either by the Queen's University in Ireland or the Queen's Colleges. 'We think,' they say, 'that the Queen's University and the Queen's Colleges deserve credit for having endeavoured to advance the standard of Medical education, so far as the present condition of the Medical profession will allow; but more may still be done by insisting on a still more severe matriculation examination than it appears is now enforced, at least in one of the colleges, on the general mass of Medical students.' Another point of interest in connexion with the Medical School is noticed by the Commissioners; but as it has formed the subject of discussion and of some difference of opinion in the senate, I will not do more than allude to it—I mean the power of the Senate to confer Surgical as well as Medical degrees or diplomas. The Commissioners strongly advise in favour of this power being exercised or given; and in reference to the general character of the Medical schools, they state that the course of Medical study, so far as it is given in the colleges, appears to be of a very high character, and the arrangements to compel the students fully to avail themselves of it appear to work most satisfactorily. After a long struggle of opposing interests and views, an Act of Parliament has been passed in this year, to regulate the qualifications of Practitioners in Medicine and Surgery, which received the royal assent on the 2nd of August. Under this act a General Council of Medical Education and Registration for the United Kingdom is to be established, and the Queen's University, in Ireland, is empowered to choose one person to be a member of that council—a selection which it will be our duty to make at an early period. In reference to the great subject of Medical education, the most important of the functions of this council is conferred by the 20th section of the Act, by which, in case it shall appear to them that the course of study and examinations to be gone through in any college or licensing body, in order to obtain a qualification to be registered under the Act, are not such as to secure the possession by persons obtaining it, of the requisite knowledge and skill for the efficient practice of the profession, they are empowered to represent the same to her Majesty's Privy Council, who, by the 21st section, may thereupon order that any qualification granted by the college or body, whose course of education shall be so defective, shall not confer any right to be registered; but her Majesty in Council may revoke said order on its being made appear to her that such college or body has made effectual provision to the satisfaction of the General Council for the improvement of such course of study or examinations. I think that a very confident expectation may be entertained that the effect of this Act, faithfully carried out, as I have no doubt it will be by the high and honourable men who will constitute the General Council, must be to advance the standard of Medical education throughout the United Kingdom, not only in professional, but in general literary and scientific acquirements. I do think that, in the language of the Queen's College Commissioners, the absence of a literary education in persons pursuing the important profession of Medicine, will not be sanctioned by the General Council; and I think I can venture to promise on behalf of the Senate of the Queen's University, their concurrence and best assistance, so far as may be in their power, in any propositions based on this valuable principle; although, perhaps, the council may not be willing to go so far in that direction as is required by the university regulations of the French empire, according to which every medical student is obliged to show a diploma of Bachelor of Letters on admission to the special professional schools. The recent history of their condition is not without pointed instruction to ourselves. This Bachelorship of Letters was attainable only on an examination, the subjects of which comprised Latin and Greek, a modern language chosen by the scholar, rhetoric, philosophy, general history, arithmetic, the first four books of geometry, algebra, and the elements of physics and chemistry, and, until within a few years past, the possession of it was an essential preliminary to entrance on the special studies of the profession of Medicine. About six years since this system was altered, and it was left optional with the student to take or omit the degree. The effect was soon felt in the diminished standard of education, and the faculties and the most illustrious representatives of medical science in France declared the intellectual level of their body to have been lowered in the six years during which the new system had been in force, without any compensation to the art, either in means, observation, or scientific progress; and on the report of the Minister of Instruction confirming this adverse judgment, the Emperor, by a decree of last September, has annulled the preceding regulation, and the taking a degree of Bachelor of Letters by the medical student is no longer left a matter of choice, but, with some modification of the amount of literary instruction to be so required. I feel that I ought not to close these observations without alluding to one melancholy event of the year, by which the Medical schools of Ireland have been deprived of one of their greatest ornaments, and the senate of the Queen's University has lost an active, influential, and valuable member—the death of Sir Philip Crampton.

Digitized by Google

The appropriate eulogy of that eminent individual would more fitly come from some member of that profession to which he belonged, to which the studies of his long and laborious life were devoted, and which he advanced in world-wide reputation by a rare combination of scientific knowledge with matchless skill and power in the practical application of that knowledge to all the varying exigencies of suffering humanity. But to those great professional gifts and acquirements he added others no less valuable—stores of information and qualities of the head and the heart which made him the charm of every social circle, and endeared him to all who ever enjoyed his friendship or profited by his professional aid, and his name and memory will be as widely honoured and as deeply cherished in the large orbit of general society as in the more condensed circle of his scientific brotherhood. It may, therefore, be well permitted to me to say thus much of one whose loss I deplore in common with so many, and I am sure that it will not be deemed unsuitable to the present occasion that I should thus, however imperfectly, have noticed the removal from among us of one every way so worthy of our remembrance, and whose lessons and example I would earnestly commend to the Medical classes now before us."

With respect to the general progress of the University, the number of candidates for degrees exhibited a satisfactory increase as compared with previous years, and in connexion with the subject the Vice-Chancellor mentioned a curious fact, that the University of London first conferred degrees in 1839, and in the period of seven academical years, from 1839 to 1845, conferred the degree of Bachelor of Arts on 169 persons. The Queen's University commenced in 1852, and in seven academical years from that day has conferred the degree of Bachelor of Arts, singularly enough, upon identically the same number of individuals—namely, 169.

Address and Presentation to Dr. Leet, of Dublin.—On Thursday, the 14th instant, a numerous deputation from the Apothecaries of Ireland, headed by the President and Vice-President of the Association of General Medical Practitioners, waited upon Dr. Leet, at his residence in Stephen's Green, to present him with a testimonial, and with an address expressive "of gratitude for the valuable services rendered by him during a period of more than twenty years, and for his able advocacy of the rights" of the Irish Apothecary pending the agitation of the question of Medical Reform; as well as of satisfaction and confidence in his election as a member of the General Council of Medical Education and Registration of the United Kingdom. Dr. Leet having, in his answer, expressed the gratification caused by the reception of such an address and testimonial, continued: "I therefore heartily rejoice with you that 'the Medical Act' fully and unequivocally recognises all the legal rights and privileges of Irish Apothecaries, the preservation of which without diminution is, I am convinced, not of more importance to the Profession than it is essential to the well-being of the public; and I feel happy in having contributed a part, however humble, towards the attainment of such beneficial results.

"I hail the inauguration of 'The Medical Act' as the harbinger of a new and most eventful era in the history of the Profession. The Profession has received, for the first time in this country, a national organisation, and has become an united body. All invidious distinctions and jealousies must henceforth cease; and while the different classes will continue to enjoy independent action, their power can be exercised only in such honourable competition as shall ensure the onward progress of science; so that ere long shall be realised the truth and fruition of Lord Bacon's axiom, which is emphatically applicable to Medicine—'The strength of all sciences, which consisteth in their harmony, each supporting the other, is as the strength of the old man's fagot in the band.'

"You allude to the Right Honourable William Francis Cowper, M.P., and to the support which I was instrumental in obtaining for his Medical Bill; and I gladly take advantage of the opportunity to impress upon the Profession the debt of gratitude which they owe to him in particular, as also to the Heads of the past and of the present Government for their careful investigation and adjudication of the respective claims of the Medical Corporations of the Kingdom.

"That you should approve of my election to the General Medical Council imparts additional value to my appointment, the duties of which I shall endeavour to discharge with impartiality and fidelity. The Council is indeed invested with an important and most benevolent commission, having entrusted to its care the noblest of all human Arts—an Art whose continued occupation it is to preserve from untimely decay and ruin the living temple of the soul; and sure I am that a mission so sacred and honourable admits neither of selfishness nor schism among its members, but should be carried forward with the same spirit of hearty co-operation as was manifested in the building up of the Sacred Temple of olden time, when every artificer encouraged and aided each one the other, until the final completion of their glorious work."

New Hospital in Dublin.—The Adelaide Hospital in Peter-street, which has just been erected by subscription, was formally opened on Friday the 15th instant, the Earl of Mayo, the Lord Bishop of Meath, the Archdeacon of Meath, Edward Grogan, Esq., M.P., and a large number of the clergy and laity being present on the occasion. The hospital is now capable of accommodating about one hundred patients, but it is proposed that it shall hereafter be extended to receive nearly double that number. It is intended to contain special wards for children, and a training-school for nurses, and that ultimately a sanatorium shall be added. While patients of all religious denominations will be admissible, the special character of the institution will appear from the following fundamental rule:—"The hospital having been intended by its founders to be and remain an essentially religious and Protestant institution, it is hereby agreed, in order that nothing hereafter may alter its original constitution, that no person shall at any time be eligible to hold any appointment in connexion therewith, or to vote or take any part in any of its proceedings, who does not profess the Protestant Reformed religion; and in order that the advantages of such an institution may be fully and permanently secured to all the patients, and officers, and inmates of the hospital, in whatever capacity, no one who does not profess the Protestant Reformed Religion shall have access to the hospital, either as an ordinary visitor, or with a view to communicating religious instruction."

King and Queen's College of Physicians in Ireland. At a stated meeting, held on St. Luke's day, the following officers were elected:—President—Sir Henry Marsh, Bart. Censor—Dr. Aquilla Smith. Vice-Presidents—Dr. Henry Kennedy, Dr. Mayne, and Dr. A. Hudson. Treasurer—Dr. H. L. Dwyer. Registrar—Dr. W. E. Steele. Librarian—Dr. G. A. Kennedy. Professor of Midwifery—Dr. Fleetwood Churchill. Professor of Medical Jurisprudence—Dr. Thomas Brady. Examiners in Midwifery—Dr. W. O. B. Adams, Dr. H. L. Dwyer, and Dr. John Ringland. Inspectors of Apothecaries shops—The Censors.

GENERAL CORRESPONDENCE.

HOW CHLOROFORM KILLS.

Letter from Dr. John Chapman.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having given considerable attention to the questions,—How does chloroform cause anæsthesia? how does it kill? and how may its dangers be averted? I have arrived at the following conclusions, which, by way of suggestion, I beg to submit to the consideration of the Profession.

1. That as oxidation of nervous tissue is a condition of nervous action, the adoption of any process which will prevent such oxidation will induce anæsthesia.

2. Chloroform, ether, amylene, and other hydrocarbons, if inhaled, induce anæsthesia by cutting off more or less completely the supply of oxygen to the blood as it passes through the lungs, and—being combustibles, instead of supporters of combustion—by combining with such oxygen as may still be associated with the blood corpuscles, they at once prevent the oxidation of nervous tissue and suffuse the system with carbonic acid. Hence the anæsthesia of extreme drunkenness and of the last stage of croup.

3. That nitrous oxide, which is a powerful stimulus in the first stage of inhalation, induces anæsthesia by causing an abnormally rapid combustion throughout the system, and thus generates so great an amount of carbonic acid in the capillaries as to prevent the access of further oxygen. When this stage is reached, oxidation of the nervous tissue is no longer possible, and anæsthesia is the result.

Digitized by Google

4. That the safety of anæsthetic agents is in inverse proportion to their power.

5. That when anæsthetic vapours destroy life, they do so by three processes: (a.) by impeding oxidation of the brain they lessen or stop the transmission of cerebral influence to the heart through the pneumogastric nerve; (b.) by impeding the oxidation of the nervous ganglia in the substance of the heart itself, they lessen its automatic action; (c.) by impeding the passage of the blood through the lungs, anæsthetic vapours effect the congestion of those organs with its consequences,—distention of the branches and trunk of the pulmonary artery, and mechanical obstruction of the right ventricle, which becomes at length so great as to stop the heart's action altogether.

[For all practical purposes I consider that death from chloroform may always be referred to mechanical obstruction of the right heart as its proximate cause. The doctrine that the heart is the sole agent in circulating the blood has long been doubted by many physiologists; some believe that its function is restricted to pumping the blood as far as the commencement of the pulmonic and systemic capillaries, and that the chief forces concerned in effecting the circulation are exerted in the capillaries themselves. Dr. Draper, of New York, holds this view, and in his admirable work on human physiology he has demonstrated the nature of these forces, and how they operate in a manner more philosophical and complete than has been done by any of his predecessors or contemporaries. I base the last part of the conclusion No. 5, primarily upon the facts and reasoning brought forward by him in favour of that doctrine concerning the circulation of the blood which he upholds; and secondarily, upon the evidence supplied from the post-mortem examinations of persons who have died from the effects of chloroform.

It is curious to observe how Dr. Snow's theory, that chloroform kills by paralysing the heart, prevented him from appreciating the significance of facts which tended to discredit that theory, and which pointed to quite another cause of death. At page 117 of his posthumous work there is a record of an experiment on a rabbit, the lungs and heart of which were exposed. "Three or four inflations of the lungs" were made with chloroform; these "three or four inflations" had the effect of causing the right cavities of the heart to become distended with blood, and its pulsations to become much slower. In two or three minutes, however, the action of the heart was quite re-established by artificial respiration, the pulsation being vigorous and frequent, and the ventricles being apparently emptied at each contraction." Chloroform was again given, "and the right ventricle began almost immediately to become distended; and by the time that eight or ten inflations of the lungs had been made, the contractions of the heart were very slow and feeble." Under the title of "Cause and Prevention of Death from Chloroform," Dr. Snow relates the results of eight experiments on animals. In five out of the eight the heart continued to beat after respiration had ceased; in one the breathing and the action of the heart ceased together; in one there were "two or three convulsive respirations" after the heart had stopped; and the last was the subject of an experiment which threw no light on the point. If death is caused by the paralysis of the heart, it is not a little remarkable that the hearts of five out of seven animals should continue beating after breathing had ceased. "The Paris Commission," as Dr. Snow himself states, "came to the conclusion that in all instances in which animals are killed by chloroform the action of the heart survives the respiration." The post-mortem condition of the hearts is recorded in four out of the eight cases above mentioned, and in each of these four the right ventricle was distended with blood. Dr. Snow records the deaths of fifty persons from chloroform; of these, thirty-four were examined after death. In three the state of the lungs is not mentioned, in four they are said to be normal, and in twenty-seven there was unequivocal evidence of mechanical obstruction to the action of the heart; the lungs were congested, and the pulmonary artery and right heart distended with blood. In some only one of these characteristics is said to have been observed, but in the majority both were present.]

6. That anæsthetic vapours are the most dangerous to persons having feeble hearts, because a weak heart can continue to contract a much shorter time than a strong one in presence of the obstruction caused by congestion of the lungs. Out of thirty-four fatal cases mentioned by Dr. Snow, which were examined after death, one presented the mitral valve "much thickened;" the hearts of eighteen were either "flabby," "pale," "softer than natural," or "easily torn;" and nine are said to have exhibited decided "fatty degeneration." Apart from the reasoning on which Conclusion 6 is founded, these facts alone effectually substantiate it.

7. That the surest way to recover a patient from the dangerous effects of anæsthetic vapours is to induce artificial respiration, taking care to keep the body warm meanwhile. [As the oxygen, in common air, already diluted with nitrogen, would be still more diluted by the anæsthetic vapour in the lungs it is probable that the respiration of pure oxygen in *the first instance*, until the anæsthetic vapour can be no longer perceived in the breath of the patient, would prove most effective. Dr. Silvester's proposed method of inducing artificial respiration (a) *promises* to be more successful than that of Dr. Marshall Hall.]

8. That chloroform and hydrocarbon vapours, when inhaled, ought to be mixed with such an amount of atmospheric air as, while lessening the supply of oxygen to the system sufficiently to induce anæsthesia, will effect the passage of the blood through the lungs, and will thus, by averting the threatened obstruction of the pulmonary artery, ensure the continued action of the heart.

[In the majority of cases in which death has resulted from the inhalation of chloroform, it has been administered on "a napkin," "a handkerchief," or "a piece of lint." Sometimes the handkerchief has been laid over the face. Dr. Snow has very properly animadverted on these unsystematic and dangerous modes of giving chloroform. The inhaler, perfected by him, is, doubtless, the best instrument invented for the purpose.]

9. That while it is always desirable to attend carefully to the respiration of a patient inhaling an anæsthetic vapour, it is of paramount importance to watch the pulse from the beginning to the end of the process, and if it should stop, flutter, intermit, or even become sensibly slower or weaker, to withdraw the vapour or to give it more copiously diluted with air.

[This conclusion flows directly from the acceptance of Conclusion No. 5, but experience gives it confirmation. "In some of the accidents that have happened," says Dr. Snow, "the pulse has ceased suddenly, but more usually it would show some sign of failure before entirely ceasing. In giving chloroform freely to animals, whilst the ear or the hand was applied over the heart, I have usually found that its pulsations became embarrassed and enfeebled before they ceased; and by withdrawing the chloroform when the heart's action first became affected, the life of the animal could often be saved." My own experience agrees with this statement. It will be found, I apprehend, that when the pulse ceases suddenly, without presenting any previous deviation from its normal action, the undiluted, or very slightly diluted vapour of chloroform has been inhaled.]

10. That when a patient who is nearly apathised by an anæsthetic vapour begins to struggle, he should not be compelled to inhale it more copiously, as is generally taught, but that the vapour should be withdrawn for a moment and then given again in a more diluted state.

[If this struggle for life, which it really is, had been always respected, chloroform would, I believe, count a less number of victims than it does now. Fortunately, many persons during the period of struggle do get a few inspirations of fresh air, notwithstanding the resistance offered by attendants, and thus lessen the danger to which they are exposed.]

Want of space and want of time alike preclude me from detailing the experiments, and adducing the arguments on which each of the foregoing conclusions is based. Perhaps, however, the conclusions themselves will prove so far suggestive, and provocative of discussion, as to hasten the solution of the vital problems to which they refer.

I am, &c. JOHN CHAPMAN, M.D.
Licentiate of the Royal College of Physicians.

1, Albion-street, Hyde-park,
October 20, 1858.

(a) See his "True Physiological Method of Restoring Persons apparently drowned or dead," 1858.

Digitized by Google

THE SANITARY CONDITION OF PAU.

Letter from Dr. Drewry Ottley.

[To the Editor of the Medical Times and Gazette.]

Sir,—You were so obliging as to insert a short memoir of mine in the *Medical Times and Gazette* for September 18: it so happened that on the same day there appeared in the *Times* the first of a series of letters on Pau, bringing forward various charges against the place, and some of them written in anything but a friendly spirit.

I should not have felt entitled to ask your further indulgence, in order to reply to letters appearing in another journal, and which had already received more or less sufficient replies from others; but as you have now added the weight of your authority to the cry that has been raised, I must crave permission to state the facts of the case.

The observations of yours to which I allude are contained in the *Medical Times and Gazette* of October 9, in the "Answers to Correspondents," under the title "A Phthisical Doctor."

You begin by stating that "Pau is in highly bad odour with the British public at the present moment; it is represented by tolerably good authority to be in a very low sanitary condition," and you conclude in the following words:—"People who rush from the nose-offending banks of the Thames, to inhale draughts of Pyrenean salubrity, must not take up their abode at Pau. *If* we are to believe all that is said of the place, the odours, the fevers, and bad drainage in it, must put it in the blackest catalogue of unhealthy quarters."

Your "if" is said to be a great peacemaker, and it will be found to be a very important member of the foregoing sentence. I hope to be able to prove by reliable documents that Pau is not an unhealthy place, but the reverse, and that therefore these supposed causes of an effect that does not exist, must be, to say the least, greatly exaggerated. Were the charge of unhealthiness, brought against Pau, well founded, the evidences of it would not fail to show themselves in the rate of mortality, that is, in the large proportion of deaths to the population. Let us see what this really is.

The population of Pau, according to the census of 1856, was 18,671. At the previous census, taken five years before, it was 16,196. The difference, 2475, is the increase of population in five years, which, distributed equally over these, would give an annual addition to the population of 495. With this correction for each year, from 1853 to 1857 inclusive, the population would be as follows:—1853, 17,186; 1854, 17,681; 1855, 18,176; 1856, 18,671; 1857, 19,196. The deaths in each of these years were respectively 437, 490, 600 in 1855, when cholera prevailed in the south of France, 577, and 520.

In each of these returns, however, there are corrections necessary to be made, in order to arrive at the true proportion of deaths to population.

There exists at Pau a large asylum, which receives lunatics from three departments, and to the population of which the town, as may be supposed, contributes only a small proportion. The mortality in this establishment is necessarily very far beyond the average of that of the town, and, indeed, from various causes, has been unusually large for several years; one of the chief of these, as I am informed, has been the existence of pellagra to a great extent, amongst patients received from certain districts, especially of the Landes where the inhabitants have suffered severely from four years of bad harvests with which France has been visited. The exact amount which Pau contributes to the asylum population I have been unable to learn, and I have therefore subtracted the whole of this from the general population, and the whole of the deaths from the returns of mortality. The average population of the asylum is somewhat under 200, but I have taken it at this amount. The deaths amounted in 1853 to 49; 1854, 49; 1855, when cholera visited the asylum severely, 91; 1856, 39; and 1857, 56.

There is a further small deduction to be made from the mortality, on account of deaths occurring during the winter months among the visitors, most of whom have quitted Pau before the period of the year at which the census is taken. The total number of deaths among visitors is, I believe, about 20 on an average. I propose to deduct one-half of these on the ground stated above, from the total mortality. With these corrections the following table has been formed, which shows the population, the deaths, and the rate of mortality per 1000 at Pau from 1853 to 1857 inclusive:—

Years.	Population.	Mortality.	Rate per 1000.
1853	16,986	378	22
1854	17,481	431	24
1855	17,976	499	27
1856	18,471	528	28
1857	18,996	454	23

It is here shown that the mortality at Pau for the last five years has varied from 22 to 28 per 1000 of population, the mean being 25 and a fraction for the five years, in one of which cholera was prevalent throughout the south of France, and in all, except one of these years, the harvests were bad, and the sufferings of the poor consequently great.

In his last report the Registrar-General, when observing on the salubrity of England, says:—"In continental cities the annual rate of mortality is seldom less than 30 in 1000, and frequently as high as 40. In London the rate of mortality is only 25 in 1000."

The rate of mortality at Pau, then, is far below that of other continental cities, and for the last five years it has ranked with that of London; but it is probable that if a longer series of years were taken, so as to lessen the effect on the average of a year of cholera, and four years of scarcity, Pau would be found to hold a rank equal to that of towns of the same amount of population in England. Is there any other of the many places of winter resort for invalids on the continent of which this could with equal probability be asserted?

The notion that Pau is peculiarly subject to fever, is as groundless as the charge of general unhealthiness. In southern latitudes fever, in one form or another, is more common than in England, but that it does not add greatly to the mortality of Pau may be gathered from the foregoing table. The rate of mortality last year at Pau, when fever was quite unusually prevalent there as well as elsewhere on the continent, was the lowest but one of the five years. I may add, that during these five years, but one fatal case of fever occurred amongst the British visitors at Pau. One other death from fever took place later in last season under my own care, and will appear in the returns for 1858. In fact, the fever cases we are called on to treat at Pau are much more frequently brought on by fatigue and imprudent exposure to the sun, than in any way attributable to bad drainage.

On the much discussed question of the drainage of Pau I shall say a very few words. The position of the town affords unusual facilities for good drainage, and the frequently occurring heavy rain thoroughly sweeps the general drains. Local defects exist, which often render themselves evident to the senses, and in many of the old houses the drainage is very defective. The intelligent native Medical men are fully aware of these defects, and urge the inhabitants to remove them; but none know better than English Physicians how difficult it is to make the public move in these matters. Improvements have been effected, and others are in progress; and we will hope that the very rough handling, accompanied with no little injustice, which Pau has received at the hands of some portions of the British press, may have one good effect, that of accelerating the removal of the still existing grounds of complaint, which we may presume add somewhat, though as I have shown not largely, to the mortality of the town.

But after all, the question whether Pau be a desirable place for the winter residence of invalids will not mainly depend on the rate of mortality being two or three per 1000 less than it is in England. We do not send invalids to Egypt or Madeira, because we suppose people to live longer there than in England; but because we suppose the places to possess qualities of climate suited to such invalids. Certain qualities of climate may suit persons in robust health, yet be very ill adapted to the sickly, just as certain kinds of diet may suit a strong working man, which would be quite unsuitable for a patient suffering from chronic disease. I have shown that no causes of mortality exist at Pau, which need deter an invalid from residing there, any more than in Bath or Clifton; and whether or not he should do so must be decided from other data.

Digitized by Google

The consideration of these has hitherto insured for Pau, and will I doubt not continue to insure for it, the presence of a large number of families during the winter season; and I feel no doubt that its reputation as a climate well suited for invalids will recover from any temporary check which it may suffer from the unfounded statements which have lately been indulged in. I am, &c.

DREWRY OTTLEY, M.D.

Pau, October 16, 1858.

THE HUNTINGDON HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—In order that the Profession may not be misled by your remarks in the *Medical Times and Gazette* of last week, in reference to the Huntingdon County Hospital having been benefited by the proceeds of a Lecture on Mesmerism; and to protect ourselves from the imputations conveyed by those remarks, we beg with your permission to "enlighten" the Profession and yourself on the question.

It is true that a female lecturer on Mesmerism visited Huntingdon, that she issued bills announcing a lecture for the benefit of the Hospital, that she delivered the said lecture and handed over a sum of money said to be the profits arising from it, which the managing committee of the Hospital accepted.

This proceeding emanated solely from the lecturer herself, and the committee used their own discretion as to the acceptance or refusal of the money.

The Medical Officers were not consulted, nor were they in any way responsible for the transaction.

We beg further to say that we consider ourselves to be so much "within the pale" that we can venture to observe that no members of the Profession would more strenuously oppose any infringement of the "orthodox rules" by any of the prevailing quackeries of the day, than ourselves.

We are, &c.

W. WARD, M.D. F.R.C.S.
M. FOSTER,
WOTTON ISAACSON,
Medical Officers of the Huntingdon
Huntingdon, October 14, 1858. County Hospital.

[We are glad that this very satisfactory explanation has been given.—ED.]

MEDICAL REGISTRATION IN MANCHESTER.

[To the Editor of the Medical Times and Gazette.]

SIR,—The Medico-Ethical Association of this city (Manchester) has always been interested in the subject of Medical Registration; and has, at various times, prepared and printed lists of qualified members of the Profession residing within twenty miles of Manchester.

The members of this association have strongly expressed their wishes that such measures as shall most effectually assist in carrying out the provisions of the Medical Act, and especially the clauses relating to Registration and unqualified practice, shall receive the first attention of their committee.

We regret that none of the new Registration Societies have followed our example in memorialising the Secretary of State for the Home Department, that in the appointment, by the Crown, of members to the General Council, due care should be taken that the interests of the General Practitioner in Medicine and Surgery should be fully represented.

If it be not now too late, we would urge upon such Societies, or individual members of the Profession as feel interested in this question, to refer to our memorial, a copy of which appeared in the medical journals of 28th of August last; and, in either that or some other form to memorialise the Home Secretary without delay. We are, &c.

JOSEPH STONE, M.D.
JON. WILSON,
Hon. Secretaries, Manchester Medico-Ethical
Manchester, October 19, 1858. Association.

OBITUARY.

Died at his residence, in the Royal Naval Hospital, Haslar, Alex. Stuart, Esq., aged 48, Staff-Surgeon R.N., in charge of the Haslar Lunatic Asylum. It is a melancholy and but too frequent duty we have to perform in recording the decease of our Professional brethren, and on this occasion we do so with no ordinary feelings of regret for the loss of a most valuable officer of a public service, as well as for a man whose high moral character and courteous manners had endeared him to a numerous circle of friends.

Mr. Stuart, having gone through the usual course of service at sea, became the second Medical officer of her Majesty's Dockyard at Portsmouth, and was thence, in 1842, promoted to be the coadjutor of the late Dr. Anderson, Inspector of Hospitals and Fleets, with whom he soon acquired the art of treating the insane on principles alike of true science and humanity. His own mildness of disposition revolted at the cruel coercion he had elsewhere seen practised, and on becoming chief of the department, he ably and zealously followed in the footsteps of his predecessor, by procuring for our afflicted fellow men under his care every available comfort, and by successfully endeavouring to surround them with every agreeable object and circumstance calculated to soothe their excited feelings, and draw them back from a visionary existence to a reasonable and useful walk in life. The admirable discipline maintained by Mr. Stuart, and the general economy of Haslar Asylum, are the best proofs of his ability and care as the chief administrator of the Institution under his immediate control; and are, at the same time, most gratifying to the friends of those members of the naval service whose mental infirmities required a temporary or protracted residence within the walls of the asylum.

Mr. Stuart's last illness was most unexpected. He had an apoplectic seizure on the forenoon of the 12th inst. and died on the following morning. He had long suffered from ague, at times complicated with signs of cerebral congestion. He had only recently returned from a summer tour, bringing with him a sense of restored health, which he vainly thought would outlast the winter season.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, OCT. 19.

Mr. FERGUSSON, Vice-President, in the Chair.

THE President opened the proceedings of the evening by a few introductory remarks, appropriate to the commencement of a new Session. He congratulated the Society on the volume of Transactions which had just been issued. It was, he said, considerably larger than its predecessors, contained more numerous illustrations, and also in the quality of its papers fully sustained their reputation. It had, however, cost more. In reference to the latter fact the Council had carefully considered several matters bearing upon the future. They were especially desirous to invite the attention of exhibitors to the necessity for being as concise as possible in their descriptions of specimens. It was by long papers that the volume was increased both in size and cost. Mr. Fergusson also added that the Council wished especially to encourage the bringing forward of recent specimens, and that in future it would be endeavoured to give to such a certain degree of priority in the evening's business. Specimens of the same kind, when exhibited by different individuals, would be as much as possible placed together, an arrangement by which he thought the convenience of those present would be materially consulted. After wishing the Society a prosperous career during the commencing Session, the President called upon

Mr. HENRY, who read the minutes of the last Meeting of the preceding Session, after which the ordinary business of the evening commenced.

Digitized by Google

Dr. Semple showed the

PHARYNX, LARYNX, AND TRACHEA, FROM A CASE OF DIPHTHERIA.

The parts had been obtained from the body of a child, aged 13, who had died under Dr. Blount's care at Bagshot, on Sunday last. They were in a recent state, and showed the tonsils, larynx, and whole length of the trachea covered by pellicular false membrane. The membrane was not in one coherent tube, as often seen in croup, but in soft detached fragments. The tonsils were enlarged, and very thickly coated. Dr. Semple remarked, that the specimen fully bore out the observations of the French authorities, that no ulceration or sloughing occurred. What looked like slough was really exudation. The child was a member of a family in which three had died; she herself had died not in asphyxia, but from syncope, consequent on exhaustion. It was thought that she was satisfactorily improving when the fatal relapse rather suddenly took place. It was clear that tracheotomy could have been of no avail, since obstruction of the upper part of the air passage was not the cause of death. Unfortunately no examination of the bronchi below the bifurcation of the trachea had been made.

Dr. Ogier Ward stated in some cases which he had brought before the Society during its former session the immediate cause of death had been, as in Dr. Semple's instance, exhaustion and not asphyxia.

Dr. Peacock added that such also was the case in the patients whom he had seen.

In reply to a question from Mr. Simon, Dr. Peacock, Dr. Semple, Dr. Ogier Ward, and Dr. Sieveking, all stated that in the cases which had fallen under their observation, careful inquiries had been made as to the possible coexistence of scarlet fever, and that the result had been that no evidence whatever could be obtained pointing in that direction.

Mr. Obré, in relation to the question of tracheotomy, related a case in which he had performed that operation when the child appeared on the point of death from suffocation. A cast of the trachea was expelled by the wound, and the greatest relief was obtained. After favourable progress for several days the child sank exhausted.

Mr. Hutchinson exhibited a specimen of

POLYCYSTIC OVARIAN TUMOUR SUCCESSFULLY REMOVED BY OVARIOTOMY.

The patient from whom the tumour had been extirpated was a woman, aged 40, in very much reduced health. The tumour had existed about eighteen months, and had required twice tapping within the two months immediately preceding the operation. The rapid failure in health and the aspect of the woman, were such as to excite the suspicion that malignant disease might exist. She had for six weeks been wholly confined to bed. In parts the tumour evidently contained solid masses, its exterior was very irregular. In the front was a cyst of large size, which gave free fluctuation in all directions. The diagnosis of a polycystic tumour, with solid secondary growths, was clear; and it was, therefore, hopeless to attempt treatment either by iodine injections, or by pressure after tapping. The disease was of the left ovary, as shown by the absolute dulness of the left loin on percussion, and the tympanitic resonance of the right. The woman was exceedingly anxious to have the operation performed, although fully aware of the danger attending it. She was, therefore, removed from her house in Camden-town to the Metropolitan Free Hospital for that purpose.

The operation was performed seven weeks ago. The incision made extended from about two inches above the pubes to the same distance above the umbilicus, being necessarily long on account of the secondary cysts, and large amount of solid material in the deeper part of the tumour. Numerous adhesions were encountered, but they were torn through without any material bleeding ensuing. The pedicle of the tumour was short, but by a little management it was brought forward into the wound, and secured externally. The wound was closed by silver sutures.

The patient made an excellent recovery, and is now in good health and rapidly gaining flesh. It is interesting to note that the earthy pallor of complexion has to a large extent already given place to the clearer hues of health.

The specimen showed a polycystic tumour. In front was a large cyst capable of containing when distended about two gallons, and behind it were a large number of smaller ones of all sizes. All the varieties of exogenous and endogenous pedunculated cysts were well exemplified in it. In parts the cyst walls were nearly an inch in thickness.

Mr. Hutchinson also showed a second specimen of

POLYCYSTIC OVARIAN TUMOUR REMOVED BY OVARIOTOMY.

The tumour in this case closely resembled that in the preceding, consisting of one very large, and multitudes of smaller cysts. In no place, however, was there any unusual thickening of the cyst wall. The tumour had been removed by ovariotomy from a married woman, aged 33, who had suffered from ovarian dropsy for about two years, and had been once tapped. Although it was clear that the great bulk of the tumour consisted of one cyst, yet it was no less so that there existed smaller secondary ones behind it. No measure short of extirpation was therefore admissible. Adhesions were encountered over large extents of surface, but they were overcome by tearing without material difficulty. The cut end of the pedicle was secured external to the wound.

The patient at the present time (three weeks after the operation) is in a very hopeful state, though not yet out of danger. The wound is entirely healed, excepting one small fistula, by which a considerable quantity of healthy pus still escapes daily.

Mr. Hutchinson also mentioned the conclusion of a third case, the specimen from which he had exhibited the day after the operation at a meeting of the Society in its last session. The patient, a healthy young lady of 21, had recovered without any ill symptoms. She had since returned home into the country, and was at the time of her last report, in the enjoyment "of rude health."

Mr. Spencer Wells then exhibited an

OVARIAN CYST REMOVED SUCCESSFULLY

on the 11th of August, the patient now being quite well. She was 38 years of age, married seven years ago, had had three children, the youngest of whom was two years and a half old, and the growth of the cyst dated from the birth of this child. She had been tapped three times at intervals of six weeks, about thirty-six pints of fluid being removed at each tapping, and she was becoming rapidly emaciated under this drain upon the system. The chief difficulty Mr. Wells encountered in the operation was from firm adhesions of certain out-growths from the cyst to the under surface of the liver, and to the gall bladder, but the separation was successfully effected. The woman had gone on uninteruptedly well, and Mr. Wells attributed the success in a great measure to the fact that he had been able to fix the stump of the peduncle during the process of separation on the abdominal parietes, and consequently to keep the peritoneal cavity free from the putrid matter necessarily surrounding the portions of peduncle strangulated by the ligature.

(To be continued.)

NATIONAL ASSOCIATION

FOR THE

PROMOTION OF SOCIAL SCIENCE.

The following are the titles of papers on Medical subjects read at the Liverpool meeting:—

PUBLIC HEALTH.

1. Rev. Charles Kingsley.—Influence of our Elective System on Sanitary Improvement.
2. W. T. M'Gowan.—Sanitary Legislation, with Illustrations from Experience in Liverpool.
3. Joseph Jones.—Sanitary Reform and the Local Government Act of 1858.
4. Lionel Beale.—Duties of Officers of Health.
5. Henry Austin.—The Common Lodging-house Act.
6. Florence Nightingale.—Health of Hospitals.
7. Dr. Farr, F.R.S.—Influence of Marriage on the French People.
8. Professor Gamgee.—Statistics of Disease among the lower Animals.

Digitized by Google

9. Susan Powers.—Remarks on the Sale of Adulterated Milk and Decayed Fruit.
10. M. A. Baines.—The Ladies' Sanitary Association.

PUBLIC HEALTH.

1. Florence Nightingale.—The Construction of Hospitals.
2. Edwin Chadwick, C.B.—Army in the East.
3. Dr. Conolly.—Residences for the Insane.
4. George Robinson, M.D.—On the further Amendment of the Law of Lunacy.
5. R. Rawlinson, C.E.—The necessity for the minimum Supply of Water to Towns being in excess of the demand.
6. P. H. Holland.—Objections to Water Closets answered.
7. T. C. Orr—Comparison between various places in Great Britain and Abroad as to Sanitary Condition.
8. Dr. Davy, F.R.S.—A few remarks on Quarantine.
9. Dr. Milroy.—Quarantine as it is and as it ought to be.
10. Dr. Charlton.—On the causes of the recent increase of Leprosy in Norway.
11. Dr. Milroy.—On Utilising Parliamentary returns of Sick Paupers.
12. D. Buxton.—Inquiry into the causes of Deaf-Dumbness.

SOCIAL ECONOMY.

1. N. Caine.—Prostitution, its Aids and Accessories.
2. W. Acton.—Illegitimacy, its Consequences and Remedies.

PUBLIC HEALTH.

1. Rev. J. Begg, D.D.—The true Theory of Sanitary Improvement. The Cleansing of the Thames.
2. P. H. Holland.—The necessity for Experimental Works previous to Expenditure for the disposal of Sewerage.
3. S. R. Pittard.—London Docks and River Thames.
4. James Newlands.—Past and Present Sanitary Condition of Liverpool.
5. Dr. Carpenter.—Drainage of Croydon and its results.
6. H. J. Payne.—Sanitary Progress at Cardiff.
7. Arthur Whitehead, C. E.—Condensed Reports from St. Mary Ottery, Southampton, Tottenham, Lancaster and Ely.
8. Dr. Moffatt.—Improved health in small Villages.
9. Professor Alison.—Influence of Poverty and Privation on Public Health.
10. Dr. Murchison.—Continued Fevers considered as Preventive Diseases.
11. Rev. J. S. Howson, M.A.—Liverpool Nurses Training Institution.
12. Samuel Crompton.—Suggestions on the Better Prevention of Small Pox.

SOCIAL ECONOMY.

1. J. Ogle, M.D.—Provident Dispensaries.
2. Rev. C. H. Hartshorne.—Provident Dispensaries.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 15th inst. viz. :—

BLAKER, NATHANIEL PAINE, Hurtspierpoint, Sussex.
BRADSHAW, SAMUEL, Stratford-on-Avon.
BUCKENHAM, JOHN, Belfast.
GRAHAM, ADOLPHUS F., Kirklinton, Cumberland.
HORSFALL, HENRY, Masham, Yorkshire.
KING, JOSEPH HENRY THOMAS, Moresby, Cumberland.
LINEKER, ELISHA H., Baldeston, Newark-on-Trent.
RIX, CHARLES JAMES, Manchester.
SUTCLIFFE, GEORGE GILBERT A., Rathmines, Dublin.
TODD, GEORGE, West Auckland, Durham.
WYNTER, JOHN ST. THOMAS, Winslow, Bucks.

DEATHS.

GLADSTONE.—On the 12th inst., at Blackheath, William Gladstone, M.D., Deputy-Inspector of Hospitals and Fleets, aged 86.

GRIFFITHS.—On the 11th inst., at Glebe Park, Kircudbrightshire, Thomas Griffiths, M.R. C.S. Eng. 1836; L.S.A. 1837, of Hammersmith.

HAWTHORNE.—On the 16th inst., at Liverpool, George Stuart Hawthorne, M.D. Edin., 1819; M.R.C.P. Edin. aged 65.

THE Vice Chancellor of Cambridge has issued a notice appointing the election of a Member to the General Council of Medical Education from the University of Cambridge, to take place on October 29.

ACETONE.—M. Béchamp announces a new anæsthetic. The acetone is much less disagreeable than amylene, and its action is more rapid but less durable. It acts upon rabbits in twenty seconds, and its prolonged inspiration does not appear to have any deadly influence on these animals.

BIBRON is said to be an antidote for the poison of the rattle-snake. M. de Vesey has made experiments to test the correctness of Dr. Hammond's observations, and the results are quite confirmatory of them. Seventeen experiments were made upon three dogs with seventeen different serpents, and in each case the antidote was successful.—*American Journal of Science.*

M. BILLOD informs the Academy that the insane *pellagreux* suffer from softening of the spinal column. Ten cases having died under his charge, he has been able to confirm this opinion originally stated by him. During life, none of the patients suffered from paralysis, although they were all extremely feeble. The white substance of the brain was perfectly normal.

A few weeks ago, Professor Quecket, of London, who takes a great interest in the Stormontfield experiment, while fishing for salmon in the Tay, near the ponds, caught a grilse with the mark of last spring—namely, the dead fin cut off, and a piece cut off the upper part of the tail, proving that some of the smolts, at least, return the same year as grilse.—*Perth Courier.*

PROLONGED PREGNANCY.—M. Sibert, in a Memoir, asserts that prolonged pregnancy does not depend on weakness of the fœtus, but in the great majority of cases is accompanied by an exaggerated development of it. Of twenty-one cases of difficult labour resulting from large size of fœtus, collected by M. Jacquemier, eight women only survived. M. Sibert consequently recommends in such cases the induction of premature labour. The practical objection to this is evidently the uncertainty of the period for the operation.

GLYCOSE IN THE LIVER.—MM. Poisenille and Lefort conclude that glycose is always present in large quantities in the livers of fishes, reptiles, birds, and mammalia immediately after death; and that its presence in other parts of the body is only temporary and accidental, and results from peculiar physiological conditions which occasion an unusual production of sugar. If these facts are strictly true, they would show that in the vertebrata the liver is the only organ which produces the sugar. A few days later, however, these gentlemen produce another fact before the Academy, which seems to contradict their previous position. In this case, analysis showed that the chyle and lymph of a bull contained considerably more sugar than the blood.

THE BILE.—The following conclusions concerning the bile have been arrived at by Dr. Dalton, of America: 1. The changes resulting from the action of Pettenkofer's test do not depend upon the colouring matter of the secretion, they result from the action upon the resinous and crystalline matters in the bile. 2. Pettenkofer's test is not capable of showing the presence of minute quantities of bile. 3. The bile is not the product of an intermitting secretion, for in dogs at least, it is always found present after one, two, three, and even after eight and twelve days of fasting. 4. The bile, however, is increased immediately after taking food, and during the first hour. 5. The passage of bile into the stomach frequently

Digitized by Google

takes place. 6. Before being absorbed into the intestines (which frequently happens) the bile is considerably modified, and its constituents cannot be recognised by Pettenkofer's test.—*Séquard's Journal.*

PERFORATION OF THE TYMPANUM.—Dr. Clarke, of Boston, has made the following observations on this subject:—In seventy-five cases of perforation of the tympanum, observed by him, the ticking of a watch could not be heard at any distance in six of them; in eleven cases it could only be heard when the watch was placed on the ear; in twenty-three cases it was heard at five inches from the ear; in sixteen, at from six inches to a foot; fifteen times, at from one to two feet; and four times from two to four feet. In a natural condition of the parts the watch in question may be heard to a distance of fourteen or fifteen feet. These observations seem to prove that perforation of the membrane is much more injurious to the hearing, than is generally supposed, in accordance with the assertion of some distinguished aurists; and they also prove the utility of the vibrations of this membrane, which have been for a time doubted.—*American Journal of Medical Science.*

MEDICAL SOCIETY, UNIVERSITY COLLEGE, LONDON.—The annual general meeting of this Society was held on the 14th inst., at 8 p.m., Dr. Turle, President, in the chair. After some miscellaneous business, the President delivered an instructive address, in which he reviewed cursorily the progress of the Society since its foundation in 1828, by Dr. A. Thompson, and compared its present with its past condition. He touched upon the advantages offered by the Society, among which was the recent addition of a microscopical collection, and urged the members to attend regularly the Society's meetings. The address was received with loud applause. The officers for the ensuing year (1858-9) were then elected, viz.:—*Presidents*—Messrs. Vincent Jackson and Teevan. *Treasurer*—Mr. Pike. *Secretaries*—Messrs. Copeland and Kempster. *Auditors*—Dr. Turle and Mr. Buchanan. *Committee*—Messrs. Bastian, Gaye, Hayward, Hickman, Marriot, Orme, Rutter, Sheldon, and Winterbotham. Votes of thanks to the retiring officers, and to Dr. Turle for his conduct in the chair, terminated the proceedings.

TARIFF OF MEDICAL FEES AT RENNES, IN BRITTANY.—The Medical Association of Rennes has agreed to the following tariff of charges, twenty-six out of about thirty practitioners having given in their adhesion:—Patients are divided into four classes, according to their circumstances, rich and independent persons, bankers, great manufacturers, etc. constituting the first, and workmen the last class. Visits in the day are to be charged 3 francs to the 1st class, 2 francs to the 2nd, 1½ to the third, and 1 franc to the 4th class. For visits at night, the first two classes are to pay 10 francs, and the last two 6 francs, and these same sums are to be charged for consultations. Consultations in the night double the price of visits in the night. For passing a night at the bedside 15 francs. Written and detailed consultations, 10 francs for the first two, and 5 francs for the last two classes. Certificates from 3 to 6 francs. For natural accouchements, 100 francs are to be paid by the 1st class, 60 by the 2nd, 30 by the 3rd, and 15 by the 4th; these charges including a week's attendance only, and not vaccination, for performing which a minimum fee of 3 francs is to be paid.

TUMOURS OF THE BREAST.—M. Velpeau has published a new edition of his work on "Diseases of the Breast:" 800 new observations are here added to his former ones. These are a few of his general conclusions:—About one fourth of tthe umours of the breast are benign; though the time is not far distant, when they were all regarded as malignant. The left breast is rather more frequently than the right breast the seat of cancer; but for this there is no assignable cause. It is not correct to say that married women are more subject to the disease than others. It is also an error to suppose that women who do not nurse their children are more exposed to diseases of the breast than those who do; on the contrary, these affections are three times more frequent in those who nurse. The constitution, the temperament, the character, the social position, the hygienic condition, the mode of life, the country, exercise no influence over the production of cancer. The nature of cancer, notwithstanding all the efforts of the microscopists, is still absolutely unknown.

THE HYDROSTATIC TEST OF RESPIRATION.—M. Maschka, of Prague, has experimented on more than 100 infantile and fœtal lungs, with the view of ascertaining how the facts stand as regards the value of the hydrostatic test. These are his results:—1. Lungs which have never respired float through putrefaction, when placed in water at a moderate temperature. 2. The floating depends upon the accumulation of air beneath the pleura; the air probably does not form in the pulmonary parenchyma. 3. When the gaseous sub-pleural collections are opened, and the lung is slightly compressed, it immediately sinks in the water. 4. The same result is produced during the progress of putrefaction, the bubbles of gas themselves bursting through the pleura. 5. In these last two cases, the sunken lungs never float again during their destructive putrefaction. 6. Lungs which have not respired when exposed to air, without fluid, dry up without producing air under the pleura. 7. Lungs which have respired, or have undergone artificial insufflation, never lose their air so as to sink in the water when cut and compressed, provided the pressure be not so great as to break their tissues up. By the means, however, of an air-pump, they may be deprived of air, so as to render them heavier than water. 8. Lungs which have respired, or which have been insufflated with air, sink in water through putrefaction, in about twenty or thirty days, without their tissues being destroyed. Such lungs also, when exposed to air without contact with liquid, dry up from the surface to the centre, and sink in about eight or twelve weeks.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The half-yearly general meeting of the members of this Society was held on Wednesday, October 13. It appeared that during the first six months of the financial year, £809 10s. was distributed in half-yearly relief among thirty-four widows and twenty-six children of deceased members, besides about £100 expended in grants for special purposes. The Rev. Sir Charles Clarke, Bart. son of the late highly-esteemed president, was elected an honorary member, and the following gentlemen were elected officers and directors for the ensuing year:—officers elected: *President*—Thomas Arthur Stone, Esq. *Vice-Presidents*—Martin Ware, Esq.; Everard A. Brande, Esq.; J. Nussey, Esq.; Sir B. C. Brodie, Bt. F.R.S.; Peter M. Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; A. J. Sutherland, M.D. F.R.S.; Edward Tegart, Esq.; Edward Stanley, Esq. F.R.S.; George Burrows, M.D. F.R.S. *Treasurers*—John Miles, Esq.; John Clarke, M.D. (Acting.); James T. Ware, Esq. *Directors elected*—G. J. Squibb, Esq.; Henry Combe, Esq.; A. M. Randall, Esq.; H. Jeaffreson, M.D.; John Hilton, Esq.; Henry Oldham, M.D.; Richard S. Eyles, Esq.; Henry Sterry, Esq.; G. Hamilton Roe, M.D.; Harvey K. Owen, Esq.; Henry Lee, Esq.; Robert B. Todd, M.D. F.R.S.; Robert Nairne, M.D.; William Cathrow, Esq.; Edgar Barker, Esq.; James Paget, Esq. F.R.S.; John Adams, Esq.; Fred. J. Farre, M.D.; A. B. Barnes, Esq.; Edward Dew, M.D.; John Love, Esq.; H. A. Pitman, M.D.; Charles Collambell, Esq.; Silas Stedman, Esq. Of this Society the late Dr. Rolph, of Portsmouth, had the peculiar advantage of being a Member, having originally practised in London, and, as has been already stated, his widow became an Annuitant immediately. That such dishonourable persecution as he experienced should befall other practitioners, is not likely; but who can say that poverty in some shape may not overtake themselves at the close of life, or those they leave behind them? and to such what a blessing it must be to know that there is secured in this Society for the widows and children a liberal provision, payable half yearly. We would urge, therefore, all practitioners residing in London and its vicinity to become Members of this valuable Society.

PRUSSIC ACID.—With a view to complete the theory of anæsthetics, M. Ozanam some time ago instituted a series of experiments on prussic, or hydrocyanic, acid in a gaseous state, the results of which he has now laid before the Academy of Sciences. His chief object was the demonstration of this general law—viz. that all volatile or gaseous matter having carbon for one of its constituents has anæsthetic properties in proportion to the carbon it contains, and this law is verified in the highest degree by hydrocyanic acid. In its most concentrated state death, of course, is instantaneous, but when diluted in the ratios of 1 to 5, 1 to 20, 1 to 40, or 1 to 100, its effects are of various intensity. The temperature must be

Digitized by Google

taken into account, since prussic acid boils at 27 deg. cent. (80·6 Fahrenheit), and emits vapours in proportion to the heat of the weather; M. Ozanam's experiments were therefore conducted under temperatures of between 5 deg. and 10 deg. centigrade (41 and 50 Fahrenheit). If attenuated to 1-40th, hydrocyanic acid produces, when inhaled, much the same degree of anæsthesia as oxyde of carbon, and at 1-100th that of carbonic acid; but this state cannot be prolonged, as in the case of the latter—the inhalation must be stopped the moment the first signs of the action of the acid appear. The animal being then left to itself, the three stages of anæsthesia—viz. excitation, collapse, and a return to consciousness, succeed each other as usual. But if the inhalations be continued to the second period of coma death is the inevitable consequence. The stage of excitement is marked by such violent tetanic shocks that the animal is often projected to a distance of several feet; the heart beats with great rapidity, and respiration is interrupted by muscular contractions. This state lasts from thirty to sixty seconds, when the collapse commences; the eyeballs are rapidly dilated, the eyes protrude from their sockets, and all the members are paralysed. But while sharp instruments and hard blows are unavailing to rouse the animal from its state of insensibility, a slight shock is often sufficient to cause a renewal of the convulsions. During this period the action of breathing only manifests itself by hiccups at long intervals; the pulsations of the heart are rare and weak. By degrees, if too large a quantity of the acid has not been inhaled, the circulation becomes more regular, and there only remains an anæsthetic slumber, which lasts from five to fifteen minutes. After this there is a slow return to sensibility; the animal begins to move its fore legs first and its hind legs afterwards, and about twenty-five minutes after the commencement of the experiment it returns to its previous normal state. When death has been produced by excessive inhalation the blood on opening the body is found to be black, but it soon turns red again in the air. The smell of bitter almonds, which the body at first exhales, disappears in a short time, and no trace of the acid can be discovered by any test. Prussic acid would therefore be the only poison producing death without being traceable, were it not that the microscope shows the primitive nervous tubes broken in various places. Sometimes, also, the larynx and trachea are slightly inflamed. M. Ozanam concludes his paper by stating that oxygen is an effectual antidote against prussic acid. Until respiration is entirely stopped oxygen may be successfully administered by inhalation, but it must be administered for ten or twelve minutes at least, else the symptoms reappear.

BOOKS RECEIVED.

The Master Builder's Plan. By George Ogilvie, M.D. London: 1858.

On Dropsy connected with Disease of the Kidneys, etc. By W. R. Basham, M.D. London: 1858.

On Ether and Chloroform as Anæsthetics. By Charles Kidd, M.D. Second Edition. London: 1858.

Guy's Hospital Reports. Third Series. Vol. IV. London: 1858.

Practical Midwifery. By E. B. Sinclair and George Johnston, M.D. London and Dublin: 1858.

The Pathology and Treatment of Stricture of the Urethra. By Henry Thompson, F.R.C.S. Second Edition. London: 1858.

Demonstrations of Diseases in the Chest. By Horace Dobell, M.D. London: 1858.

The Mode of Formation of Shells of Animals, of Bone, etc. By G. Rainey. London: 1858.

Operative Surgery. By F. C. Skey. Second Edition. London: 1858.

Pathological Catalogue of the Museum of Guy's Hospital. By S. Wilks, M.D. London: 1858.

Ophthalmiatrik, von C. H. Schauenburg. Lahr: 1858.

Introductory Address at Guy's Hospital. By Thomas Turner, Esq. London: 1858.

Remarks on Two Cases of Poisoning by Opium in Young Children. Remarks on a Case of Spurious Menstruation during Pregnancy. By J. Jardine Murray. Edinburgh: 1858. (Reprinted from the Edinburgh Medical Journal.)

Clinical Illustrations of the Pathology and Treatment of Delirium Tremens. By T. Laycock, M.D. Edinburgh: 1858. (Reprint from the Edinburgh Medical Journal.)

Report on the Sanitary Condition of the Army. By a Non-Commissioner. Printed for private circulation.

TO CORRESPONDENTS.

Mr. Clowes's case shall appear.

S.T.O.—Of course. Any M.R.C.S. can register.

(?) is eligible.

Mr. Warwick's case of Occlusion of the Vagina shall appear.

In Defens.—The letter arrived too late for insertion this week.

Subscriber will find the New Warrant in another column.

Dr. Ottley's first letter was in type before his second arrived.

Mr. Beatty's letter shall be noticed next week.

M.D. can do nothing as to the new register until a registrar is appointed by the Council, and the necessary information published.

A Subscriber will not be prevented from practising Surgery, but he cannot call himself Surgeon legally, or register as such.

Papers and letters by Dr. Habershon, Mr. Laurence, Dr. Robert Lee, Dr. Ogilvie, Mr. Hunter, Mr. Deamer, Mr. Rudall, Mr. Aveling, etc. etc., are in type, but are unavoidably postponed.

P. P.—The position of unqualified assistants will be seriously affected by the Act. Our advice is that every such assistant should work hard to obtain the means of procuring a legal qualification. Industry, economy, and a determination not to appear before the public under false colours will certainly overcome temporary difficulties.

Mr. Browne.—It will be necessary to define what is the "lawful occupation, trade or business" of a Chemist and Druggist. As the law at present stands we believe it is held that a chemist may prepare and sell medicines, but may not apply or administer them. The *mann* alluded to would be punishable under the Act in all probability.

Letters having been published in the *Times*, and a notice in the *Medical Gazette*, calculated to produce erroneous impressions on the public mind as to the present sanitary state of Pau, the undersigned feel it incumbent on them to inform the members of the Medical Profession in general, that Pau is at this moment perfectly healthy, and that no epidemic fever has existed there during the last eight months. The insinuation that fever was the cause of extensive mortality amongst the English society last winter, is entirely unfounded, since but two cases of death from fever have occurred amongst the British population at Pau during the last five years. Pledging our characters as Medical men and Gentlemen to the above facts, we attach our signatures.

ARTHUR SMYTHE, M.D. DREWRY OTTLEY, M.D.
J. BAGNELL, M.D. A. TAYLOR, M.D.

A Tardy Competitor.—The subject of the Collegial Triennial Anatomical Prize, of fifty guineas, is—"the Structure and Functions of the Lymphatic and Lacteal Systems, Illustrated by References to Comparative Anatomy." The subjects of the two Jacksonian prizes of twenty guineas, for the present year, 1858, are—"The Pathology and Treatment of Diseases of the Ovary," and "Vegetable Poisons; their Effects, Means of Detection, and Treatment." There are also two subjects for prizes for the year 1859, namely—"The Structure and Treatment of Vascular Nævi, Illustrated by Cases, Drawings and Preparations," and "The Morbid Changes in the Retina, as seen in the Eye of the Living Person, and after Removal from the Body; together with the Symptoms associated with the several Morbid Conditions; Illustrated by Cases, Drawings, and Preparations."

LICHEN (?) CAPSULES,

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number for Saturday last (16th), your Paris correspondent mentions (p. 408) a capsule for administering nauseous drugs, which he describes as formerly made of lichen. May I request the favour of your inquiring of your correspondent what this lichen is; whether it is the cetraria Islandica, "Iceland Moss," or its gelatine; or, indeed, whether it really is a lichen at all? Should it prove to be a lichen (botanically speaking), I would esteem it a great favour if your correspondent would give me particulars of the manufacture to which he alludes, as well as procure specimens of the lichen-made capsules.

I am, &c.
W. L. LINDSAY, M.D. etc.

Murray's Royal Institution, Perth, Oct. 18, 1858.

[Our Correspondent's attention has been directed to this letter.—ED.]

DEVONPORT AND STONEHOUSE MEDICAL REGISTRATION ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to forward the following resolutions, which were passed at a meeting of Medical Practitioners of Devonport and Stonehouse, held at the Dispensary at Devonport on Tuesday evening, October 19, 1858, present, Mr. Crossing in the chair, Dr. Row, Mr. Little, Mr. Laity, Mr. Butcher, Mr. May, Mr. Cutcliffe, Mr. De. Larne.

I am, &c. P. DE LARNE,

Ker-street, Devonport. October, 1858.

Proposed by Mr. De Larne, and seconded by Mr. May:—"That a society be formed, to be called the Devonport and Stonehouse Medical Registration Association, with a view to assist the Medical Registrar in carrying out the provisions of the Medical Act, in this locality."

Proposed by Dr. Row, and seconded by Mr. Cutcliffe:—"That Dr. De Larne be requested to act as Secretary."

Proposed by Mr. May, and seconded by Mr. Laity:—"That a subscription of two shillings and sixpence be required from each member of the Association."

Digitized by Google

Proposed by Mr. Butcher, and seconded by Mr. De Larne :—"That the above resolutions be forwarded to the Medical journals."

Proposed by Mr. Laity, and seconded by Mr. May :—"That the thanks of the meeting be given to the chairman."

P. De Larne, Secretary and Treasurer.

Alkaline Matter in Well Waters.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your valuable number of the 9th inst., you notice the paper read at the British Association by Mr. Huggon on the "Alkaline quality of the water in Ripley-well, Leeds."

It is stated that the water in the Ripley-well contains a larger amount of alkaline matter than any in England; adding, that the nearest approach to it is in the water of the wells at Trafalgar-square, which according to the analysis of Abel and Rowney, contains only 18 grains of carbonate of soda to the imperial gallon.

As the quantities of alkaline salts in the water of the Ripley-well are not stated in your report, it is difficult to ascertain whether the comparison of the two waters is correctly stated; but a reference to the subjoined analysis, stated to be that of Abel and Rowney, will show that the actual quantity of alkaline matter in the water of the Trafalgar-square-well is far greater than stated in Mr. Huggon's paper.

I may also refer you to a number of analyses made by the direction of Mr. Robert Stephenson on several of the well waters at Liverpool, showing a much larger quantity of alkaline salts, than in the water of the Trafalgar-square-well.

The analysis of water is an important and very interesting subject, on which there ought not to be any difference of opinion, and one deserving the accurate observations of Chemists. I am, &c.

Frederick Braithwaite.

8, Bridge-street, Westminster. October 15, 1858.

Copy of the Analysis of the Water in the Well at Trafalgar-square.

Carbonate of Lime	Grains.	3.2704
ditto of Magnesia		2.2540
ditto of Soda		18.2840
Sulphate of Potash		13.6710
Chloride of Sodium		20.0583
Sulphate of Soda		8.7493
Silica		0.9718
Phosphates		0.0021
Organic Matters		0.6840
Grains in an Imperial Gallon		67.9449

Electricity as an Anæsthetic.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have to thank Mr. Joshua Plaskitt for having brought before the notice of your readers more ample notes of three cases I quoted in my prior communication to you on this subject. I am at a loss, however, to discover the drift of his letter, especially as it appears just four weeks after my own. Does he mean to quote them in favour of the continuous current, or on the contrary; or to what end was the letter written? As regards infra-mammary pain, I have succeeded in removing this troublesome complaint lately in a young lady, without either the aid of medicine or galvanism. Upon talking over the affection with Mr. Walter Bryant, he believes it to arise from pressure upon the intercostal nerves from stooping and muscular debility, the cure to be effected by properly adjusted stays. Acting upon this hint in the case I was consulted upon, I recommended a back-board, and a straight-backed chair, with complete and immediate success. A very important point, which Mr. Plaskitt has failed to mention, is that I. G. was cured by me with the aid of the induced current, of aphonia which had lasted for more than a year, and that a month afterwards it had not returned. The last case mentioned by Mr. Plaskitt, in which the chain was only applied once, and for less than two minutes, producing such remarkable effects, I should be glad to enter upon, but I fear to encroach upon your space. I am, &c.

63, Gloster-terrace, Hyde-park, Oct. 18, 1858. Harry W. Lobb.

Fumes of Opium used to produce Anæsthesia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have been using opium as a substitute for chloroform in a severe and dangerous operation, and I find it effective.

I placed the patient on his left side, put a large pipe with a cap on, and full of layers of a spirituous extract of opium, kindly supplied by the gentleman at the dispensing department of the Apothecaries' Hall. The bowl of the pipe was held over the flame of a spirit lamp, and he smoked himself soon into a half sleep, half reverie.

He never felt the knife when dividing a deep fistula, and removing a piece of the spinous process of the vertebra; but said he was sorry it was over. I am, &c. M.D.

Oct 18, 1858.

Electricity in Tooth Drawing.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Electricity being the theme of most people's thoughts just at present (at all events among dentists, and those contemplating a visit to a dental surgery), I conceive it but right in each member of the Profession giving publicity to his individual experience of its workings: and having read a very able and sensible letter on the subject in your columns of the 9th, penned by a fellow-townsman of mine, I am anxious to state my premises for differing from him in opinion, based on many satisfactory operations, of which I have at the time made strictly honest notes.

First, then, I am bound to declare that I do believe electricity to be an anæsthetic, and not merely a counter-irritant, as Mr. Eden asserts. All my patients assure me they feel a numbness around the tooth, and in most cases causing them to be insensible to its extraction. Now were electricity not an anæsthetic, I maintain this could not be the result of its application! I am convinced the more I use it, that on Mr. Lister's experiments (given so clearly in the "Proceedings of the Royal Society," vol. ix. page 367, and to which I before drew the attention of scientific men), may be based an incontrovertible theory, calculated to guide all who will impartially compare notes of their experience with his. A friend having lent me the work to read, I was particularly struck with the analogous symptoms; but, as I before stated, the success in producing painlessness entirely depends on the mode of application—electrical shocks are to be avoided—and here I conceive the cause of Mr. Eden's concluding that it is a counter-irritant, for, if I mistake not, he talks of giving his patients shocks, and using a rotating battery, which I utterly repudiate! In the first place, it cannot be regulated with so great a nicety as the coil, and also it is absolutely necessary that the operator should have all under his own control, and with dependence on a third party, who may one moment rotate the machine faster, and at another slower, the patient, too, proving only another obstacle to success; let me ask how can the operator with marked precision calculate what will be the result? I do not wish to be egotistical, but I am too anxious for the success of electricity as an anæsthetic, not to state with candour and firmness my belief in the proper modus operandi. With a single cell Smee's battery and coil, the current may be regulated with the greatest precision, taking care to adjust it to the satisfaction of each patient, that is (according to Mr. Lister again), using the medium current; this to be regulated by correctly judging the nervous temperament of each patient. I have a disconnector, on which I place my foot; and telling my patients to grasp the handle attached to the coil tightly, ere they have time to leave go I complete the circuit by the removal of my foot, and then immediately extract the tooth. My non-conductor being india-rubber tubing, drawn over my instrument, it will be obvious that simplicity of operation enables me thus to confirm my firm belief in electricity as an anæsthetic. I shall be happy to forward you palpable facts, in brief statements of cases brought under my experience, should you require evidence of what I have here stated.

I am, &c. James Bate.

45, Old Steine, Brighton, October 18, 1858.

COMMUNICATIONS have been received from—

Dr. Drewry Ottley, Pau; Mr. Jardine Murray, Edinburgh; Dr. Barker, Bedford; Dr. Stark; Dr. Soltau, Plymouth; Dr. Ward, Huntingdon; Mr. Bate, Brighton; Dr. Merriman; Dr. Stone; Mr. Wilson; Mr. Jones, Liverpool; Mr. Braithwaite; Dr. Metcalfe; Mr. Clowes; Mr. Radley; Dr. Lindsay, Perth; Mr. Shaw; Mr. Warwick, Southend; Dr. Muspratt; Mr. Myers; Mr. Kempster; Mr. Browne; Mr. J. Cooke; Mr. J. Jenkins; Mr. J. M. Booth; Mr. Skinner; Mr. Medcalf; Dr. Currey; Mr. Gaspey; Dr. Hinds; Mr. J. Douglas; Mr. Vincent; Dr. Samuelson; Mr. Grant; Mr. Tomlin; Mr. Chivell; Mr. Oldfield; Mr. McDermot; Mr. Adair; Dr. Mayne; Mr. DeLarne.

APPOINTMENTS FOR THE WEEK.

October 23. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Guy's Hospital Physical Society: Mr. Galton, "On Syphilis."

25. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 2 p.m.

Medical Society of London: Mr. Henry Smith, "On the Treatment of Internal Hæmorrhoids by the Application of Nitric Acid."

26. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

27. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.

28. *Thursday*.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Medical Society, University College, London (Ordinary Meeting), 8 p.m. Mr. Drysdale, "On a Sketch of the General Principles of Public and Private Hygiene."

29. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Removal of breast (2 cases); lithotomy; removal of tumour from leg. By Mr. Fergusson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock.

Two cases of Stricture of Urethra; Hæmorrhoids and Syphilitic Warts. By Mr. Holt. For Double Hydrocele. By Mr. Hillman.

St. Mary's Hospital.—Mr. I. Baker Brown will operate on Wednesday next, October 27, at 1 p.m., on two cases of vesico-vaginal fistula.

Digitized by Google

ORIGINAL COMMUNICATIONS.

ON SOME FALLACIES IN THE DIAGNOSIS OF ABDOMINAL DISEASE.

By S. O. HABERSHON, M.D. Lond. F.R.C.P.
Assistant Physician and Lecturer on Materia Medica at Guy's.

In the *Medical Times and Gazette* of May 17, 1856, several cases are recorded of suppuration in the abdominal parietes, well illustrating their obscure character at the earlier stages of the complaint, and the manner in which deeper-seated disease is for a time closely simulated. The present communication is on other fallacies connected with the diagnosis of diseases of the abdomen; important especially on account of the treatment which a correct estimate of their character ensures. It is not our purpose to dwell upon *all* the difficulties in the diagnosis of these diseases, nor to point out the means of distinguishing the affection of one organ from another. Renal, pelvic, ovarian, uterine, vesical maladies might each be adduced, and the resemblance of their respective symptoms indicated. Our object is to show,

1. That local collections of pus beneath the diaphragm may produce dulness, tubular respiration and bronchophony at the base of the right lung simulating disease of the pleura or lung at that part.

2. That disordered spinal and muscular conditions produce symptoms resembling, 1. diarrhœa, 2. colic or peritonitis, 3. tumours within the interior of the abdominal cavity; and that these symptoms are most effectually relieved by rest, and by a strengthening mode of treatment, but aggravated and perpetuated by an opposite plan.

3. That these conditions are sometimes associated with organic abdominal disease, rendering diagnosis exceedingly difficult.

The first proposition, that local peritonitis and collection of fluid beneath the diaphragm may produce signs of pleuro-pneumonia at the base of the lung, is well shown in the following case:—

Mary W., aged 38, residing at St. George's-in-the-East, was admitted under my care into Guy's, July 19, 1854. She was a stout, unhealthy looking woman; she had had two children, the last seventeen years ago, and catamenia had ceased for four years—she was of intemperate habits. Seven weeks before admission she was thrown from a cart and fell upon the abdomen towards the right side; pain and epistaxis followed. For two weeks she had been confined to bed, complaining of great weakness, and for several days the abdomen had been distended. She had been subject to frequent vomiting after intemperance, and had suffered from pain at the scrobiculus cordis. On admission she had pain at the right side over the region of the liver; the respiration was feeble, but distinctly audible at the base of the right lung; there was no dulness or friction sound, nor any physical sign of disease of the heart or lungs; the cough was slight; she had vomiting, a tongue furred in the centre, the appetite bad, the bowels open; she complained of headache. The abdomen was distended, resonant on percussion, slight fluctuation could be perceived, the liver could not be felt; but there was enlargement of the superficial veins and capillaries on the surface of the abdomen. Conium and blue pill were ordered night and morning, and magnesia mixture with tincture of henbane.

20th.—The abdomen was still more enlarged, the respiration accelerated, the pulse small and frequent. The sesqui-carbonate of ammonia with solution of acetate of ammonia, and infusion of serpentary were given every six hours—nourishment and wine ʒiv.

22nd.—The tongue had a brown fur in the centre; there was great thirst; sleep much disturbed; respiration 30; pulse 120, small and weak; skin hot, but moist; urine high coloured, but free from albumen. She complained much of pain in the right side in the region of the liver. The mixture was continued, 1 gr. of opium given at night, and a blister applied to the right side.

24th.—She had slept better, but was very ill; there was constant restlessness, an anxious distressed countenance; the tongue brown; the bowels open twice; the abdomen more distended, but no general abdominal tenderness; although greater distention, she had much pain in the head; the pulse 130 and failing; respiration 40. At the base of the right lung there was dulness on percussion; marked tubular respiration and bronchophony. She was ordered to continue the grey powder with opium which had been given the preceding night, and gr. x. of compound chalk powder added to the mixture, the wine increased to six ounces. At this time two Physicians of great experience, who saw her for the first time, diagnosed, the one pleurisy, the other pneumonia; my own opinion being that the case was one of peritonitis. She died the same evening at seven o'clock. Inspection was made twenty hours after death: fearing, however, lest objection should have been made by the friends to a satisfactory examination, a trochar was introduced at the posterior part of the right chest, and several ounces of pus flowed out; this was believed to settle the question of pleuritic effusion having been the cause of the symptoms. Subsequently the body was opened, the pleura on both sides was then found perfectly healthy; there was no effusion, and the serous surface was smooth; the lower lobes of the lungs were compressed, and the right lung presented slight sub-pleural ecchymosis; two of the aortic semilunar valves were united, otherwise the heart was normal, its weight ʒviij. The abdomen was much distended with fluid and flatus; between the liver and the diaphragm there was a collection of two pints of pus localised by bands of lymph; the diaphragm was much pushed upwards. There were other small collections of pus between the coils of the intestine and in the pelvis; the whole peritoneum appeared greasy. The liver was pale, friable, irregularly mottled; it was of an elongated form, its weight lb. iijss. The spleen was soft; the kidneys soft, granular, their tunics adherent; the bladder healthy; the left ovary presented a cyst the size of an ordinary orange, but lined by a false membrane. In the fundus of the uterus was a fibrous tumour, containing some calcareous matter, a second smaller tumour was also observed. The right ovary of normal size, but soft and pale.

In this patient peritonitis followed a blow either from the direct injury to the peritoneum, or to the ovarian cyst; no opening could be found in the latter. She was of intemperate habits, and of broken-down constitution; the inflammation was of the type generally observed in such subjects; purulent formation took place, with rapid prostration of strength and signs of irritative fever. To any one who had observed this case throughout, there was but little difficulty in the diagnosis that the principal disease was below the diaphragm. It was, however, both interesting and instructive to notice how completely the signs of thoracic disease were found the day before death; the cellular structure of the lower lobe of the right lung had become compressed, and the ordinary signs of pleurisy were the result; mere physical signs in this case, without the careful study of the previous history, served, even in the hands of experienced stethoscopists, to misguide. This instance was very different from those in which suppuration or abscess below the diaphragm leads to the absorption or ulceration of that muscle, and extension into the pleura or lung, such as is not unfrequently found with hepatic abscess or hydatids taking the course just mentioned. We have known several cases where local inflammation and suppuration on the left side followed a similar course. The reverse of our proposition sometimes takes place, namely, that pleuro-pneumonia at the base of the right lung produces an icteroid condition of skin, and gives rise to the idea of primary hepatic derangement, either from direct extension of disease through the diaphragm to the liver structure, or contamination of the blood.

2. *Our second proposition is, that spinal and muscular conditions produce symptoms resembling,—1. diarrhœa, 2. colic or peritonitis, and 3. tumours within the interior of the abdominal cavity.* The practice of medicine constantly reminds that the position of pain does not necessarily indicate the seat of disease, and that the cause of the disordered function may be far removed from the organ itself. These facts are often exemplified in diseases of the abdomen; abnormal conditions of the spinal centres, or of the muscular parietes, lead to symptoms which are sometimes mistaken for primary disease of the abdominal viscera. 1. *Diminished power of the sphincter ani muscle simulates diarrhœa.* If there be paraplegia or very manifest loss of motion in the lower extremities, there is less danger of this condition being overlooked; but the affection

Digitized by Google

of the muscles of the extremities may be exceedingly slight, as in the following case :—

George C., aged 10 years, a delicate fair child of strumous aspect, was a patient of mine in Guy's Hospital, January, 1858. It was stated by his mother that he had suffered from diarrhœa for three years, and that medicines of very varied kinds had been administered. He had been under the care of a Medical man for several months, and various astringents, etc. had not produced any diminution in the symptoms; the motions were sometimes passed involuntarily, there was no paralysis of the legs, but he was able to walk about; no indications of disease of the lungs or heart were present; and on examining the evacuations they were found to be of tolerable consistency, and of natural colour; the bowels, however, acted very frequently, and especially on his beginning to move about. The symptoms evidently arose from a feeble state of the sphincter ani. He was ordered to remain in a recumbent position, and to take steel wine 3j. thrice daily. In a short time he could retain his motions with comfort, the bowels acted naturally, and he left the Hospital well. We are aware of the relief afforded by the recumbent position in ordinary diarrhœa or dysentery, and that steel wine sometimes produces constipation; but in this otherwise simple case, very varied means had been tried, with no effect, till a correct view was taken of the cause. In incipient disease, or weakness of the spine, the rectum is sometimes very irritable, and the sphincter so weak that the bowels are acted upon as soon as any fæcal matter is impelled from the sigmoid flexure—the evacuations taking place in a hasty manner. A similar condition is observed where the alimentary canal, and especially the rectum have been weakened and relaxed by the continued use of powerful purgatives or injections, especially where there is much muscular prostration. In these instances the rectum ceases to act as a reservoir, but at once allows its contents to escape, and it is incorrect to look upon such cases as true diarrhœa. A short time before the close of life, it may be a few hours or days, the sphincter is often unable to retain the contents of the bowel; and this symptom is sometimes mistaken for diarrhœa. A few months ago a man came under my care, who had been a soldier in the West Indies, and in the Crimea; he had had dysentery, and at last phthisis: a few days before death constant fæcal evacuations took place, and it was natural to suppose that it was diarrhœa. Post-mortem examination showed the rectum and sigmoid flexure full of fæcal matter of tolerably firm consistency; that the supposed diarrhœa or constant discharge arose from the loss of power of the sphincter muscle. It did not at all resemble the instances where the presence of scybala produces irritation, and a discharge of mucus; but was identical with the involuntary evacuations towards the close of typhoid fevers, which are very frequently a sign of approaching dissolution.

Another class is of those cases simulating colic or peritonitis. Pain on the surface of the abdomen, as of a band or cord firmly tied round the body is an ordinary sign of spinal disease; and the position of the diseased part may be accurately ascertained, by tracing the nerve backward to its origin. Pain in the left side in young women, and especially where associated with uterine disturbance, is a sign of well-known frequency; and the connexion of the large splanchnic nerves with the sympathetic ganglia of the abdomen, and with the fifth and sixth spinal nerves, is a significant fact in the pathological character of this form of neuralgia. Pain across the chest in disease, from mere distention of the colon, is perhaps in part due to the same cause. Where this pain is of a general character, we have several times observed it mistaken for peritoneal inflammation, and treated as would mostly be believed very injudiciously; namely, by depletory measures. The superficial character of the pain; intolerant even of the slightest touch, but bearing firm pressure more easily; its supervention without collapse and the other symptoms of peritonitis, generally show the character of this form of complaint. In the following case, pain, probably neuralgic, simulated local peritonitis; depletion was followed by chorea and by hysterical mania, due in part, perhaps, to the exhaustion consequent on the treatment adopted.

Mary Ann B., aged 17, was admitted under my care into Guy's, May, 1858; she had resided in Bermondsey as a servant of all work; was tolerably nourished, but anæmic. She had menstruated three weeks before admission, but prior to that time the flux had been absent for three months. About a month ago, after lifting a heavy shutter, severe pain came on in the right side, and continued the following day; leeches were applied with transient relief; some days later pain subsevened in the knees and ankles; and a slight discharge of blood from the bowels was followed by the evacuation of several yards of tape-worm. For nearly a fortnight she had had great irritability of stomach, at once rejecting food; and three years before she had had pain in both knees, called rheumatism. It was evident that she was of a highly nervous temperament; and the uterine function was imperfectly performed; in this state lifting a heavy weight was followed by severe pain in the side. After admission into Guy's, careful examination could not detect any disease of the lungs, pleura, or heart; the pulse was very small—ninety; the tongue slightly furred, the bowels rather confined; the pain in the side continued, but was less severe, and there was some pain in the centre of the back; effervescing mixture was ordered every four hours, and soda-water with milk. The following day the vomiting was severe, the pulse very feeble; she was ordered brandy with soda-water, and a turpentine injection.

June 7.—Ten days after admission the vomiting had ceased, the bowels had acted freely, and she had lost all pain in the back and abdomen. Numerous spots of purpura had, however, shown themselves on the legs; there was also irregular choreal movement of the right arm; the tongue was clean, the pulse very compressible; as to previous diet, she had been accustomed to take vegetables freely. Ammonio citrate of iron gr. x., with lemon juice 3iij., syrup 3j. and water were given three times a-day.

The choreal movements became severe, and were accompanied with great cerebral excitement, loss of sleep; and a state of hysterical mania was induced. This condition became so violent, that it was evident that the ordinary ward of a hospital tended greatly to increase her ailment, and she was recommended to be taken home. In about a month she again came to show herself at the hospital, having regained her mental and muscular power, in fact, convalescent. In this instance, the pain was probably of a purely neuralgic or muscular character, and connected with an enfeebled state of the cerebro-spinal centres; the depletion appeared to increase that state of irritability, and to induce the condition of the stomach which followed; it perhaps aggravated or hastened the choreal and maniacal symptoms. Rest, the application of a belladonna plaster, the use of steel, with aperients if necessary, might, we think, have saved much of the misery which followed an error, as we believe, in the early diagnosis of the case. We well remember to have seen a young person at the time of commencing menstruation, who complained of pain in the abdomen, apparently very severe, bled freely from the arm; the symptoms quickly subsided, but no peritonitis had existed to demand such treatment.

The patient, Mary Ann B., was stated to have had rheumatism; and the pain in the knees and ankles would by many have received a similar designation; the connexion between rheumatism, chorea, purpura, and cerebral excitement, is also one of great interest: few names are, however, more carelessly applied than that of rheumatism, scarcely equalled by the unfortunate, but perhaps, convenient term, disease of the liver, or bilious derangement. The pains from spinal disease are too frequently called and treated as rheumatism. Many of those which occur in the course of the muscles and fascia, as in the neck, the lumbar fascia, the quadratus lumborum, legs, etc., generally receive a similar convenient appellation; various instances of this kind will recur to the minds of those engaged in active practice, and are well described in the work of Dr. Inman. That author believes the pain to be produced by the state of fascia and tendons, in persons of feeble power, and of consequent muscular irritability. The muscular spasm or paralysis simulating tumours, to which we have next to refer, are often produced by excessive but irregular and perverted muscular action; but in some of the cases we now especially refer to, where pain is the principal symptom, it would appear that the nerves of sensation are more particularly affected, and that a very slight impression serves to elicit intense suffering. In the study of these cases it is well to remember the rule for many years dwelt upon and illustrated by Mr. Hilton, in his anatomical lectures, that the nerve which supplies a muscle also supplies the skin over it; and this fact explains the sudden spasmodic muscular contraction at one time and pain at another, from apparent irritation of the same

Digitized by Google

nervous centre. We do not, however, for a moment deny the intense pain produced by a stretched tendon or fascia.

A third class of symptoms are those observed from the muscular contraction or relaxation of the muscles of the abdominal parietes simulating tumours. For many years Dr. Addison has pointed out these cases to his class at Guy's, and some have been recorded by Dr. Gull, under the appellation of "phantom tumours." We observe local spasmodic contraction of portions of the recti or obliqui muscles, forming hard tumours, which change their position in a short time, and even disappear under the hand; or there is relaxation or functional paralysis of the same muscles, allowing distention. These conditions are by no means of unfrequent occurrence, especially in young debilitated and hysterical females; but are not limited to them. The variable character and position of these so-called tumours, and their resonance on percussion, are good diagnostic signs; on manipulation they can often be felt to be in the parietes, and the history of the symptoms distinguish the disease as functional rather than organic. The assurance of the medical attendant that the malady is not of a serious character goes far in these cases to remedy the ailment; but, should be always associated with the application of means calculated to restore a vigorous state to the whole system. The muscular tumours to which we have referred may be mistaken for growths or abscesses in the parietes; the former have a more fixed position, the latter are more tender to the touch, and in a short time redness of the skin and indistinct fluctuation show their true character. Several interesting cases of parietal suppuration we have recently published in a work on Diseases of the Abdomen. Distended portions of the intestine from retained fæces sometimes continue for a considerable period; they often occur in the course of the colon, near the position where muscular tumours are observed; they are, however, more deeply seated, less resonant on percussion, and disappear by the use of aperient tonics. Tumours in the mesentery and omentum are occasionally present in the abdomen; they are especially difficult to distinguish where adhesions have taken place. We might adduce numerous instances of the conditions to which we refer; the following will suffice as one of a simple character:—

Catherine M., aged 13, was admitted under my care into Guy's in May, 1858; she stated that she had a tumour at the stomach; she was spare and somewhat anæmic, and had been suffering much for three months. According to her own account the enlargement of the abdomen was first noticed after a fright ten months previously; menstruation had not been established. On examining the surface of the abdomen there was very manifest enlargement from the scrobiculus cordis to the umbilicus, rounded but more central than simple flatulent distention of the stomach; it was resonant, and she occasionally suffered "crampy" pains at that part. There was no evidence of thoracic disease; no tenderness of the abdomen; she was ordered steel mixture and aloes with magnesia, and in a short time left the Hospital convalescent.

Our last proposition is, that great difficulty of diagnosis exists where the spinal and muscular conditions previously described are associated with organic abdominal disease. In the following case the recti and obliqui muscles produced hard variable tumours, sometimes in one part, sometimes in another, with intense pain; occasionally a deeper seated tumour could be felt, which was evidently the cause of the suffering.

John B., aged 65, was admitted under my care into Guy's, October 29, 1857. He was an old grey-haired man, who a year previously had had an attack of hematemesis, and from that time had suffered from severe pain at the scrobiculus cordis, and had slowly emaciated. He had occasionally vomited, but was able to retain most of his food, especially when he took slops or fish. Meat, etc. produced very severe pain. On admission he was exceedingly emaciated, and complained of occasional intense pain in the abdomen. It was situated generally over the stomach, and extended to the spine and to the region of the heart. At the epigastrium a tumour could be felt, situated at the position of the lesser curvature of the stomach. It was firm, and pulsated in a marked degree beneath the hand. It sometimes appeared to move its position, passing beneath the ribs, or becoming lower in the abdomen. The abdomen was moderately distended, but a systolic bruit could be heard at the seat of the tumour. The appetite was good, the tongue clean, the bowels regular. There was no abnormal sound in the region of the heart or aorta, but the pulse was feeble. There was much pain at the lower part of the dorsal spine, and pressure there produced very severe pain, extending to the scrobiculus cordis. He was ordered bismuth, with hydrocyanic acid, and a chloroform draught at night—rest and nourishment as he could take it. For six weeks, the period of his stay in Guy's, this patient suffered intense paroxysms of pain, unrelieved by opium, morphia, chloroform, etc. The pulsating tumour at the scrobiculus cordis remained; but on making any examination of the anterior part of the abdomen pain recurred, and one or other portion of the rectus or other muscle became spasmodically contracted, and closely resembled a firm tumour in the abdomen of a spare subject; sometimes it was the uppermost division of the rectus, sometimes the lowest—occasionally in the oblique muscles. By engaging the attention of the patient, these latter tumours disappeared beneath the hand, and indicated their true nature. On November 12th the left leg partially lost sensation, and there was severe pain in the course of the last dorsal nerve. No permanent tumour could be felt in the iliac region, and after a few days sensation returned. Opium gr. i. three times a-day afforded no relief; but quinine slightly alleviated his distress. Not experiencing any permanent benefit; but finding his strength failing, he left the hospital. The organic mischief in this case appeared to consist of a growth situated near the lesser curvature of the stomach, and compressing slightly the aorta. The spinal nerves, either at their centres, or in their course, were so affected that a very trifling exciting cause sufficed to produce spasmodic contraction of the muscular parietes. The amount of pulsation communicated to tumours situated directly upon the aorta may lead to the supposition of aneurism where the arteries are sound. In aneurism of the abdominal vessels the pain is sometimes intense; but the tumour is more equally pulsatile, the thrill is greater, a double bruit can often be heard, anteriorly, or in the spinal region, and the emaciation is less than in cancerous disease. The slight attack of hæmatemesis a year before admission resembled cancerous disease or ulceration rather than aneurism; and in aneurism, hæmorrhage is generally more quickly fatal.

In a second case of this kind, the symptoms were in a greater degree due to the state of the spine. William B., aged 51, was admitted under my care into Guy's in November, 1857; he was in very poor circumstances, and resided in Whitechapel. He was more aged in appearance than his years indicated; of slightly sallow complexion, and somewhat emaciated. About two months before admission he strained his back in lifting a heavy weight, and very shortly afterwards he had an attack of hæmaturia. This discharge soon subsided, but severe pain came on beneath the right ribs near the situation of the transverse colon or pylorus; this pain the patient stated was increased by food, especially by meat, which seemed to him to lodge at that part; and the pain was not relieved till he had taken some aperient medicine. He had lost flesh, and had suffered much; he had not had any vomiting, but the pain came on about an hour after food; the bowels acted regularly, the tongue had thin whitish fur, the pulse was compressible, the urine normal; and there was no evidence of disease of the chest. The abdomen was moderately supple and collapsed; the pain was at the position of the union of the ascending and transverse colon, and there was fulness at that part, but no defined tumour; moderate pressure produced pain. He was ordered to remain quiet, and to take of linseed oil and tincture of rhubarb of each ʒii., with mv. of tincture of opium, three times a-day. This medicine acted gently but freely on the bowels; the fulness had diminished, he took food without any discomfort, but the pain continued. Quinine mixture and meat diet were given, and rest enjoined. The pain became less defined, and gradually subsided. In December he continued the same treatment, gained flesh, and left the Hospital apparently well. He had, however, no sooner returned to active employment than an undefined pain in the abdomen again came on. He was re-admitted under my care January 13th,—at that time there was tenderness at the lower part of the dorsal and of the lumbar vertebræ: pain passing round the abdominal parietes, the sphincters were weakened, the legs occasionally gave way beneath him, and he had the sensation of "pins and needles" in the legs. After administering laxatives, quinine was given, and the recumbent position maintained. The strength of his

Digitized by Google

legs rapidly increased, and his other symptoms disappeared; he was again presented. In this case, many of the symptoms resembled organic disease of the pylorus or colon; but the subsequent development of manifest spinal symptoms render it very probable that the fulness and pain were due to irregular muscular contraction. The colon was, perhaps, distended with fæces, but without clearer evidence I am disposed to refer the symptoms to the state of the spine. It is probable, although not proved, that sudden muscular contraction of the quadratus lumborum and other muscles may, in some cases, lead to the discharge of blood from the kidneys, as we found in this patient.

A third instance of this complexity of disease is a remarkable case recorded by my friend and colleague, Dr. Gull, in the present number of the "Guy's Reports," Case 19.—A man was admitted under his care, aged 28, suffering from paraplegia, which was subsequently proved to have arisen from softening of the spinal cord: he had severe vomiting, constipation, pain in the abdomen, and the day before death evident peritonitis. It was found that the cœcum occupied the pelvis, that it ascended near the centre of the abdomen to the left side, and then formed the descending colon; the cœcum was twisted upon itself, had led to intestinal obstruction; its coats had given way, and fatal peritonitis was the result. In such a condition how difficult to distinguish the value of the respective symptoms. Vomiting and constipation are not unfrequent symptoms of spinal disease, so also flatulent distention and pain resembling colic. The bowels were not unfrequently confined, but acted under the influence of purgatives or injections. The condition of the cœcum was congenital, or rather the absence of the meso-colon, and was very likely to lead to obstruction—it perhaps produced the vomiting from which this patient suffered: the obstruction of the bowels became nearly complete, and led to great distention, to inflammatory softening of the coats, and at last to perforation of the intestine.

In the later class of cases, even with the greatest care and most watchful observation, doubt is connected with the symptoms; in the earlier, fallacy generally disappears where proper thought is used. Disease below the diaphragm may, as we have shown, produce physical signs as of pleurisy or pneumonia; and spinal or muscular conditions *simulate* sometimes diarrhœa, at other times colic, peritonitis, or abdominal tumour. The knowledge of these difficulties will be our best safeguard from error.

22, Wimpole-street.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D., F.R.S.
Obstetric Physician to St. George's Hospital.

(Continued from page 397.)

Case 555.—June 7, 1848.—Mrs. N., aged 43. "No child for seventeen years. A very peculiar person during pregnancy: pains in the head and side. Since her conception these nervous symptoms have disappeared, and she has gone on well. None of the ordinary symptoms of pregnancy in the early months, but she did increase in size. At the end of three discharge apparently after conception; then the next month more discharge; then three weeks more discharge; then two months no discharge. Now very near the full time, and has been poorly again." No dilatation of the os uteri. The hæmorrhage is not such as to excite any apprehension at present about her, but I recommended her to be kept quiet, and to wait patiently for the labour pains to commence, and not interfere at all, unless there was an increase of the discharge. The moment pains begin examine carefully, and if the placenta be not felt at the cervix immediately rupture the membranes—do not wait for the complete dilatation taking place, but, on the contrary, evacuate the liquor amnii at the earliest possible period. Apply the binder rather firmly, and get the uterus to throw off its contents, and be prepared with stimulants and ice. I heard nothing more of the case.

Case 556.—June 10, 1848.—Mrs. ——, fourteen days after delivery, a few miles from London. Puerperal insanity; delivered when in a state of insensibility from chloroform. This was given on the recommendation of a Chemist. The case turned out to be one of great severity, and the patient was long in a lunatic asylum. She had not recovered completely five or six years after.

Case 557.—Thursday, June 22, 1848.—Mrs. ——, delivered on Saturday morning near Buckingham-gate: labour natural. On Tuesday quickness of pulse; vomiting of bilious matters, followed by an eruption like scarlatina; great pain in all the joints; sore-throat; puffy swelling on the outside of the ankles; great pain in the wrists; no delirium. 23rd.—Dying. A great scarlet eruption over the extremities. Uncertain whether this was a case of malignant scarlet fever or uterine phlebitis.

Case 558.—July 25, 1848.—Mrs. ——, delivered suddenly this morning when standing; the navel string was torn; the child fell to the ground. Not the slightest bleeding took place from the lacerated cord. Uterus not inverted, and no injury of any kind sustained. Both mother and child did well.

Case 559.—July 31, 1848.—I saw a case of very protracted labour. It was the first. It began on the Thursday night, went on the whole of Friday, Saturday, and Sunday. At 6 p.m. on Monday the greater part of the head was still above the brim of the pelvis; rapid pulse; flushed countenance; great tenderness and distention of abdomen; no progress since 4 a.m.; fœtid discharge from the parts; fœtal heart not heard. The forceps could not be employed with propriety. I opened the head; long-continued and strong efforts required to extract it. After its extraction a great quantity of fœtid air rushed from the interior of the uterus, and contaminated the whole room. The perineum was slightly torn, though the greatest care was taken in extracting the child. The placenta came away readily.

Case 560.—August 2, 1848.—Mr. —— called and informed me that he had been sent for that morning to a case of labour. The liquor amnii had been discharged; os uteri fully dilated; something extraordinary about the head; could not at first ascertain that it was the head; got assistance from an experienced practitioner, who could not tell what it was, except that it was the head; it felt like a bag attached to the head. Mr. —— stated that he passed the hand into the uterus, passed the bag of membranes, then passed it over the solid body, which he felt was the head; passed the hand into the uterus, and ascertained that the head was presenting; ascertained that it was not the shoulder; the hand lying by the side of the head. Between the head and the uterus was this large protrusion like a bag of membranes, protruding from the head, and continuous with it. "The head has not come down into the pelvis at all." At 2 p.m. I found the case precisely as described—the head entirely above the brim; the os uteri completely dilated; incessant violent efforts to bear down, threatening rupture of the uterus; hard as a board over the abdomen; incessant vomiting; great restlessness; quick pulse. I passed up the perforator, when a large quantity of bloody fluid escaped, and the tumour collapsed. Head easily extracted afterwards. August 4.—Patient recovering.

Case 561.—Friday, August 11, 1848.—Mrs. B., delivered by Mr. J., on Tuesday weak; second child; labour natural. Went on well for some days, then slight fever: swelling of the right knee with stiffness; pain of the left, with swelling under the ham. Both arms—around, above, and below the elbow-joints, became red, swollen, and painful, chiefly the left; hardness along the forearm; fluctuation; extensive large vesicles formed over the left forearm. Rapid pulse; coated tongue in the middle, and red on the edges. Sickness at stomach; irritable bowels; pain on the right side of the uterus; uterus itself large. Milk in small quantity. Slight delirium. Died.

Case 562.—Tuesday, August 15, 1848.—I was requested to see a patient who had been delivered twelve days before. She had been eleven years in the West Indies, and had suffered from ague. Was very large during the latter period of pregnancy—the first; labour natural; there is now very great tenderness of the abdomen; fluctuation; rapid feeble pulse; tongue clean. Eight leeches; chalk and mercury, Dover's powder, diuretics; an inflammatory state of the peritoneum; no evidence of disease of the liver. 16th.—rapid pulse; pain especially on the left side, where there was a remarkable fulness and distinct fluctuation. Leeches, calomel and purgatives were employed. Sept. 8.—enlargement has not diminished; fluctuation. The symptoms of inflammation gradually disappeared, but the fluctuation increased,

Digitized by Google

and in the progress of time tapping became necessary; the fluid had evidently been contained in an ovarian cyst. After repeated tappings the patient ultimately died of ovarian disease.

Case 563.—Saturday, Sept. 2, 1848.—Mr. M—— requested me to see a patient whose first labour had commenced on the Thursday evening, and had gone on slowly all the night. It went on slowly during the Friday; every attention was paid to the bladder, and the case watched with anxiety. The labour was allowed to go on until half-past ten of Saturday. The head of the child was then so low that an ear could be felt; but it was firmly wedged in the pelvis, pressed on all sides; pains nearly gone; rapid pulse; looking greatly exhausted. It was obvious the child would never be expelled by the natural efforts. The finger passed around the head with great difficulty. The catheter had been passed with much difficulty. It was not a case for the forceps, but I was urged to make an attempt to deliver with the forceps. The blades were introduced cautiously, but great difficulty was experienced in locking them. After employing all the force to extract the head that I considered justifiable, without success, the blades were removed, and the head opened, and the time and exertions required to draw it out of the pelvis proved that delivery could not possibly have been effected with the forceps without irreparable injury to the mother. The recovery was not unfavourable—no sloughing took place—though the labour had been allowed to continue too long, and the attempt to deliver with the forceps must have bruised all the soft parts within the pelvis.

Case 564. — At half-past six on a Sunday morning I received a slip of paper not signed, with these words, "*Bring the Forceps.*" The husband of the patient who brought this, told me that M—— wished particularly to see me. I went, and saw the patient dying. The child delivered dead at 3 a.m. No hæmorrhage: placenta expelled in the natural way. I was informed that the labour had commenced on Thursday night at seven; that it went on during the Friday and Saturday, and that the delivery was completed at 3 a.m. The uterus contracted, but she soon after began to sink, and died at a quarter to eight. I had some reason to think that all the details of this case were not communicated to me fully; and in other cases there has been some difficulty in obtaining a correct knowledge of all the facts. Such as I could obtain I have always communicated.

Case 565.—On September 13, 1848, I received the following note:—"I want you to see *immediately* a lady who is just confined; now suffering alarming, most alarming syncope. Come back with Mr.—— as soon as possible." The patient was 22 years of age. The first labour had commenced at eight the night before. A severe labour; completed this morning at half-past nine; child alive; violent efforts to expel the child at the close of the labour. The uterus contracted and the placenta was expelled naturally. No hæmorrhage; suddenly great faintness followed; at half-past eleven brandy had been given largely; no pulse at the wrist; cold extremities; dilated pupils; great jactitation; the power of swallowing soon lost; and by mid-day dead. The day after Dr.—— informed me that the body was examined, and that the superior longitudinal sinus of the brain was found ruptured.

Case 566.—Sunday, September 24, 1848, Mrs——, aged 23. Mr.—— was called to this patient on Friday at twelve o'clock. There were lingering pains; the membranes not ruptured; os uteri was considerably dilated. "The bag of waters had passed the os externum on Friday." The pains went off for some hours, and then some small pains came on. Saturday, plenty of strength about her; dozed between the pains; the head descended, but very gradually; and all night the pain seemed inclined to increase; still did not come with vigour; the head is now advanced, but does not press upon the perineum; very little progress made for twenty-four hours; this morning has not been able to pass the water readily; bowels opened yesterday with castor-oil. Sunday, 1 p.m.—Is now, by report, becoming exhausted; tongue furred and some feverishness; has considerable power, but is beginning to tire.

I found the tongue clean and moist. Pulse good; abdomen not tender: head in the brim; the head has not passed into the pelvis. With great difficulty an ear can be felt above and behind the symphysis pubis; parts not suffering from pressure; fœtor in the discharges; not exhausted; impossible to deliver with the forceps. 6 p.m.—Uterine contractions came on, and the child was expelled dead; the head very much compressed. The pelvis in this case was distorted; and in a subsequent protracted labour the delivery was accomplished by craniotomy, and sloughing of the parts followed.

CASE OF POISONING BY STRYCHNIA.

By J. F. OGILVIE, M.D.

Surgeon to the H.B.M.'s Consulate, Alexandria, Egypt.

AT there are still several points connected with this subject which require further accurate observations for their elucidation, it is hoped that the following notes of a case which recently occurred in Alexandria, may prove interesting to the Profession.

On the 7th of January last, M.C., a young man of some 21 years of age, of sound health, good constitution, and somewhat excitable temperament, having met with a disappointment, which preyed much on his mind, formed the rash resolution of putting an end to his life by poison. With this object in view, he procured from a chemist four grains of a greyish-white powder, for the avowed purpose of poisoning dogs, and as these animals, in a half wild state, infest the locality, as they do all towns and villages in the East, the purchase excited no suspicion. Returning home immediately, it being then about 10 a.m., he swallowed the whole of this powder at once, in what menstruum is not accurately known, although there appeared reason to believe that it was in a small cup of strong coffee. It ought to be mentioned in this place, that on the evening of the day preceding he had, contrary to his usual custom, drank largely of pure brandy. He then went to the house of a friend, where he sat down in the drawing-room, occasionally rising, pacing up and down, and exclaiming to himself in an agitated manner, "How is it that I feel no effects yet? When will they come on?" A young woman, who was the only person in the room besides himself, imagined from his excited behaviour that he was under the influence of liquor, and was about to retire, when he recalled her with the request that she would furnish him with writing materials, which she did. He took them from her hand with the remark that he began now to feel something,—sat down, and wrote a few lines on a slip of paper in a firm steady hand, and had scarcely finished when he fell on the floor in strong tetanic convulsions.

This was almost exactly an hour after taking the poison.

Two Medical men, who happened to be at the moment in a shop close by, were at his side almost immediately, and found him presenting the following symptoms:—The spasms had just subsided for a time; features livid and congested; lips tumid; respiration short and laboured; extremities cold; skin covered with cold perspiration; intellectual faculties unimpaired. The patient at once informed them that he had taken four grains of some poison in the form of a grey powder, named the shop where he had procured it, and produced to them the paper he had just written, which proved to be a certificate, formally drawn up and signed, that he had taken poison, and that no one but himself was in any way culpable for his death.

His Medical attendants proceeded at once to take twenty ounces of blood from the arm, sending off at the same time to the chemist indicated to procure an emetic, and to ascertain the precise nature of the powder he had taken. About ten minutes after the first seizure, and before the emetic could reach the house, a second and more violent paroxysm supervened, and carried off the patient. The powder turned out, as was anticipated, to be strychnia.

Twenty-one hours after death, a post-mortem examination was made, with the following results:—Body in good condition; the whole muscular system in a state of great rigidity; fingers spasmodically clenched; a small quantity of serum tinged with blood issuing from the mouth; a small ecchymosed patch was observed on the posterior part of the scalp, produced apparently by his fall on the occurrence of the first attack of convulsions; mark of venesection on right arm; scalp and integuments very much congested; dura-mater strongly adherent; glandula pacchioni enlarged; great arterial and venous congestion of brain; meninges and plexuses of brain congested; little serum in ventricles.

Digitized by Google

Heart somewhat large, flaccid, and all its cavities empty; pericardium contained very little serum.

Lungs excessively congested throughout; old pleuritic adhesions over upper lobes of both lungs.

The stomach, which contained some four ounces of semi-fluid pulpy matter, composed apparently of bread and coffee mixed with mucus, presented no appearance that could be called abnormal. Patches of injection on upper third of small intestine. Stomach and intestines distended with flatus. Bladder empty.

The stomach with its contents, and the pylorus, were carefully secured by ligatures, and sealed up in a jar for chemical analysis.

In consequence of the rapidity with which interment follows death in this country, the tedious process of dissecting out the spinal cord was omitted. Such an examination would have been highly interesting, but in this instance the ends of justice did not imperatively require it.

The report handed in was to the effect that the condition of the body was compatible with the allegation that death had resulted from a large dose of a narcotico-acrid poison.

On the 11th, the stomach and pylorus were subjected to analysis by a committee of two Medical men, including the writer, and three chemists. One of the latter, M. Gastinel, a French analytical chemist of high qualifications, directed the operations. The process preferred by him, that of M. Flaudin, was as follows:—The stomach and pylorus cut into small pieces, along with the contents of the former, were weighed, and beaten up in a mortar with forty-two per cent. of their weight of quicklime. The mass thus formed was then placed in an open evaporating dish over a sand-bath, the temperature of which was carefully maintained under 212° Fahr., and was continually triturated until it became gradually reduced to a uniform, coarse, friable consistence. By subsequent trituration in a mortar it was completely pulverised. It was then subjected three times in succession to the action of alcohol (the spirits of wine of commerce) in a state of gentle ebullition for several minutes on each occasion. This was for the purpose of separating the strychnia, which, in common with most or all of the other vegetable alkaloids, is understood to be soluble in warm diluted alcohol, and to be unaffected by a temperature under that of boiling water.

The alcohol resulting from the three successive ebullitions was then mixed in one vessel, filtered, and evaporated to the consistence of a thin extract. Before evaporation had proceeded so far as to render the liquid too viscid, a drop was placed on the tongue, where it left a peculiarly bitter and penetrating after-taste, not intense, but distinctly perceptible, which was more decided after a minute or two than at first.

This alcoholic extract was then triturated with sulphuric ether, which was reduced by evaporation to a very small quantity, and filtered through bibulous paper. About an ounce of distilled water and a drop or two of nitric acid were then added, and the liquid divided into separate portions, which were tested by the following reagents:—

1. Liquor ammonia, which produced a white precipitate, but so scanty as to throw down no perceptible sediment, merely imparting a milky opacity to the fluid.

2. Hydriodate of potass with iodine, which threw down a maroon-coloured sediment. This sediment, when dissolved in boiling alcohol, and exposed to the air for twenty-four hours, exhibited, under a magnifier of low power, confused crystals of a red colour.

3. Chlorine water gave a faint white precipitate.

The first-mentioned test, although tending, so far as it went, to prove the presence of strychnia, was not considered sufficiently decided or satisfactory in its results to be alluded to in the report of the analysis. The same was the case with the bichromate-of-potass test, which was also employed, but gave a very faint reaction. It was intended to have employed as additional tests perchloride of gold and sulpho-cyanide of potassium, but, unfortunately, neither substance could be procured in the locality.

The conclusion arrived at was, that strychnia undoubtedly existed in the stomach, but in very small quantity.

M. Gastinel expressed a decided preference for this process over all others, and particularly objected to any one which involved the use of animal charcoal, on the ground that that substance absorbed and withdrew from the action of tests, not only any colouring matter which might be present, but also the strichnia itself, which it was our object to isolate. It was somewhat laborious and tedious in its details, and occupied us upwards of five hours. The tedium was, however, in no small degree alleviated by witnessing the intelligent interest taken by the Turkish and Arab assistants in the successive steps of the operation. As it appears that animal charcoal has the property of combining with vegetable alkaloids, and retaining them in an insoluble state, it promises to afford us the best chemical antidote for that formidable class of poisons. In a recent number of the *Medical Times and Gazette* it has been pressed on the notice of the Profession as an antidote for morphia. Has it never been proposed in cases of poisoning by strychnia? It surely well merits a trial.

The interesting feature of the present case is the small quantity of the poison (amounting only to a fraction of a grain) found in the stomach, and the difficulty of demonstrating its presence, where strychnia was known certainly to have been taken, where the exact quantity of it, and that too a large one, was accurately ascertained, and where the analysis was entirely directed from the first to the detection of this one known substance. Can we be surprised that in the case of Palmer's victim, to whom the strychnia (if strychnia it was) was probably administered in much smaller quantity, nothing was detected by analysis?

In making the post-mortem examination, the writer failed to detect the odour of spirit; but he cannot help thinking that some part of the brandy consumed the evening before death may have remained uneliminated from the system, and rendered more speedy the assimilation of the alkaloid, and its absorption into the tissues.

ON THE MODE IN WHICH WUTZER'S OPERATION EFFECTS THE CURE OF A RUPTURE.

By C. HOLTHOUSE, F.R.C.S.,
Surgeon to the Westminster Hospital, &c.

In the *Dublin Quarterly Journal* of last May, Mr. Spencer Wells has described the appearances which were found on a post-mortem examination of a young man, who, a short time prior to death, had been operated on by Rothmund for the radical cure of a hernia. "The invaginated scrotal plug was found to be so firmly united by adhesive inflammation to all parts of the canal, that it could not be separated without dissection. The external ring and the whole canal to within six lines of the internal ring, were completely filled and closed up by the adhesion of the plug." This then is what is sought to be attained by Wutzer's operation—a perfect blocking up of the inguinal canal, in the same way as the mouth and neck of a bottle are closed by a cork. But in the many cures which have been effected by Wutzer's operation is this end always attained? the following case proves that it is not. In the spring of the present year I operated on a gentleman, 27 years of age, affected with oblique inguinal hernia which had descended into the scrotum, after Wutzer's method. He was a stout, fat, young man, his scrotum thick and well pursed up, and his inguinal canal very short. I made use of the smallest of the three cylinders employed by Rothmund, and having pushed it as far into the canal as possible, it required considerable force to retain it there, even after the needle had been pushed through the abdominal wall.

Having succeeded by means of a bandage in retaining it in the desired position, it was kept in for ten days, the patient experiencing a good deal of tenderness in the canal. On removing the apparatus, I observed that the scrotum was larger than it was immediately after the operation, giving one the impression that the invaginated portion had partly descended, and on carrying my finger to the bottom of the cul-de-sac, it passed through a constricted opening, which I at first took to be the external abdominal ring, but which was, in fact, a hole through that part of the invaginated scrotum which had formed the bottom of the cul-de-sac, and against which the extremity of the cylinder had pressed with so much force as to cause its absorption. By this accident the scrotal plug had escaped from the inguinal canal, and slipped down by the side of the cylinder, which alone had maintained its proper position within the canal. A compress and bandage having

Digitized by Google

been applied for another ten days, my patient was allowed to get up and go about; the ulcerated opening in the scrotum healed rapidly, and the hernia has not since descended—the patient, in fact, is cured. This is by no means a solitary instance of a cure resulting from Wutzer's operation, notwithstanding the plug of integument had escaped from the canal. Three such cases are reported in the *Lancet* of April 17 of the present year, and many more have come to my knowledge, though not published.

The same thing appears to have happened in several of Gerdy's cases; for a long time this Surgeon believed that his plug of integument cured the hernia, by acting as a stopper, and so blocking up the canal; but a larger experience convinced him that this explanation was not tenable, as in many of the cases the skin gradually descended, while in others it became less and less, and finally disappeared by absorption; he therefore came to the conclusion that the obliteration of the canal took place by plastic exudation in its interior.

Mr. Teale, alluding to these cases of Gerdy, supposes that the plug "constitutes a barrier, aided, probably, by plastic effusion, for a sufficient length of time to allow the hernial aperture, in some cases, to contract so completely as to prevent the future descent of the hernia; and in others, to such a degree that the hernia can be readily retained by a truss:" but this explanation will not hold good in the case I have just related, nor, indeed, in any of the cases in which the plug came down very shortly after the operation. The true explanation would appear to be, that such an amount of inflammation is set up in the inguinal canal, by means of the threads in the one operation and the needle in the other, as, aided by pressure, cause the adhesion of its walls and the consequent obliteration of the canal.

2, Storey's-gate, St. James's-park.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

UNUSUAL STATE OF PARTS IN A HERNIAL TUMOUR.

(Case under the care of Mr. WARD.)

Strangulated hernia—symptoms continuing after the reduction by the taxis—operation—sac found occupying the middle compartment of the femoral sheath; the femoral ring being free—Recovery.

William Cook, a labourer, aged 59, was admitted under the care of Mr. Ward, suffering with symptoms of strangulated intestine. There was considerable fulness in the region of the femoral canal on the right side, and this fulness extended over the femoral vessels downwards to the extent of about three inches from immediately below Poupart's ligament. It had the appearance of an ill-defined tumour; irregular on the surface; and in the centre, protruded about an inch from the level of the thigh. There was no impulse on coughing. On manipulation it felt obscurely elastic; and became reduced in volume under pressure carefully applied by the dresser, Mr. Thompson. After reduction in the volume of the tumour the symptoms of strangulation continued with severity, the skin over the tumour was inflamed, and the femoral region, and the abdomen in its vicinity, were exquisitely tender on pressure, the cavity generally being tense and tympanitic; the skin hot, and the pulse very quick.

The patient stated that five days prior to admission, he was knocked down by a thick rope, which caught him across the right groin. This accident was soon followed by a swelling in the right groin about the size of an egg, much increased on coughing. Symptoms of strangulated intestine came on in the evening, but an attempt at reduction was not made until the third day, and then without effect. He had been operated on on the left side for a strangulated inguinal hernia, fifteen months ago, by Mr. Curling, and had then been in the Hospital for seven weeks.

Mr. Ward deemed an exploratory operation called for. An incision three inches in length was made down the thigh, commencing immediately below the situation of the upper opening of the femoral canal. One or two enlarged glands were cut through in a state of suppurative inflammation, and the femoral canal was found otherwise free; no trace of a hernial sac existing. A second incision of the soft parts was carried from the commencement of the first along the line of Poupart's ligament, to the extent of an inch and a-half outwards. The flap of skin enclosed between the two incisions was then reflected from over the femoral vessels, and on opening the sheath immediately external to the femoral canal (a large suppurating gland having been previously removed), an elongated hernial sac was found. It was nearly the length and volume of the little finger, and appeared somewhat tense; impulse, however, being communicated to it on the patient coughing, or on pressure being made on its upper or lower part. On opening this sac fæcal matter flowed away from it and the abdominal cavity. The finger having been gently inserted into the latter through the former, and nothing abnormal having been detected, the wound was left open, a poultice was ordered to be applied, and the patient was sent to bed. A dose of opium was given at night time.

The symptoms of strangulation gradually went off; fæcal matter flowed through the femoral wound for nine days; on the tenth day the rectum resumed its functions, and the man left the Hospital cured at the end of the sixth week.

ST. BARTHOLOMEW'S HOSPITAL.

TRACHEOTOMY FOR THE REMOVAL OF A PLUM-STONE LODGED IN THE AIR-PASSAGES—RECOVERY.

(Under the care of Mr. PAGET.)

Charlotte Collier, aged 11, a little girl from the country, was admitted under Mr. Paget's care about a fortnight ago. Her Medical attendant, a former House-Surgeon of St. Bartholomew's, came up with her to town, and communicated to Mr. Paget the history of her case. It appeared that about two months ago she had accidentally swallowed a plum-stone, which had passed into the trachea.

At the time of her admission there were no symptoms indicating immediate urgency. It appeared that the stone was loose in the trachea, as there were evidences of plugging first of one bronchus and then of the other, but the right was the one more frequently affected. There was a distressing spasmodic cough, and much bronchitic expectoration, occasionally tinged with blood. A severe convulsive seizure was stated to have once occurred. Under these circumstances there was on consultation but little difference of opinion as to the propriety of opening the trachea. A fair time had been allowed for spontaneous expulsion, and it had not occurred; while, on the other hand, the symptoms were of a character to induce grave fears as to the ultimate consequences of allowing the foreign body to remain. It should be stated that the stone was that of a "mussel" plum, remarkable for having sharp ends and edges.

On Saturday, Oct. 16, Mr. Paget proceeded to perform the operation. Chloroform having been administered, a free opening into the trachea, as low down as compatible with safety, was made. The operator could now distinctly feel the stone with his finger. Many attempts were now made by means of forceps of different construction, to seize and extract the stone, but they were baffled by its peculiar shape, and by the unceasing motion of the trachea. In the hope that it might drop out of the wound the patient was now turned on her face, and the trunk elevated, but without success. Mr. Paget now determined to still further enlarge the wound (already of apparently ample size), with the object of increasing the chance that the stone might be expelled. The incision was accordingly extended upwards, and almost immediately afterwards the operator had the pleasure of seeing the stone ejected during a fit of coughing. The size and shape of it will be gathered from the appended woodcut.

Its edges were very sharp, but in parts there were evidences of the action of the bronchial fluids on its surface.

After the operation, which had not in any stage been

Digitized by Google

attended by much bleeding, the wound was closed by strips of plaster. For the relief of the cough a saline draught with paregoric was prescribed. On Wednesday morning a slight bleeding from the edges of the wound occurred, but it ceased spontaneously. On Saturday when we saw the patient she was in all respects doing well. Her breathing has been quite comfortable since the operation, the cough is but slight, and the wound is fast healing,

In some clinical remarks upon this case, Mr. Paget drew attention to the great difference there is as to the facility of manipulating forceps in the trachea of the living and dead subject. Nothing, he observed, would appear to be easier in the dead-house than to lay open the trachea, and extract a foreign body. In the living patient, however, all the conditions were changed, and the natural movements of the containing tube during respiration, aggravated by the irritation and spasm induced by the forceps, rendered it almost impossible to accomplish the desired end.

Since the above was in type, Mr. Langdon, of Chobham, under whose care the patient had been, has furnished us with the following notes of her case:—

Previous History of the Case.—Charlotte Collyer, aged 11 years, came to my surgery on the evening of September 2, 1858, stating that about two hours previously she had eaten a mussel-plum, and that, while sucking the stone, something happened which caused her to cry, upon which the stone slipped down her throat. She added, that immediately after she swallowed it she coughed very violently, and that she had since had repeated fits of coughing, when she could feel the stone move up and down in her throat. She had, however, walked from home, a distance of two miles, and, when not coughing, had felt tolerably well, with the exception of not breathing quite as freely as usual. She stated that her health had been very good up to the time that she swallowed the plum-stone. She coughed several times while in the surgery, when the ear applied to the trachea heard what seemed to be the stone moving violently up and down; in the intervals the breathing was rather stridulous. Having seen her with Mr. Hewer, my partner, we laid her across a table, with her body bent forwards, so that her head hung downwards over the table, and then made her cough several times. This, however, was not attended with any good result, and she afterwards spat up a small quantity of bright red blood (which she stated she had before done on the way to my house). She remained some time, and finding that when quiet she suffered but little, and that the cough was not very frequent, it was decided to give her an emetic, and to leave her for a while to see if the stone would be expelled either by coughing or sickness; and she was requested, if more urgent symptoms should occur, to let me know immediately.

On the following morning she was again brought to the surgery, having suffered from occasional urgent dyspnœa during the night with frequent paroxysms of coughing. The emetic had not caused vomiting. She was requested to go home immediately, and told that we would follow her, as an operation was necessary; but she had not gone many yards from the house, when suffocation seemed to be so imminent that her mother brought her back (to Mr. Hewer), and I performed tracheotomy at once below the thyroid body. One superficial artery was divided and tied, but there was very little hæmorrhage, and an opening was made in the trachea, which we agreed was sufficient to allow of the passage of the stone (but it was not so long as its long diameter). She coughed still very violently after the trachea was opened, and although the stone seemed to be forced upwards at each expiration, it did not escape from the wound. No tube was passed into the trachea, hoping that the stone might even yet be expelled during coughing. The operation was performed without the administration of chloroform. An attempt was made to examine the trachea with a probe, but it caused so much distress that it was impracticable.

During the operation she became extremely livid, and at its conclusion was very exhausted, with a weak pulse, and profuse perspiration: the exhaustion gradually increased, and Mr. Hewer had a bed made for her in his house, and administered stimuli and broths as freely as she could be induced to take them. At 10 o'clock in the evening she seemed to be sinking; she had coughed but little after being removed to bed; the sweats remained very profuse, the pulse was rapid and almost imperceptible, and she had a gradually increasing mucous *râle*. This condition continued for several hours, but in the morning she rallied; and was so far better during the day as to be able to be removed with care to her home; after which she gradually improved. The wound in the trachea having stuck together during the night after the operation, was permitted to heal, and in about a week she became apparently well, with the exception of occasional cough; and remained so until Sept. 16, when feeling that the presence of the stone must occasion mischief in the lung, another effort was made to cause the expulsion of the stone by a mechanical contrivance, similar to the plan which succeeded in the case of Mr. Brunel. It was then proposed that, on a future occasion, tracheotomy should be performed under chloroform, and if the foreign body did not escape with cough, that forceps should be introduced to endeavour to extract it; but the condition of the patient was so good that it was deferred. On October 6th her cough was much worse, and after a violent paroxysm she was reported to have been insensible for ten minutes, and on the 8th she threw up with coughing nearly a teacupful of blood. On the 10th it was decided that it would not be right to leave her in her present condition any longer; but as she was in a poor cottage and at a distance from us, that her chance of life would be increased by sending her to St. Bartholomew's Hospital, which I did on the following morning, and placed her under Mr. Paget's care. I should mention that during the time she was under my care, the stone seemed to be sometimes in the left, sometimes in the right bronchus, as evidenced by the expansion of the chest, and access of air to the lungs, etc.

MALIGNANT TUMOUR IN THE FOREARM OF VERY SLOW GROWTH—DIFFICULT DIAGNOSIS.

(Under the care of Mr. PAGET.)

The following case presents a remarkable instance of the diagnosis of a tumour rendered difficult by extreme deviation from the ordinary progress of morbid growths. We have several times had to record somewhat similar ones, in which either malignant tumours had been, even in young or middle-aged subjects, of very tardy development, or else a tumour originally innocent had at a late period of its existence taken on a cancerous nature. As to which of these explanations should be adopted in the following instance opinions will probably differ; but it is not on that account the less instructive to the practical Surgeon. Henry S., aged 36, of dark complexion and of healthy appearance, was admitted about a month ago into St. Bartholomew's Hospital. Occupying the front and inner aspect of his right forearm was a large tense tumour, the size of an adult first, but more oval in shape. There was no redness of the skin over it. Its outline was rounded and tolerably even. An artery of considerable size might be felt crossing it; but no pulsation could be detected in its substance. It felt tense, and with an obscure sense of false fluctuation. The muscles appeared to be expanded over its exterior. As to history, the following puzzling account was given:—Nine years ago in an accident with some steam machinery the man had his right hand severely crushed. Abscesses followed, and there was profuse discharge for some time (large scars still apparent). While laid up from the effects of this injury, and within about a fortnight of its occurrence "a small kernel" was first noticed in the site of the present tumour, and received much attention from the Medical attendants. No opinion was given as to its nature, but the man was assured that it would go away. It did not subside, however, but continued steadily to increase in size, but without any pain. The man regained the use of his hand, and returned to his work, which he has followed steadily from that time to the present. At first the growth of the tumour was almost imperceptible, but during the past twelve months it has increased more rapidly. Latterly, also, the man, although still looking healthy, has, according to his own statement, lost both flesh and strength. During the last few months there has been a certain degree of pain in the tumour, and it has often kept him awake at night. A sister is believed to have died of an internal tumour.

Before proceeding to the operation, Mr. Paget explained to those present the peculiar difficulties of the diagnosis. He did not, he said, feel certain whether he had to do with a false aneurism, a chronic abscess, or a malignant tumour. The history of its having followed very quickly after an injury to the arm, was in favour of its aneurismal nature, a view

Digitized by Google

supported also by the position and general characters of the tumour, and the small amount of prejudicial influence which it appeared to have exerted on the general health. The supposition that a malignant tumour had been caused by an injury, and had then in a man of the age of the patient taken nine years to develope itself to its present size, seemed very improbable. Most of Mr. Paget's colleagues, including Mr. Lawrence, Mr. Stanley, and Mr. Skey, had examined the case carefully, and all shared in the doubts felt. An exploratory operation was therefore proposed, the subsequent procedures to be determined by what might be found to be the nature of the tumour.

On October 9, accordingly, chloroform having been given, Mr. Paget made an incision into the tumour in its long axis. A tourniquet had previously been applied, and it was intended, should it be found to be a false aneurism, to clear it out, and secure the artery above and below. The structure of the tumour, where cut into, however, was such as to leave no doubt as to its malignant nature. It was encapsuled in a strong membranous covering in front, but behind adhered closely to the muscles and fascia. After a somewhat troublesome dissection it was wholly got away, without injury to any of the larger arteries or nerves. The wound left was a large and deep one, but it has since progressed most satisfactorily. The man is now up and about the ward. Neither before nor since the operation has there been any enlargement of the axillary glands.

The tumour on section presented appearances which Mr. Paget and Mr. Lawrence both agreed in considering unmistakeably those of medullary cancer. Some portions on the exterior were soft, grey, and almost brain-like, while those nearer its centre and base were more dense, and of various tints, from buff to a yellow red. Some parts had undergone saponiform degeneration.

HOSPITAL NOTES.

SLITTING UP OF THE UPPER PUNCTUM IN CASES OF EPIPHORA.

Mr. Critchett observed to his class, the other day, at the Ophthalmic, that in several cases recently he had tried the plan of slitting up the punctum of the upper lid where the wished-for result had not ensued after a similar operation in the lower. In some, the relief to the epiphora had been complete after the second operation. It was clear, he said, that the patency of the lower canal was not always sufficient to secure immunity from this troublesome symptom, and that the upper one had a more important share of duty than, judging from its position, might have been suspected. As a point in practice, this result of Mr. Critchett's experience is well worthy of remembrance.

EXTENSION TREATMENT OF DISEASED JOINTS.

Mr. Coote has at present under his care in St. Bartholomew's several cases in which the extension treatment is being adopted for contracted knees after disease of the joint. He does not as a rule in these cases practise tenotomy of the hamstrings. Usually he much prefers gradual extension by a screw apparatus to forcible manipulation under chloroform. We believe that the forcible method has not many advocates in the London Hospitals, as it is generally acknowledged that it lights up fresh disease in not a few cases. With regard to tenotomy, there is room for much greater difference of opinion, and many hold that the process of restoration to the straight position is greatly expedited by the timely division of the retracting hamstring tendons. At the Orthopædic Hospital, the late Mr. Lonsdale was one who strongly held the latter view, and we believe it is still entertained by more than one of the present staff. That resections for deformity without active disease are not justifiable is certainly an opinion which is becoming more and more firmly established.

TEETH RETAINED AFTER REMOVAL OF PART OF THE JAW.

Mr. Skey brought forward a man before the Students in the St. Bartholomew's operating theatre on Saturday last, whose case presented some remarkable features. About four months ago he had been admitted with necrosis of a large portion of the lower jaw. The sequestrum was quite loose, and its extraction was accomplished without the least trouble. It included the whole of the left side from the ranus to the symphisis, and of the right as far as the first molar tooth. The sequestrum had been mounted for the museum. Mr. Skey exhibited it to the class, and it presented the sockets for twelve teeth, *i. e.* for the whole of those of the left side, and for the incisors, canine and first bicuspid of the right. On the right the necrosis did not appear to have involved quite the whole of the alveolar border, a fact which doubtless explains in part the circumstance to which we are about to allude. Instead of coming away with the bone to which they belonged, the incisors, canine and first bicuspid of the right side, and even the central incisor of the left, had remained in the gum. The man on the present occasion applied to have these teeth removed, as although they evidently possessed vitality, and were firmly attached to the gum, yet having no bone beneath, they were in his way rather than otherwise. The gums had of course sunk down, and the teeth stood very irregularly. Mr. Skey removed four of them, the fifth (the right first bicuspid,) being sufficiently firm to justify its retention. The case excited much attention among the Surgeons of the Hospital, all of whom agreed with the operator in stating that they had never before witnessed an example of retention of vitality on the part of the teeth after removal of their osseous support. The patient is a pale, unhealthy young man of about 20. The periosteum of the bone had evidently been left behind.

DEVELOPMENT OF CANCER IN EACH ORBIT SIMULTANEOUSLY.

We mentioned some months ago the curious and probably unique case of a little boy under Mr. Critchett's care at the Ophthalmic, in which a simultaneous growth of medullary cancer had taken place in and around both orbits. The boy had been brought up to town from Lincolnshire, and on being informed that the case was a hopeless one, his parents took him home again. Mr. Critchett informs us that he has since heard that death took place in the latter part of July, *i. e.* about two months after the date of his attendance at the Hospital. The subsequent rapid growth of the tumour fully confirmed the diagnosis, about which there could indeed be no doubt. No autopsy was permitted. A stereograph portrait of the boy is in the museum of the Hospital. It shows both eyes closed by the swelling of the lids, and also an extension of the morbid growth over the outer edges of the orbits on to each temple. It was all but certain that there was no communication between the growths across the median line. Symmetrical cancer of the breasts is not so very rare, but we do not recollect to have ever before seen or read of an instance like the above.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 264.—Tight Lacing.

"The injurious effects of tight lacing have often been pointed out, and in England, at least, women have pretty generally learnt to see the danger, if not always the hideousness of these wasp-waists, once so highly prized. A single fact elicited in the experiments of Herbst will have probably more weight than pages of eloquent exhortation. It is this: the same man who, when naked, was capable of inspiring 190 cubic inches at a breath, could only inspire 130 when dressed. Now if we compare the tightness of a woman's stays with the tightness of a man's dress, we shall easily form a conception of the serious obstacle stays must be to efficient breathing; and the injurious effects of this insufficient breathing consists, as we shall see hereafter, in its inducing a depression of all the vital functions."—*Blackwood.*

No. 265.—The late Duke of Wellington's Logic as a Doctor.

The Duke, some few years before his death, called upon a lady friend—a high-born dame—who was suffering from

Digitized by Google

disease of the eyes, and presented her with a bottle of lotion which he asserted would infallibly cure her. This wash, he said, I have used every morning for the last thirty years, and no one has better sight. The mode of application is dabbing it on the *outside* of the eyelids with the finger!

No. 266.—Lithotrity,

M. Nélaton tells us, was known to Albucasis, who indicates the possibility of breaking stones in the bladder, in these words; "Accipiatur instrumentum subtile quod nominatur mashaba rebilia et suaviter intromittatur in virgam et volve lapidem in medio vesicæ, et si fuerit mollis frangitur et exibit, si vero non exiverit . . . oportet incidi ut chirurgia determinatur."

No. 267.—The World's Value of the Physician.

"There has been, no doubt, a sluggish tardiness in the mind of the world to acknowledge the true grandeur of the Medical Profession, when dutifully and honestly pursued. Alas! we are all of us sufficiently conscious of the Physician's power over us, when he cautiously closes the door of the sick room, and we watch the glance of his eye or the wrinkles of his mouth for the faintest reflection of those inner thoughts, in which the issues of life and death may be already prejudged. But the careless and the healthy world is apt, perhaps, to forget the true elevation of the untitled and unrobed master of Science."—*Blackwood.*

No. 268.—Intestinal Worms in Edinburgh.

Professor Bennett informs us that intestinal worms are very rarely observed in the human inhabitants of Edinburgh. If so, what is the peculiarity in the diet or drink of the Scotchman, which produces such a desirable conclusion? He himself seems to attribute the fact to the oatmeal (vegetable) diet of the cannie folk.

No. 269.—Who taught the Public to take Pills?

"The use of purgatives in intestinal disease is a subject of great importance, and one which appears to me to have been much misunderstood. It has been supposed, for instance, that a good alvine evacuation once a-day is necessary to the healthy state of the body, and that an individual who only has such an evacuation once in two, and sometimes in three days, is constipated. The idea has led to the habitual use of purgatives, and is the principal cause of the enormous number of aperient pills annually sold with Government stamps in this country. The fact is, that many persons naturally never have a motion above once in two or three days, and retain their health 'quite well.'"—*Professor Bennett.*

No. 270.—The Romance of Biography.

"George Stephenson," says his Biographer, "owed much to his birth, belonging, as he did, to the hardy and persevering race of the North,—a race less supple, soft, and polished than the people of the more southern districts of England, but like their Danish progenitors, full of courage, vigour, ingenuity, and persevering industry. Compared with men of the southern counties generally, these northerns are redder, bigger, stronger, and hardier, and possess a more marked individuality of character. Their strong, guttural speech, which sounds so harsh and unmusical in southern ears, is indeed but a type of their nature."

No. 271.—The Battle-Field of the Army-Surgeon.

"The most arduous and most dangerous services of Medical officers are not always, even in war, rendered before the enemy. They have to strive with an enemy more dangerous than man. In the almost pestilential wards of Scutari the exertions were more continuous, the dangers were greater, and the honours and rewards to be obtained were fewer, than at the front before Sebastopol. The mortality of the Medical officers at Scutari was not much exceeded by that of the combatant officers in the army of the Crimea; but the survivors are debarred from receiving those honours, which, fortunately for the country, are prized more than either rank or emolument."—*Report of Sanitary Commissioners.*

No. 272.—Chinese Doctors.

M. Huc tells us that in China every one is at liberty to practise physic; the government never interferes. The reason is, that it is thought every one will have sense enough not to put himself into the hands of an ignoramus. Thus any one who has read a few receipt books and learnt the names of a few drugs may cure or kill at pleasure. The consequence is, that doctors are superabundant in China; everywhere you meet with doctors. Their position, however, is not brilliant, as may be readily imagined, nor are their profits large. Generally speaking, visits are not paid for; and the remedies given are sold cheap, and always on credit, so that the doctor of course loses one-third of his income. [In some of these particulars our civilisation here in England is certainly much on a par with that of our Chinese *confrères.*] Moreover, the custom is only to pay when the medicine does good. But sometimes things are worse than this; the doctor has, occasionally to fly for his life, in order to avoid the bamboo, or the prison, or fines; and this happens, when having promised to cure a patient, he lets him slip through his fingers. The friends of the deceased consider these summary processes more convenient than legal appeals; and the government is disposed to give them such liberty, as a way of keeping the doctors in order. Chinese doctors love specialities. Some treat diseases originating from cold; some those which result from heat. Some practise acupuncture; others set broken limbs. There are doctors for the old, for the young, for women, and for children. Some of them are blood-suckers—species of man-leeches; these apply their lips to abscesses and swellings, and suck out their contents. "We once saw one of these vampires, and shall never forget the disgusting sight presented by his hideous face glued to the side of a patient, as if he would have devoured him." Barbers take care of the eyes, the ears and the feet, and have also the special privilege, in the south, of fishing for frogs. Doctors never become rich; they live a hard life of it, just like their fellow labourers, the schoolmasters.

No. 273.—Dr. Tobias Smollett v. Dr. Marshall Hall.

Sir,—I have the honour to forward you the following quotation, to which my attention was directed a short time ago by an English officer, and which I have thought you would be pleased to insert in your valuable journal. It seems to me not improbable that the distinguished departed philosopher may have been amusing himself with the perusal of these adventures when he caught the idea now so widely popularised. The quotation runs as follows, and is taken from "The Adventures of Sir Lancelot Greaves, by Dr. Smollett: 1792."

"Having deposited his burden carefully on the floor, he addressed himself to the company, etc. . . . The violence of my intrusion was the effect of necessity. In crossing the river my squire and his horse were swept away by the stream, and with great difficulty I have been able to drag him ashore, though I am afraid my assistance reached him too late, etc. etc. After some recollection Mr. Nillett began to undress the body, which was laid in a blanket on the floor and *rolled from side to side* by his direction. A considerable quantity of water being discharged from the mouth of the unfortunate squire, he uttered a hideous roar, and, opening his eyes, stared wildly around; then the Surgeon undertook for his recovery."

I am, &c. N.H.S.

ANSWERS.

To No. 262.—"Bark in Rheumatism."

Your correspondent W. O. M. makes inquiry as to the use of quinine in acute rheumatism in the Parisian hospitals. This inquiry directed my attention to the fact, that Dr. Haygarth, in his "Clinical History of Diseases" (at p. 46), published in 1805, when as yet quinine was unknown, relates his having consulted Dr. John Fothergill on a case of rheumatic fever, who recommended that bark should be administered, at which Dr. Haygarth expressed his surprise; but to the objections he advanced Dr. Fothergill replied that "when I was a young physician, being twice called out of my bed to visit patients in a frosty night, I caught a very severe rheumatick fever. By the advice of my Medical brethren, I had been blooded repeatedly and largely even to 70 ounces. My disease yet remained unsubdued, and my blood still exhibited an inflammatory crust. Hence I was convinced that the method of curing this fever by such copious evacuations was erroneous. Soon after my recovery, I was desired to visit a patient ill of an acute rheumatism. At my request, Sir Edward Hulse, at that time the most eminent physician in London, was consulted. He proposed that we should order the Peruvian bark. I gladly agreed to the proposal, as I

Digitized by Google

thought there were several analogies between an ague and a rheumatick fever. In both diseases, the urine lets fall a similar lateritious sediment, etc. In this consultation with Sir E. Hulse, the bark was given with such manifest advantage, that I have ever since adopted the practice in this disease, and recommend it to you in spite of all Medical authorities to the contrary." Dr. Haygarth notices that Dr. R. Morton, in his treatise on Fevers (see Morton's Exercitationes, vol. i. p. 83—1692) states that, among other diseases, he cures local rheumatism, "soon, constantly and happily, with cinchona." Sir John Pringle alludes to the success attending the use of cinchona in rheumatism.

Bath, Sept. 20, 1858. R. W. F., M.D.

To No. 262.—"Quinine in Acute Rheumatism."

Sir,—In answer to the inquiry of your correspondent W.O.M., I may, perhaps, be allowed to copy an extract from a letter which I recently received from an old patient residing at Tours:—"In the spring L. had a severe attack of rheumatic fever. She suffered much from pain in the heart. As soon as Dr. Duclos felt sure that it was rheumatic fever, he proposed to administer large doses of quinine, *i.e.* to give six or eight doses of twelve grains each, at intervals of eight hours. Even the first dose did wonders. It was administered at night, and before morning L. began to recover the use of her limbs, and her pulse subsided from 112 to 84; but her heart being still painful, I sent for the Doctor, who said it was only an additional reason for pushing the quinine. After the second dose her heart was effectually relieved; and on the fourth morning she could even get out of bed."

Præmissus extra urbem.

"Quinine in Rheumatism."

Sir,—Your French correspondent says, that "Quinine in large doses, in acute articular rheumatism, seems to have been first employed in England so long ago as the time of Morton, Saunders, Fordyce, Hulse, and Haygarth. . . The latter speaks of it as having been administered by him with marked success during a period of 45 years." Now, I find, on turning to Dr. Christison's Dispensary, that quina was "discovered in 1820 by Pelletier and Caventou:" and Hulse, for instance, flourished one century before that day. How then does your correspondent reconcile this? Does he mean that they used "*the bark?*" If so, then what amount of it would be required to make seventy-five grains of quinine—the dose per diem of Briquet in articular rheumatism? And is the action of large doses of bark similar to the action of large doses of quinine? I am, &c.

W. O. M.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, OCTOBER 30.

THE INFLUENCE OF MARRIAGE ON MORTALITY IN FRANCE.

A paper was read by Dr. William Farr at the Liverpool Congress of Social Science, on the Influence of Marriage on the health of the French population, in which several facts were presented of the highest interest, proving that marriage is the unit of the social state—in other words, favourable alike to health and longevity. As we have no statistics from which to treat this great question in relation to English lives, the facts presented in reference to France have a peculiar interest, and will not fail to command attention in this country. We refer to the analysis presented by Dr. Farr, not as giving a substitute for this kind of information as to our own country; but in the hope that we shall not always be left destitute of similar returns, through the important department of the public service with which the author of the paper is connected.

The facts and figures now given for the first time are based on returns extending over the whole of France, and among all classes of the people, thus exceeding greatly in value anything ever before produced by writers of that country, who have directed their studies to the relative value of single and married life. It will be remembered that Deparcieux, in the middle of the last century, investigated the relative mortality of monks and nuns in France, contrasting their lives with those of Tontine annuitants, consisting partly of married, and partly of unmarried. His inquiry was thus limited as to area and classes, instead of being, as now, extended over all persons in all parts of France. The result he obtained was, that from the age of 20 to 40, the mortality of the *Religieux* was low, and after the age of 40 it was high, as compared with the rate of mortality among the Tontine annuitants. The statistics now furnished give us the effect of the conjugal condition on the life of the whole population, minors, of course, being excluded.

In reference to the conjugal relation, the more than thirty-six millions included in the French census of 1851 are divided into three classes.

I. The married; consisting of 6,986,223 husbands, and 6,948,823 wives=13,935,046 married persons.

II. The Celibates, or persons who never married; bachelors, 4,014,105, and spinsters, 4,549,944=8,564,049.

III. The widowed; widowers, 836,509; widows, 1,687,583 =2,524,092.

Dealing then with these nearly fourteen millions of married persons, the author notices, first, the case of husbands and wives under the age of 20, marriage being legal in France for men at 18, and women at 15. In this early age the mortality was excessive. Twice as many wives died under the age of 20 as died in the same number of unmarried women; while the mortality was also found to be much higher among married than the unmarried men. Among the married women, the rate of mortality was 14·0 in 1000, and among the spinsters it was only 8·0. Among the married men it was 29·0 in 1000, and among the unmarried it was 7·0. This result confirms the opinion of the evil consequences in many cases of marriage under the age of 20, before the growth of the individual man or woman is completed.

In the next twenty years, 20—40 wives show a rate of mortality half as high again as husbands; the mortality of wives from 20—30 being at the rate of 9·3 in 1000, and from 30—40 at the rate of 9·1, while the mortality of husbands is 6·5 in the first interval, and 7·1 in the second. The excess on the female side is obviously ascribable to the perils of child-bearing, aggravated by unskilful female assistance. From 40—50 the mortality of husbands (18·3) is slightly higher than that of wives, and continues higher in the subsequent ages, though the difference in favour of wives is not considerable, as will be seen in the following table:—

Age.	Husbands.	Wives.
50—60	18·3	16·3
60—70	35·4	35·4
70—80	88·6	84·9
80—90	183·6	180·4

Turning now to the celibates. It has already been observed at the younger ages, under 20, that the rate of mortality is

Digitized by Google

lower in both the sexes than among the married, being in males 6·0, and in females 7·1 in 1000.

Taking the ages from 20—60, unmarried men show a much higher rate of mortality than unmarried women; being in the first ten years (20—30) in the ratio of 11·3 to 8·7. This excess is partly attributable to deaths in Algeria, and in the *casernes* at home; but these elements do not interfere in subsequent stages to any considerable extent. From 30—40 deaths among men were 12·4, among women 10·3. From 40—50, men 17·7; women 13·8. From 50—60, men 29·5; women 23·5. From 60 upwards, the rate of mortality was nearly equal in the sexes.

Comparing the married with the unmarried it is found that between the ages of 20 and 25, maidens have the advantage, the difference being considerable. Of 1000 females the annual deaths among the married were 9·8, and among the unmarried 8·5. At the ages of from 25—30 the mortality of the unmarried is slightly in excess, being 9·2 to 9·0. At the ages 30—40 the mortality of wives was 9·1, while that of unmarried women was 10·3. After the age of 40 married women show a much lower rate of mortality than the unmarried, the rates being from 40—50 married, 10·0; unmarried 13·8. From 50—60, married 16·3; unmarried 23·5; and from 60 upwards, married 35·4; unmarried 49·8.

The contrast between bachelors and married men is very remarkable, in the earlier ages being in favour of bachelors, and the more advanced against them.

The widowed are found to have a higher rate of mortality than the celibate, who it has been shown have a greater mortality than the married. At all the ages under 40 the mortality of widows is higher than the mortality of unmarried women, while at the earlier ages the rate is double. Advancing from the age of 40 the mortality of widows is lower than that of spinsters, and at all ages the mortality of widows is greater than that of wives. Among widowers it is found that there is a heavy rate of mortality under the age of 30, and even under 40, while afterwards they die more rapidly than not only the husbands, but even the bachelors.

Thus it results from this novel inquiry that marriage is a healthy state, the single being in danger of wreck, where those united in matrimony often survive the storm.

THE COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.

The Election of Representatives to the General Council of Medical Education and Registration proceeds satisfactorily. The Royal College of Physicians, the three Medical Corporations of Scotland, and the three Medical Corporations of Ireland, have each already chosen their representative. The four Universities of England will soon make their selection. The Universities of Scotland may perhaps occasion some difficulty; but as the Crown has the power to select, should the united Universities not agree in the person chosen, no delay is likely to arise from this cause. The University of Dublin has already made the choice, and the remaining University in Ireland will speedily follow the example. The Royal College of Surgeons of England and the Society of Apothecaries of London alone remain. The latter Society is understood virtually to have made their selection. Of the entire number of Corporations, the Royal College of Surgeons of England is the only one likely to occasion any real difficulty. A party in the Council of this College claims the exclusive right to elect their member. In this claim they are, it is said, supported by their solicitor, who has given it as his opinion that the Council alone have the power of selecting. Counsel have, however, been consulted on the point, and their opinion is opposed to that of the College solicitor. The College of Surgeons comprises a Council, Fellows, and Members, and the contest lies between these bodies. According to the evidence of the late President, Mr. Travers, given before the Committee on Medical Registration, "the Fellows constitute the electoral body" under the charter of 1843. The recent Act confers the right of choosing one member on the Royal College of Surgeons of England. This we are assured, on high legal authority, must mean the Fellows at the least. Had Parliament intended to have conferred the right of choosing a member to represent the College exclusively on the Council the Act would have said so specifically. The Fellows of the Royal College of Physicians claimed and exercised this privilege; and why the Fellows of the College of Surgeons should be denied the same right we are at a loss to know, particularly as in both the Fellows choose the Council. Of course if both parties remain firm it will be for the Courts of Law to determine in whom the actual right of election is vested. How this important point will come before the Courts it is at present difficult to foretel. Perhaps the Member chosen by the Council of the Royal College of Surgeons may find his right to sit and vote in the Medical Council questioned by the other Members of that body; or it may be that the Council will have to determine the point on a double return. For a time, therefore, unless the contending parties can reconcile their differences, the Royal College of Surgeons will, in all probability, be in effect disfranchised; as until the question of the legality of the return shall have been determined by the competent authority, neither of those returned will be allowed to sit and vote. We feel certain, therefore, that the course we formerly recommended is the best that could be adopted, and that the Council should call together the whole of the Fellows and Members of the College at a certain day and hour, and elect their Member by ballot, after the example of the College of Physicians.

The proceedings on the occasion of the election of Dr. Watson thoroughly justified the determination of the College, that the election should be made by the votes of the Fellows at large, and not by the Council. None of the evils anticipated resulted from this open election. There was no canvassing, no private influences at work, no unfit man was even thought of as a candidate. The general feeling of the Fellows at once led them to select three gentlemen as men proper to act as representatives. Any one of those gentlemen would have been well worthy of the honour; but two of them at once declined to enter into any kind of competition with Dr. Watson, and refused to admit their names to be balloted for. The election of Dr. Watson seemed to give universal satisfaction. We many weeks ago pointed Dr. Watson out to the Profession as a man every way qualified to represent the College, and we congratulate the Fellows on their choice. Had the proposition of Dr. Hawkins been carried, that the Council should send up the name of one gentleman, recommended as a fit person to represent the College, we are certain that great opposition would have been excited; and more and worse than this, neither Dr. Watson nor any other worthy man would have allowed his name to go to the ballot under such a condition of things. It was the spontaneous and general feeling of the Fellows which induced Dr. Watson to accept the office; any small degree even of opposition would in all probability have prevented him from coming forward.

THE WEEK.

At the last meeting of the Durham Court of Quarter Sessions, the following resolution was passed, in accordance with the recommendation of a Committee on the Coroner's accounts:—"That no Coroner's nor Surgeon's fee nor expenses be allowed except when an inquest is held." The Chairman thus explained the object of this resolution—"They had been in the habit of paying for surgeons' cer-

Digitized by Google

tificates sent to the coroner in cases of inquests not held. The coroner had paid the fee, and took himself the 6s. 8d. The magistrates had no right by law to make such payments. This was at first sanctioned, as it was thought it would save the expense of an inquest; but it had been adopted to a great extent, and they had sometimes as far as 20 or 30 certificates in one account. Now, that the notice was given by the police, it superseded the certificate altogether, and they proposed to do away with the practice." This is really an exquisite specimen of magisterial justice. The coroner calls upon a surgeon for a report, and upon this report he decides if an inquest is to be held or not. Yet for this important information no fee is allowed if the surgeon save the county the expense of an inquest; while the police are invested with the powers both of Medical witnesses and jury. It is high time that this disgraceful interference of magistrates with the coroner's jurisdiction and duties should be put an end to by Act of Parliament.

We have frequently received complaints from our correspondents in reference to the practices of a class of persons, who are common in the rural districts, calling themselves bone-setters, and enjoying very considerable reputation among the rustic population among whom they reside. Owing to some strange perversity of the human understanding, these persons are more consulted by the lower orders than the educated Surgeons who practise in the same localities, although the records of innumerable Coroners' inquests and criminal prosecutions have proved the murderous results of the interference of these illiterate and impudent pretenders in the domain of legitimate Surgery. A correspondent who addresses us from Sunderland, complains, in terms of very natural indignation, of the scandalous treatment he has received at the hands of one of these vulgar quacks. He details three serious cases of injury, in which his own services were disregarded and undervalued, and an ignorant bone-setter was allowed to usurp his place. In two of the cases there was compound and comminuted fracture of the arm, and in both of them the bone-setter insisted upon applying tight bandages and splints upon the limb, with the natural result in one case of producing gangrene, from which the other escaped by the merciful hand of death. What is worse than all, is the fact that the Engineer of the Railway Company on whose line one of the accidents occurred, actually employed the bone-setter to attend to the fracture, while he dismissed the Surgeon. In answer to the question addressed to us, whether the New Medical Act will put an end to such disgraceful proceedings for the future, our reply must be that we fear the evil will be met only indirectly. The person who avows himself to be a bone-setter, and who disclaims all connexion with the art and science of surgery, will be allowed to continue his former practices without fear of molestation; but if he assume the title of Surgeon he will be subject to fine and imprisonment. Again, by means of the new Register, the position of the qualified Medical and Surgical practitioners will be clearly defined, and all persons who are able to read, will be capable of distinguishing those who have been educated and licensed to practise the Profession from those who have not; and if the public should then prefer the quacks, they will, of course, be the sufferers, and will have only themselves to blame for their folly. It is, indeed, to be regretted, for the sake of the poor and ignorant classes of the community, that quackery of such a gross and criminal nature as that recorded by our Sunderland correspondent will not be specially punishable under the new Act. We believe that if death were to result from the improper management of a fractured limb, the quack would be liable to a criminal indictment, and that he would be convicted if gross ignorance could be proved against him; but unfortunately, in the rural districts, the sympathies of juries are generally on the side of the bone-setters, and they are usually more ready to punish the legitimate practitioner for a real or assumed error in judgment, than to convict a quack, however gross may be his ignorance and unskilfulness.

The Inspector of Anatomy and the Undertakers have commenced a battle, and while they are fighting it out, the Schools are crying out in vain for subjects. The burial of bodies supplied to the Schools has been chiefly undertaken by some three or four contractors. One of these contractors has supplied about half the bodies used in the London Schools. It appears that some of them have combined in a sort of trade union to defeat the efforts of Mr. Hawkins to lower the price of subjects. At least one of them has taken larger contracts than ever before to bury the poor of the workhouses, with the precise object of stopping the supply to the Schools until the former price is restored, and a certain bonus is given again which has lately been stopped, but which was granted annually until last winter by the Secretary of State, as a sort of premium to the Undertakers for their exertions to supply the Schools. It should be known that there have been, since the commencement of the winter session, many unclaimed bodies in the workhouses which have been buried, but which might have been obtained for the Schools had any one applied for them. The Inspector, of course, makes official application to the masters of the workhouses for the unclaimed bodies; but the masters have no interest in keeping up the supply to the dissecting rooms, and it rests at present with the Undertakers to induce the masters to give up bodies. They will not do this unless the price paid for removing the bodies to the Schools, and from the Schools to the cemetery or churchyard, is a remunerative one. Such a state of things must be put a stop to at once; we must have subjects, or the London School of Anatomy will be ruined. Some terms of truce must be yielded to; but it is quite clear that the existing system has brought matters to such a deadlock that an amended Anatomy Act is absolutely indispensable.

The Social Science Association at Liverpool, among many other minor matters, took a view of the Social Evil. We naturally turned to the reports to see what our friend, Mr. Acton, has now to say on the subject. We have already been forced, on several previous occasions, to show him the impracticability of many of the devices which he suggests for the diminution of the evil; and we regret to find that we must do on this occasion as heretofore. Mr. Acton read a paper upon "Illegitimacy, its consequences and remedies." The consequences we all are too well acquainted with. To these we need not refer: but let us see the remedy suggested for their cure. Mr. Acton advises that we should commiserate the fallen woman, and adopt towards her a course of treatment such as would enable her to regain her social position—make a wet nurse of her, and so on. Lord John Russell, we see, gave Mr. Acton the answer which stands ready at hand. Thereby, said his Lordship, you actually hold out a premium to the maid-servant to go and sin. She who errs would then be more petted and cared for than she who remains honest. We are really surprised that Mr. Acton does not see the fallacies which he is continually patronising in his proposed treatment of the "fallen woman." He should try and elevate himself out of his speciality; and remember that the honest poor are as deserving of encouragement and attention, as those women who sin, and fall in sinning. Let us pity them by all means; but do not let our pity lead us to exercise towards them benevolence which we practise not towards hard-labouring honesty. As regards the making of

Digitized by Google

a wet nurse of the woman, we must say a word. Can Mr. Acton be unaware of the fact, that hundreds of *single* women are constantly employed in this avocation by the "favoured ones" of society? Why! if he will turn to the *Times* he will see advertisements, in which the woman parades her dishonesty. Her chief recommendation is, that she is single; and, therefore, won't trouble her hirer with the importunity of any family ties, while suckling her offspring. Surely Mr. Acton must know that this remedy, which he recommends, is and has long been in full force! To us it is plainly manifest, that this scheme, *if publicly admitted*, would only still more encourage prostitution; and the very fact of its being now in operation proves its inefficacy.

So much interest is excited just now by Dr. Boseman's suture in the treatment of vesico-vaginal fistula that it may be well to inform our readers of the result of his practice in this country. We learn from the last number of the *Edinburgh Medical Journal* that Dr. Boseman operated in two cases in Edinburgh: one of these was perfectly successful; in the other case, the patient died of pyæmia, and the fistula was found after death completely closed, there being a small suppurating point on the neighbouring mucous membrane of the bladder. In the last number of the *Glasgow Medical Journal* a case is recorded in which he was successful. We have only heard of one case in London in which he has operated, which was at University College Hospital. This proved unsuccessful; so that of four cases, we have one death, one failure, and two cures. His suture was tried two months ago in the perineoplastic operation for prolapsus uteri at the Samaritan Hospital, and with complete success, by Mr. Spencer Wells. The union was perfect, and the suppuration along the track of the deep sutures, which is sometimes so troublesome, was entirely averted. Professor Simpson has quite recently made a great improvement upon Boseman's button, by substituting for it a sort of wire splint, which is lighter than the button, and keeps the parts more free both from longitudinal and transverse movements than the clamps or button of Sims or Bozeman. Dr. Simpson has already had two successful cases. He prefers iron to silver wire. We trust shortly to lay full particulars of this improvement before our readers.

Of all the wonderful things spoken at Liverpool on social questions, the strangest came from Lord John Russell, if he be reported aright: we can scarcely think he is so These are the words imputed to him by the *Times*:—"He did not think the law ought to affix capital punishment to the murder of children under a certain age—say six months; he could not but think that at present it tended to increase what it was meant to prevent, by leading to acquittals and light punishments." The absurdity and immorality of this proposition are most transparent. The absurdity consists in this, that if a woman or a man—and it does not appear that man is excluded from his Lordship's reservation—kill a child six months and *one day old*, he or she is a murderer; but that if the child had been killed by either of them two days previously, the murderer would only be guilty of a misdemeanour! This is indeed social science run mad. To know if you may murder your child legally, you must search the baptismal register! and woe betide you if you get wrong a day or so in your reckoning! Was ever a more direct encouragement given to infanticide? We can readily understand that juries should be merciful to a wretched woman, who in her agony, or in the weakened condition of the mind and body which follows upon parturition, should destroy her offspring, and that they should even take into consideration the attendant miseries which too often surround the mother of the illegitimate, and drive her wildly to the act long after the agony of the childbed has passed away; but it does seem to us as presumptuous as it is outrageous to morality, that Lord John Russell should attempt to fix the period of a child's life at which the child shall be dignified by becoming a thing capable of being murdered; that he should so have outraged common sense, as to wish to have it publicly declared, that, under six months, a child was a thing of small account. But it is absurd to attempt to argue against such a proposition. If Lord John had argued against Capital Punishments altogether, then, indeed, his Lordship might, from this fact of infanticide, have drawn no weak argument in favour of its abolishment: but certainly, of all the mad schemes ever sustained by philosophers, no one was ever weaker in the principles of morality and common sense, than this we are writing of. We may well say of it, as issuing from such a man:—"*Nihil est tam absurdum, quod non ab alio philosopho dictum fuisse*"!

The meeting advertised last week to be held at the Freemason's-tavern on Wednesday, to consider "the operation of the New Medical Act, and to establish a Society to watch over and protect the interests of the great body of General Practitioners," was attended more fully than might have been expected, and accordingly ended in the utter defeat of the promoters of the movement. It was a premature, ill-advised, ill-considered scheme, and Mr. Wakley carried nearly the whole meeting with him when he urged the sound common-sense view of the matter. He proposed as an amendment that the discussion should be adjourned, that they might see how the bill worked, and that a memorial be presented to the Queen and the Privy Council, praying that in the appointment of members of the Medical Council, regard should be had to the interests of the General Practitioners, by the nomination to the Council of an adequate number of members to that body, and that such memorial be presented by the chairman to the Privy Council, and signed by him on behalf of the meeting. Some vain attempts were made to establish the proposed Society, but they ended in complete failure, and in a general consent to join the London Medical Registration Association, established at the meeting at the British Coffee-house, a notice of which will be found below, and a copy of the resolutions in another column. This is as it should be. It is the interest of the whole Profession to have a complete register, so that a broad line of demarcation may be drawn by the public between the qualified Practitioner and the false pretender to Medical titles. Here the Council will need and should have the united assistance of us all; and we hail with extreme satisfaction the establishment of these Registration Associations throughout the kingdom. Any one who will refer to our 8th vol. (April 29, 1854) will see that by comparing the Census of 1857 with the Medical Directories we showed that in Great Britain, by the census, there were 18,675 practitioners in Medicine, whereas, by the Directories there were only 11,808; and that making all reasonable deduction for Students, and those Medical men who did not make returns to the Directories, there were upwards of *six thousand* illegal practitioners in the kingdom. These six thousand must appear before the public in their true colours, if the Registrar and the Registration Associations act in concert. The London Association was established at a meeting of the Profession of the Metropolitan districts held at the British Coffee-house on Tuesday last, for the purpose of forming an association to assist the Registrar in obtaining an accurate registry of the qualified Medical Practitioners in London and the suburbs. Although no public announcement was made of the intended meeting, the large room was filled by a most respectable and influential assembly of the Profession. The chair was taken by Dr. Webster, of Dulwich; and addresses were delivered by the Chairman, Mr. Wakley, Mr. Lavies, Mr. Bottomley,

Digitized by Google

and many other gentlemen whose names have been long associated with the question of Medical Reform. The general feeling seemed to be that the new Act, although far from being a perfectly satisfactory measure, was an instalment of justice to the Profession, and that it was therefore the duty of all legally qualified Practitioners to assist the Government in carrying out its provisions, and not to obstruct the progress of improvement by class dissensions, which might disgust the House of Commons, and prevent any further beneficial legislation on Medical subjects. It was shown that great vigilance would be necessary on the part of the Profession in order to protect itself and the public from quacks and unqualified persons, and that unless the Registrar was aided in all the districts throughout the country, many names would be entered upon the register which had no claim to be placed there. It was proposed and carried unanimously that a committee should be immediately formed for the purpose of carrying out the views of the meeting, and that members of the Association should be enrolled on the payment of a small entrance fee.

REVIEWS.

On Æther and Chloroform as Anæsthetics, being the result of about 11,000 *Administrations of these Agents personally studied in the Hospitals of London, Paris, etc., during the last ten years.* By CHARLES KIDD, M.D., M.R.C.S.E., etc. Second edition. London: 1858. Pp. 115.

THE author of this elegant little performance—we know not what to call it, and he himself on the title-page leaves it innominate—informs us that certain of his friends will here recognise "the second edition of a smaller work of the same kind. It is the metamorphosed chrysalis of a former edition." Here, then, is the full developed literary butterfly. Of the thing in its caterpillar state we are ashamed to say we have no acquaintance: this being the first intimation we have had of its existence. Indeed, when this volume was placed in our hands, we were astounded that the name of an author who carried such high pretensions on his frontispiece should be unknown to us in the ordinary course of medical fame. But we hastened to repair the loss by making an early acquaintance with the results of such a vast experience. Dr. Snow, we always thought, was a Goliath in anæsthetic knowledge, and the art of administering anæsthetics; but here comes, it seemed, a David to annihilate him. Dr. Snow, in ten years, tells of his 4000; but here is one who in a like period recounts of his 11,000 cases. Dr. Kidd then, arithmetically, must be, we concluded, to Dr. Snow as 3 to 1.

Under such impressions we proceeded to the perusal of this work. "*Ah! mihi, quantâ de spe decidi.*" It is cruel to meet with such disappointments; but we have had a lesson, and will never again be taken away by the mere colour of a book—"*Nimium ne crede colori.*" It really is not the thing it seems; and as, in some degree, we are superintendent of the Medical deliveries of the day, we feel bound to tell our readers what we think of Dr. Kidd as an anæsthetic teacher.

Any one who reads our author's title-page will naturally think that he has a vast deal of useful information to impart to the public; but his programme and his performance, we are bound to say, do not fit satisfactorily. It is really enough to take one's breath away to hear of a man who relates of his 11,000 cases; but, happily, since this notorious comet has been tailing it through the air, we have become accustomed to deal in large figures, and a few millions more or less do not now disturb us. But let us calmly talk of these cases; let us see what Dr. Kidd's experience is; and then find out what, in his case, "*experientia docet.*"

And, first of all, about these thousands of cases. In the present days of statistics, when we calculate not only man, woman, and child, but almost count up the hairs of their heads, authors should be cautious in their reckonings. This author is not; and therein he is wrong; for want of caution induces suspicion into the mind of the reader, and once the sentiment of suspicion has possession of a reader's breast, the author is in a bad case. At page 75, he says, "I constantly see about 40 operations a week, under chloroform, for about 50 weeks of the year, and have been six or seven years perpetually in the Hospitals." Now, this 50 × 40 × 7 = 14,000 cases in seven years, and 20,000 in ten years. Then again, at page 6, he speaks of "some considerable observation of several thousands of operations on persons under the influence of chloroform in Paris and London"(a). On his *title-page* the Doctor says *about* 11,000 administrations of *æther* and *chloroform;* but at page 59, we find him arguing from "a careful study of *ten or twelve thousand* surgical operations under *chloroform.*" Well, we thought, this is a queer way of calculating; and we don't see exactly how to reconcile discrepancies here. Are these two sets of thousands different sets? If not, how are they to chime in together? Ten to twelve thousand operations under *chloroform* is surely a greater figure than *about* 11,000 administrations of *æther and chloroform;* and if so, where are the cases of æther to be found? Are they merely ætherial creations? Dr. Kidd we must leave to work out the sum, which stands thus:—If, in between 10,000 and 12,000 cases of *chloroform* administrations, there are included *about* 11,000 cases of administrations of *æther* and *chloroform*, how many of these are cases of æther administrations?

But, after all, on looking further into the matter, we find that there is no necessity for any one to be troubling himself in this dilemma: for it turns out that the administrations were not administrations of Dr. Kidd's. He merely assisted at the performances, just as one assists as a spectator at the Olympic when Robson is on the stage; so that in fact the experience which Dr. Kidd possesses in this craft of anæsthetic administrations, is very like that of the Garçon d'Amphithéâtre at La Charité, or of one of the steady permanent porters of our London Hospitals. This statement, however, is not literally correct; and as we would not knowingly do Dr. Kidd an injustice, we must remark that he really does boast of some personal Hospital experience (p. 131): "I had the advantage," he says, "of assisting in the application of sulphuric æther more recently in two cases, one day this month, where the patient, a woman at St. Mary's Hospital, was kept well under its influence for about an hour." But here, again, we are at fault. Why will Dr. Kidd tease us so? In the first place, why does he speak "of *two* cases, in which *the* woman?" And then in the second place, what does he mean by "assisting *in* the administration?" Having friends at that Hospital we endeavoured to clear up, through them, this looseness of phraseology, in order to find out if Dr. Kidd really had had the advantage of administering æther *once* in a Hospital; and we regret to say that, according to our information, the author was no more an *actor* in this case, than he would be if "assisting *at*" the aforesaid Robson's manœuvres.

Has our author, then, who writes thus learnedly and with such a master tone on the subject of anæsthetics, indeed no personal experience in their administration? Not so, indeed. He distinctly refers to *two* of his own cases. At page 28 he says:—"I had two cases this month myself on the same day with dentists near Hanover-square. One was a lady who had eight teeth out. . . . In the case of another lady, however, on the same day, who had only one tooth out. . . ."

Let us admit that Dr. Kidd had these two or three administrations all to himself, and also let us state that he refers generally to "my private patients, to whom I have administered chloroform". . . . and he finds that almost all young female patients bear chloroform badly. But this is the *only* deduction he has derived from this source. His appeal throughout his book is still to his invincible ten or twelve thousands in the Hospitals of Paris and London. It is from them that his knowledge is derived, and from one other source—from the perusal of the works of Locke, and Schlegel, Emerson, Carpenter, Mill, and Sir H. Holland. "In the unequalled beauty of the metaphysical writings of such men, we find ever recurring new light to clear up the dark places of chloroform, more especially in relation with emotions, and the finer actions of the nervous system on the Soul."

Up to this region we cannot follow our author. We see clearly enough, however, that from this book is not to be had the excellent results of a largely practised mind—the mature experience of an old hand at the administration of anæs-

(a) How is it the author derives no observations from the Hospitals of *Germany*, whither he tells us he was sent on a chloroform mission by some of the London journals?

Digitized by Google

thetics. So far we have been terribly disappointed—all through that promising title-page. But still the book may contain a quantity of useful information, though of a lower scale, in a scientific sense; as the author says in his preface: "A small book like the present . . . . . must prove more desirable than may at first sight appear." Dr. Kidd wants especially to enlighten two classes of benighted persons: one set, "who think nothing of a few deaths from chloroform;" and another set, who use "the old grandmother argument,"—that our mothers did very well without chloroform, and why should not our wives and daughters? Now this clears up some of the obscurity attaching to the remarkable style of this book; it proves plainly enough that it was not written for the Profession, and for the simple reason that no such parties as the two referred to exist in the Profession.

And now if we attempt to cull out a few specimens of what the real knowledge of our author is about the special subjects he treats of, we find the task not easy. His course precisely resembles that of the butterfly referred to; his flights are airy, fantastic, and gaudy, so that we can find no solidity or stability in his movements. We can't catch him, or understand what he is after. The book, indeed, is remarkable as a specimen of how a clever man may give to airy nothings a habitation and a name—a binding and a title-page. At one moment we are in the depth of Brown Séquard, and the next we are dancing with Ariel, Oberon, and Titania. There is, indeed, more in the book than a reader would expect for his money. Paracelsus, Dr. Chambers, Shakspeare, Camerarius, M. Guillot, Plato, Othello, Mr. Wharton Jones, Bichât, Owsjannikow, Count de Flahaut, Napoleon, Lord John Russell, Young (of the "Night Thoughts"), Sir H. Davy, Puck, Lord Bacon, Mülder, Bottom, Demetrius, Keats (the *Poet*), Swedenborg, Prince Albert, Vice-Chancellor Wood; all these, and innumerable others, are all laid under contribution. But passing by Pliny and Dioscorides, and Burton's "Anatomy of Melancholy," let us try and snatch an idea of what the experience of the author can teach us. Here is a warning, for example: "One often sees ingenious assistants hold a woman—plunging in the second stage of chloroform—by her poll of hair, or ears, and yet be astonished she is not asleep" (p. 8). Here is a psychological phenomenon: "*A man* will scarcely die from an amount of exercise more to him than a steeple-chase is to a horse, yet *such* men (the italics are ours) have dropped dead from the simple nervous exhaustion of a fright, such as looking at a ghost on the stage, or men have died of the alarm from a thunder-storm!" Here is as big a phenomenon—a gentleman who has witnessed a score of deaths from chloroform! "A gentleman at one of the ophthalmic Hospitals in London, who administers chloroform, and who has seen a good deal also of the Hospitals of Berlin and Vienna, tells me he *has witnessed personally eighteen to twenty deaths directly from chloroform*, only one at his own Hospital, but three at Guy's. *Cases of Cancer or atheromatous arteries, he believes, are particularly liable to accident, probably from bursting of vessels in this preliminary stage of convulsive action.*" This last bit of pathological logic, it is only fair to say, is the ophthalmic chloroformist's credo: Dr. Kidd don't either agree or disagree with it.

Here is the kind of mental measurement required by Dr. Kidd from those who may desire to consult him per post: "These matters of touch, common sensation, and reflex action may appear mere trifles in their relation to chloroform, but they are full of deep meaning when we come to treat cases of paralysis, and the myriad forms of maniacal or nervous diseases, or to decide, as I am often asked to do by letters from the country, whether such or such a nervous patient in the country may have chloroform for some impending operation. I had a letter this week, for instance, from Wigan, and one a little while ago from Pau, in the Pyrenees, to decide such points."

Dr. Kidd, again, advises the giver of chloroform always to carry in his pocket "a portable galvanic chain or battery," and "a bottle of smelling salts!" to stir up the patient in case he should become poisoned or suffocated! At page 90, we learn, "that an overdose of ice" (as anæsthetic), "or an overdose of chloroform will probably kill with as much certainty as an overdose of opium." And, "let us," he adds (at page 112), "all strive to prevent deaths from chloroform, by better and cheaper Medical education in our Medical schools, under the new Medical reform so long wanted." . . . . "In Hospitals, I most fully believe, we should imitate or be subservient to nature, and if we do we shall have very few deaths from chloroform." Then on his last page, as on his first, Dr. Kidd again produces, for the fifth or sixth time, that unanswerable phalanx—the basis of his knowledge. "If I have mentioned that I have seen about 11,000 administrations of chloroform, it is partly for the purpose of adding that I have witnessed only two deaths in all that number." "I may say (he continues with his usual felicitous mode of putting a case), I attended the post-mortem examination in four cases; all had healthy hearts, but none were cases in my own practice." The last exculpatory remark was of course superfluous.

We have said that the general cut of this book was not professional; and we are glad to discover proofs that we were not judging our author unkindly; we have his own admission on this point. "It would be easy," he says (p. 66), "to select, etc., and describe in a few words for the non-professional reader," etc. And, again, at p. 113, we find, "that it has been solely with the object of explaining to the general reader what we mean by, etc. etc., that I have more than once referred to Shakspeare."

We have thus given a few specimens of the nature of this work; and to prevent mistakes have made its author his own spokesman. His acquirements as a pathologist, as a physician, as a statician, and as an administrator of chloroform and æther may be gathered therefrom. One sample we must add of his metaphysics, for metaphysics are extensively dwelt on by him. "The study of consciousness is very interesting. Modern pyschological science perhaps has solved the difficulty of this consciousness of the poets and metaphysicians. Simple feeling or its excess called pain, blotted out at will by chloroform, is the great peripheral source of consciousness. Memory, though Sir B. Brodie supposes it to have an organ to itself, is perhaps nothing more than the ground and principle of association of these ideas, one with another, set up in this active or healthy consciousness—as colours by specific relations of rays of light, etc.; even reason itself, the great distinguishing mark or inalienable right of man, is by some thought to be built up also alone of this memory, and consciousness scattered to the winds by chloroform" (p. 18). They must be taken—these specimens—as vivid interpreters of the man's wit,—we may from them judge of him as a man of science, and as a man of learning. It would be unfair, however, to say that the book is not amusing; we believe that the public will look upon it as a very surprising production, with, perhaps, a feeling of awe of the miraculous, something akin to what one feels on inspecting those virgins' skulls—11,000, more or less—exhibited in the saintly city of Cologne.

This is, indeed, a wonderful book: we always reckoned up Cologne as about the most miraculous city going. Miraculous for its churches, miraculous for its variety of unpleasant odours, for its unnumbered choral societies, for its endless Jean Farinas, for its superabounding commissionaires, for its excellent supply of choice specimens of saintly fibulæ, and tarsal, carpal, phalangeal ossifications,—for its hundred of queer things—we thought it so. But London—we have lived to see the day—can cap these wonders. Those heaped-up thousands of virginal crania henceforth may hide their bony shapes. Dr. Charles Kidd has delivered himself "On Æther and Chloroform as Anæsthetics, being the result of about 11,000 administrations of these agents personally studied in the Hospitals of London, Paris, etc., during the last ten years."

Sur une Fonction peu connue du Pancreas. Par Lucien Corvisart. Paris: 1858. 8vo, pp. 11.

M. Lucien Corvisart has published a *resumé* of physiological propositions concerning "a function of the pancreas which is little known." Azotised aliments are digested by the pancreas as well as by the stomach. The pancreas is a supplementary organ, and comes especially into use after large repletion. Both organs convert the food into exactly the same matter, viz. into albuminose or pepton. But the pancreatic juice undergoes under heat and some other agents changes which the gastric juice does not undergo. When the azotised food is completely digested in the stomach, pancreatic juice affects it not. The business of the pancreas is to take charge of those

Digitized by Google

albuminous matters, which have escaped digestion in the stomach, and in some cases its action may equal that of the stomach's. The stomach, as regards quantity, secretes by far most juice; but, on the other side, the fermentive matter of the pancreas is ten times more effective. The pancreatic juise alsb has the privilege of action upon matters, whether alkaline, neutral, or acid, and is three times quicker than its predecessor in the digestive race. In the duodenum all things are disposed for the ready action of the pancreas juice upon whatever aliment it may encounter. In the stomach, all things are arranged for the transformation of most of the food into pepton; and also the rest of it is prepared for the action of the pancreas. Thus the stomach is to the pancreas, what the teeth, etc. are to the stomach. But the pancreas can act of itself upon the food and completely digest it; when, for instance, albuminous matters are placed directly in a crude state in the intestines, they undergo complete digestion; only the process is slow. Alone the pancreatic juice can act, without the adjunctive aid of intestinal secretions, or of bile. Isolated pancreatine or pancreatic juice will digest food in *étuve*, just as it does in the duodenum. When the two secretions act apart and successively each exercises its function in plenitude, and thus the quantity of pepton may be doubled. But if the two digestive ferments meet in their pure state the digestion is disturbed, retarded, and may be reduced to zero. The pepsine and pancreatine, instead of demolishing the food, destroy each other. Nature prevents the war of these elements, thus: — A pylorus is fixed between their fields of operation; the gastric digestion ends before the other begins; the bile destroys the activity of the gastric juice. But bile does not precipitate the gastric pepton, so as it were to cause the business of digestion to be done over again; on the contrary, the bile itself is precipitated by the action of the gastric juice upon the chyme. Some kinds of food yield more pepton than others to the two digestions. Thus musculine and caseine furnish thirty grammes of perfect pepton; but albuminous or gelatinous tissues, given in equal quantity, produce scarcely fifteen grammes. Digestion, whether gastric or pancreatic, has the effect first of all of effacing the most characteristic properties of the different albuminous matters submitted to their action; it liquifies solids, takes from albumen its coagulability; from caseine its property of cailler under pressure; from gelatine its gelatinous quality; from musculine its way of precipitating by chloride of sodium: in a word, it transforms them all into peptons. The nature of peptons varies like the azotised matters whence they are derived, the variation corresponding to the different wants of the economy. The most analogous peptons are albumen, musculine, and gelatine peptons. Fibrin and casein-peptons are different, and more readily distinguished. Peptons are always soluble in water, whether acid, alkaline, or neuter, thus assuring a facile digestion. Heat coagulates them not; acetate of lead precipitates only a few of them. Peptons form a class as well characterised as the albuminous class. There are physiologists who still indulge the curious error that the stomach only softens or divides the food without dissolving it. The balance proves, that every albuminous food submitted to the stomach is not only divided, but dissolved, may be passed through a filter, and absorbed by membranes. Peptons never form a new albumen, and whether acid, alkaline, or neuter, never increase in an appreci ble manner the coagulable albumen, which the pancreatic juice—pure and free from pepton—naturally contains. During the first three hours of digestion, after a repast, the blood of the venæ portæ is not enriched by any appreciable quantity of azotised matters through digestive absorption; on the other hand, in the intestine under the influence of alkaline pancreatic juice, the elements of blood-globules and fibrin are transformed into albumen. If we consider that, during the first three hours of digestion, the pancreatic juice thrown out into the duodenum remains there in a pure and active state; that it may be absorbed through the mesenteric veins into the venæ portæ; that the pancreatic juice can act in an alkaline medium like the blood. If, moreover, we consider that precisely during the said three hours, a great part of the globules and fibrin of the blood of the venæ portæ are transformed in this vein into an equal quantity of albumen. "If we consider all these things," says Dr. Corvisart, "then it is hard to escape the hypothesis, which I formularise, of a *true intra-venous digestion*. The vessels of the venæ portæ, and the hepatic veins contain blood richer in extractive matters (albuminose) than any other vessel."

The pathological deductions to be drawn from these data are the following:—There exists a duodenal dyspepsia, caused by vitiation of the pancreatic juice, arising two or three hours after digestion. In such case the administration of pancreatine is indicated. Duodenal dyspepsia may also result secondarily from gastric dyspepsia; also from excess of gastric juice, or defect of the pyloric ring, in which cases it injures the action of the pancreatic juice. Dyspepsia may also result from defect of the biliary secretion—in which case the same results will ensue, because the action of the gastric juice in the duodenum is not arrested. Another dyspepsia is vitiation of the intra-venous digestion, which may occasion gastralgia, etc. The bile destroys the action of the gastric juice in the stomach; and may therefore be given to neutralise a superabundant quantity of gastric juice. The food richest in azote is not always the most nourishing, but that which is most readily digested.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE INTRODUCTION OF A TUBE INTO THE LARYNX IN CROUP.

By M. BOUCHUT.

M. Bouchut has laid before the Académie de Médecine a proposition to treat croup by introducing a silver tube deep into the larynx. Having ascertained the facility with which this may be done upon the dead subject, he put the practice into force in two cases of membranous croup brought into the Sainte Eugénie Hospital during the virulent epidemic that has recently prevailed in Paris. He employs three descriptions of instruments: a small curved catheter, open at both ends, as a director for the tube; a straight cylindrical tube, one and a-half or two centimetres long, furnished at its upper part with two projecting rims (one placed around its orifice and the other at six millimetres below) and pierced with a hole for the passage of a retaining silk; and a protecting sheath for the index finger or dental dilator. Having ascertained on passing the tube in the subject that it entirely entered the larynx, its upper margin being placed below the superior corda vocalis, the inferior corda fitting into the space between the two rims of the canula, and consequently above the lower rim corresponding to the internal surface of the cricoid cartilage, M. Bouchut employed it in the case of a little girl brought in with diphtheria and croup in the stage of asphyxia. The canula remained *in situ* during thirty-six hours without inducing suffocation or interfering with the functions of the epiglottis, and the symptoms of asphyxia disappeared. The larynx was thus freed from the obstructing false membranes, and the croup must be considered as having been cured. The child, however, died from the diphtheria and from a lobular pneumonia set up the night after the tube was introduced. The second case occurred in a boy 3½ years old, in whom symptoms of asphyxia had commenced. Improvement soon took place, false membranes of a large diameter being discharged through the tube, which remained *in situ* during forty hours, with the exception of one temporary removal, and never becoming displaced during coughing. At the end of this period, the fits of suffocation and asphyxia, which had been kept off for two days by means of the tube, returned; and the Internes, believing death to be imminent from obstruction occurring below the glottis, performed tracheotomy. Some false membranes were thus removed, and the tube was found to have remained in its place unobstructed.

M. Bouchut considers that these two facts establish—1. The facility with which tubage of the glottis may be performed by fixing a canula on the lower cordæ vocales, which does not interfere with the functions of the epiglottis. 2. The tolerance of this tube by the larynx. 3. The possibility of relieving the asphyxia of croup by this means in preference to tracheotomy. 4. The facility with which large pseudo-membranous concretions formed in the trachea and bronchi may pass

Digitized by Google

through this intra-glottal tube. 5. The utility of this new resource for Surgeons residing in remote localities, destitute of all assistance.—*Union Médicale*, No. 110.

EXCERPTA MINORA.

Effects of Thoracentesis in preventing Contraction of the Chest in Pleurisy.—Dr. Bowditch, who has paid great attention to this operation, exhibited to the Medical Society several ambrotypes, showing the difference in the deformity resulting from severe pleurisy in children, when the disease was for the most part left to itself, and when treated by repeated punctures of the pleural cavity. He thinks that thoracentesis tends to prevent the great contraction, so commonly a sequel of the disease. In adults, although the distortion does not take place to the same extent, there is a certain amount in many cases; these patients having, however, ceased to grow, they have merely the adhesions to contend with. Dr. Bowditch does not agree with those who believe pleurisy is generally followed by recovery, except when the patient is tuberculous, inasmuch as there are cases with no such tendency, whether the subjects are tuberculous or not.—*Boston Journal*, vol. 58, p. 282.

Preservation of Vaccine in Glycerine.—Dr. Collins has of late made several trials of the plan recommended by Dr. Andrews, of Chicago, of vaccinating from lymph preserved in glycerine. He powders a small portion of the scab upon a glass plate, and then dissolves it in a drop or two of glycerine. Vaccinations from such have succeeded, at least, in the ordinary proportion; and for preservation the solution may be introduced into capillary tubes.—*Ibid.* p. 122.

Yeast in Scarlet Fever.—Dr. McClean states that he has found yeast an useful remedy. In fifty-three cases in which it was given last winter all recovered. From a teaspoonful to a tablespoonful was given every two or three hours until desquamation took place. In two-thirds of the cases inunction was also employed.—*Ibid.* p. 147.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, October 25, 1858.

THERE is in the Salle St. Maurice, at the Hôtel Dieu, a case of a woman with effusion into the knee-joint, consequent on a fall a fortnight ago. M. Broca, who advocates strongly and practises invariably, the puncture of the articulation in all cases of hydrarthrosis, whether they be acute or chronic, of local or constitutional origin, operated as usual. The fluid obtained, instead of being simply a colourless, transparent, and viscid serum, proved to be rich uncoagulated blood, of which about an ounce and a-half followed the withdrawal of the trochar. The operator, in a subsequent clinical lecture, predicted the probable coagulation of the fluid, and mentioned other cases in which a similar change had taken place after the evacuation of long standing sanguineous effusions.

One instance was very remarkable, that of a dragoon, wounded in the thigh by a sabre thrust, at the battle of the Tchernaia. The small external wound rapidly healed; and as the fluctuating swelling which remained in the thigh gave no inconvenience, surgical interference was deemed superfluous, and the man returned home in course of time. When in Paris, and eleven months after the infliction of the injury, the swelling was punctured, and the contained fluid found to be blood, which on exposure to the atmosphere shortly separated into serum and clot, as regularly as if only just abstracted from a vein. In the present case M. Broca's prediction was not verified, the fluid taken from the knee-joint underwent no such change, and this Surgeon in speculating on the probable causes of such variable results, said that they might in his opinion be due to some alteration already undergone by the fibrine, as a preliminary step in the process adopted by nature for the spontaneous resolution of the effusion.

In the wards of M. Laugier, at the same Hospital, is to be found a specimen of a somewhat uncommon complaint, namely, acute inflammation of the lachrymal gland of either side.

The patient is a chlorotic female, aged 32, an ill-fed, hard-worked needlewoman, with amenorrhœa of two years' standing. About six weeks ago her eyes began to smart, especially at night, and a swelling, which attained the size of a large hazel-nut, gradually protruded from under the superior margin of the orbit, towards the external angle, pushing the upper lid forwards.

Pressure caused considerable pain: the inflammation could clearly be made out as confined to the substance of the lachrymal gland, and not affecting the other contents of the orbit. The patient herself could assign the affection to no catarrhal cause, but on being questioned admitted that she had cried a good deal for some time previously, having left her "pays" to come to settle at Paris. The treatment has consisted in local depletion and purgatives, and the case is nearly cured.

In the service of M. Robert is an instance of successful treatment of webbed fingers by means of the forked splint, after the failure of the usual anaplastic operation.

The patient, an intelligent lad of 18, gives the following account, as being the one current in his family regarding the origin of this malformation. When he was two years of age, he poked (as children are wont to do) his right hand into the fire; the consequence was an extensive burn of the whole hand, but more especially of the opposite surfaces of the ring and middle fingers. His mother, like a sensible woman, in dressing the hand interposed a poultice to keep the raw surfaces asunder, and putting the child into its cradle went out to work. During her absence a fowl, on a foraging expedition, hopped into the cradle and pecked out the whole of the bread crumbs so completely, that next day when the mother examined the wounds, union had established itself between the surfaces, and "en désespoir de cause" the child was allowed to grow up with the imperfection.

On admission into the Hospital the anaplastic operation of engrafting a portion of the skin of the back of the hand into the interval (after division of the web) was attempted: but the skin sloughed away. As, however, the fingers seem inclined to heal separately without re-uniting, they were kept asunder by a forked splint, and in six weeks healed perfectly with simple dressing and occasional application of arg. nitrat. In your number for October 16 you quote an opinion of M. Bouchut regarding tracheotomy, namely, that "it is a dangerous operation so long as the patients have not reached the stage of anæsthesia." I heard M. Trousseau express himself very decidedly on the subject a few days ago, saying that in several cases in which he had operated, the patients, though at the last gasp, were as sensitive to a prick or pinch as in health; and that, consequently, waiting for the stage of anæsthesia would be equivalent to waiting for death. He further stated that Dr. Blache, of the Hôpital des Enfans malades, was of the same opinion, having been led to this conclusion by his own experience and observations.

GENERAL CORRESPONDENCE.

AMPUTATION AT THE CARPO-METACARPAL ARTICULATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I send you a cast of the stump of a case in which I removed the hand at the metacarpo-carpal articulation. In the cast you will see the carpus is rather bent; this was caused by the boy moving the limb from the position it was placed in, while yet the plaster was in a fluid state; and this movement was at the time unnoticed by the person employed to take the cast. I have performed this operation between the years 1828 and this time, on four different occasions, the results of injuries from fire-arms and machinery. The last case will suffice for the present notice. A boy, aged thirteen years, on the 20th of January of this year, sustained an injury of the right hand, from its passing between two wheels of a powerful machine, by which the fingers and lower portions of the metacarpal bones were literally ground to atoms. The shock upon the system was intense; ten hours elapsed, during which stimulants were freely administered, before I felt myself warranted in operating. I feared the use of chloroform, and proceeded to the operation, which of itself is very simple,

Digitized by Google

and may be done four or five times while describing it once. I made my first flap on the thenar and palmar aspect, commencing on the dorsal half of the articulation of the thumb, with the trapesium carrying my flap so far into the palm of the hand as was well saveable, the dorsal flap was not so large. Having divided the integuments of each flap with the muscles, tendons, etc., disarticulation was effected, by bending the hand on the wrist, and separating the articulations from the dorsal aspect of the joint. Ligatures are not necessarily required in this operation, torsion effected with Liston's common artery forceps being sufficient. The flaps were brought together by three sutures and cold water dressings, and were the only means resorted to to the perfection of the cure. Duration fourteen days.

It seems strange to me, that while we have so many operations put before us, as available under different circumstances, for the removal of portions of the foot, that the wrist has been sacrificed, as though of no use when the metacarpus and phalanges shall have been lost. We have many scientific mechanists in the present day, and a variety of flexible materials which could be applied to the manufacture of something like a substitute for a hand. In all my cases the use of the wrist has been most efficient, flexion and extension complete, pronation and supination perfect. Were this boy a fiddler, a bow fixed at the extremity of the carpal stump would have every motion it would be capable of making were the hand present.

I find an allusion to amputation at the wrist in Mr. Fergusson's "Practical Surgery (a);" but it relates to the radio-carpal articulation. He says, "It possesses no particular advantage, the length of the stump is of no great consequence; the flaps, with the numerous tendons in them, may not heal readily," etc. etc. "Surgeons in this country have had but little experience of this operation, yet, considering the success which has attended amputation at the ankle-joint, a proceeding to which this may in some respects be deemed analogous, I am inclined to modify the estimate above given, and should certainly wish to see the practice more frequently tried than has yet been the case." Sir Astley Cooper, in his lectures (b), describes amputation at the wrist-joint, *i. e.* the carpo-radial. The late Mr. B. Cooper, in his edition of Sir A. Cooper's work on "Dislocations and Fractures of the Joints (c)," describes, Case 312, an accident in which he amputated at the carpo-radial joint, in which I think he would have done better had he adopted the plan I advocate. No great difficulties that I have ever heard or read of have presented themselves to amputations of the tarsus and metatarsus, however varied they have been, save that of Mr. Hey, who did not reserve a sufficiency of integument in his first operation. Since Hey, we find Chopart, Syme, Pirogoff, Mr. Fergusson (d), and in short, almost every surgeon making his own modifications of this operation, apparently losing sight of the healing of the flaps, and the numerous tendons in them; besides, they have overlooked a more valuable conservation, the wrist, with its various movements, which, as I have said before, in the cases which have come under my care, have been perfect.

I am, &c. R. Rudall.

Sheepwash, North Devon, Oct. 14, 1858.

[The cast may be seen at the publishing office, by those interested in this question.—Ed.]

(a) Fol. 257, fig. 129, a drawing is given of the operation at the carpo-radial articulation.

(b) Lee's Edition of Sir A. Cooper's Lectures, vol. i. fol. 478.

(c) *Ibid.* fol. 507.

(d) Fergusson's Practical Surgery, fol. 388.

URETHROTOME FOR PERINEAL SECTION.

Letter from C. F. Maunder, Esq.

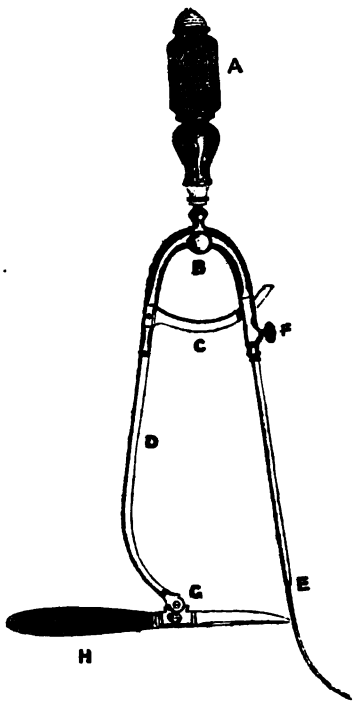
[To the Editor of the Medical Times and Gazette.]

Sir,—I presume it is allowed by most Surgeons, that there are certain cases of stricture of the male urethra which can only be cured either by "external incision or perineal section."

Now, this section of the diseased parts must occasionally be made at hazard without a director, while there are cases in which, although a catheter may be passed through the stricture into the bladder, the operation is deemed to be necessary and may be performed with the greatest safety as regards the parts interested in the operation, provided that the director can be readily felt through the soft parts of the perineum.

But it sometimes happens that the soft parts are so thickened and indurated that the guide cannot be felt through them, and although the Surgeon may divide the tissues with the greatest care in order to arrive at the director, it is very possible that he may, in consequence of the altered condition of the soft parts, miss the staff, and continuing his incision on one or the other side of it, get behind the director, and so fail in the accomplishment of the operation. In order to obviate the possibility of such an accident, and insure the finding of the guide with ease, I beg to introduce to the notice of your readers a sketch of the Urethrotome(a) which I have devised for that purpose.

A represents the handle of the instrument, which, when in use, the Surgeon should hold steadily with his left hand. B marks the position of a circular joint which allows the arm D to be moved forwards and backwards. C is an arc which insures the moving of the arm D parallel to the arm E. E is a Syme's staff which may be either removed or fixed at pleasure by the finger-screw F. G marks the position of a circular joint which allows the double-edged scalpel H to be moved in a direction either upwards or downwards. The scalpel H is attached to the circular joint by a finger-screw.



The sketch represents the instrument in action, with the staff E in the stricture, and the scalpel which has been made to penetrate the soft parts of the perineum, with its point in the groove of the staff. To complete the operation, the handle of the knife must be depressed when the blade rises along the groove and divides the tissues until its point is arrested by the thick portion of the staff.

The stricture is now divided, and on withdrawing the scalpel, the handle of the same should be elevated so as to cause the blade to enlarge the wound in the perineum and so insure the ready escape of urine. A Syme's staff is preferable to an ordinary grooved director, because the thicker portion having been introduced down to the stricture, and the knife having cut the tissues along the groove, up to the thicker portion of the staff, divides the stricture with certainty, and nothing more. I am, &c.

C. F. Maunder, F.R.C.S.
Demonstrator of Anatomy at Guy's Hospital.

(a) Made by Mathieude l'Ancienne, Rue Comédie, Paris.

ON NARCOTIC INJECTIONS IN NEURALGIA.

Letter from Charles Hunter, M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a former communication (Oct. 16) on the subject of narcotic injections, I brought forward two cases of neuralgia, in which I had tried the method of local treatment proposed by Dr. A. Wood. I showed that considerable relief was afforded in both cases, which had not been obtained by

Digitized by Google

any previous treatment; that there were certain advantages, as also disadvantages, attending its employment, and that the most serious objection was the production of abscess, because the injection had to be continued some days.

Since, abscess has resulted in both cases. I have given up the localisation of the remedy as proposed by Dr. Wood, viz. the injecting the narcotic into the most painful spot affected by neuralgia, or the part which if pressed upon would occasion a paroxysm, and have adopted the employment of narcotic injections into the cellular tissue of various parts of the body.

It will be recollected that from the local treatment an abscess of considerable size resulted in both cases—in the girl it was situated in the eyelid and adjacent part; and in the man with tic, in the cheek.

As the abscess in the latter case prevented me from injecting the neuralgic part, this mode of treatment was desisted from for eighteen days, during which time doses equivalent to those which had been injected were given by the stomach.

It is remarkable that no relief followed this mode of administering the morphia; on the contrary, although it was regularly continued, the pains became as sharp and as frequent as they were before the local injection had been tried; and his sleep was again "only in half hours," instead of several hours' duration.

At the end of eighteen days, all general treatment being left off, I once more commenced narcotic injections of the cellular tissue, not this time of the part affected with tic, but of healthy parts, such as the neck, arm, etc., and taking care that the same spot should never twice be subject to injection.

Since beginning this plan the man has again received remarkable benefit. The paroxysms during the day are shorter, the countenance of the man is far quieter, and he sleeps from seven to eight hours every night, and he now has these advantages without the risk of abscess.

With regard to the girl with neuralgia of the eye and orbit, I ceased the localisation of the narcotic on October 6th, on account of the abscess; but have continued the injection ever since, inserting the point of the aneurismal syringe at various places in the integument of the arms. About three weeks have now elapsed since I began to vary the site for injection, and no sign of abscess at any one point has shown itself, nor indeed of inflammation.

In conclusion I would draw attention to these points:—

1. That by the injection of the narcotic into the cellular tissue of a part distant from that affected with the neuralgia, the relief that follows appears quite as great as when the injection is into the cellular tissue of the neuralgic part.

2. That therefore the idea that the relief results from the localisation of the remedy in the painful part is erroneous—equal relief being afforded in either case (injected into the painful part or elsewhere).

3. That with the abolition of localisation of the remedy the great objection to narcotic injection is done away with, because no inflammation or abscess follows a single narcotic injection.

4. That the advantages of this mode of administration still remain such as:—

(*a*.) The effect of the narcotic being more immediately produced (sometimes almost instantaneously).

(*b*.) The greater certainty of its effect; the knowledge of the exact amount introduced and absorbed; and the avoidance of contamination or alteration which it is liable to administered by the stomach.

(*c*.) The avoidance of constitutional irritation, sickness, headache, etc.

I am, &c.

Charles Hunter, M.R.C.S, House Surgeon.

St. George's Hospital, October 23.

A NEW STYPTIC.

Letter from J. Zachariah Laurence, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me through the medium of your widely-circulated columns to recommend a most valuable styptic, that I have now been using for the last few months without a single failure. It is the crystallised dodeca hydrated perchloride of iron. It unites the styptic properties of the tr. ferri sesquichlorid. Ph. Lond. and those of the argent. nitrat. in a high degree. The cases in which I have used it have been leechbites, lanced gums, and violent bleeding after excising a tonsil. It would be superfluous to dilate on the troublesome, and even sometimes fatal, nature of these "oozing" forms of hæmorrhage, and in the consequent great value of such a powerful styptic, as this crystal. I have not yet had an opportunity of testing its value as a caustic in the removal of tumours; but should *à priori* imagine, that it might be used advantageously in that sense.

This dried perchloride of iron is prepared well by Messrs. Hopkins and Williams, of New Cavendish-street. From its extreme deliquescence it must be kept in an accurately stoppered bottle, and taken out only when required for use. If a piece be inserted into a quill for use, this piece must not be too long; otherwise it is extremely prone to snap off.

I am, &c.

J. Zachariah Laurence.

October 25, 1858.

MARRIAGES OF CONSANGUINITY.

Letter from Dr. James H. Aveling.

[To the Editor of the Medical Times and Gazette.]

Sir,—All your readers must have been delighted with the bold and eloquent discourse on "Human Progress" by Dr. Walshe. Those who have not read it should immediately do so, for it is most learned, healthy, and practical, and at the same time attractive and sparkling. But I do not write this letter for the purpose of passing unneeded eulogiums upon Dr. Walshe's composition; my wish is to supply a want which, owing probably to the extent of the subject, has escaped notice.

Dr. Walshe gives as the causes which may be accused of generating morbid races of men,—alcohol, opium, tobacco, Indian hemp, deleterious food, malaria, certain diathetic diseases, the great town system, mental anxiety, deleterious trades, factory labour and colonisation. I would wish to add another cause in italics, viz. *Marriages of Consanguinity*.

The deteriorating consequences of "in and in" breeding has been long known among cattle-breeders who have studied the subject in a scientific way; and, judging from the law of Theodosius the Great, who prohibited cousins German from marrying on pain of death, the effects of intermarriage have not wholly escaped the attention of the human race when it occurs among themselves. This stringent edict of Theodosius Dr. Walshe might well have compared with the more modern opinion of Dr. Allen Thompson, who entirely ignores the ill effects of intermarriage (a); and he might have reiterated what he has said in the beginning of his paper,—"where extreme opinions are concerned, truth generally lies somewhere between the two, and the present case furnishes no exception to the rule." He would probably not have agreed with Dr. Thompson, neither would he have gone the length of Theodosius the Great, for if all the first cousins who have married one another in Britain were to be hanged!— * * *

The ill effects of marriages of consanguinity are now pretty well known among the Profession; and I venture to say that there is scarcely a Medical man of five years' standing who cannot point out one or more families in which the miserable consequences of intermarriage may not be witnessed. The mute, the dwarf, and the idiot are as certainly the results of the marriage of blood relations as sorrow is the offspring of sin!

Dr. Bemiss, of Louisville, has lately collected some cases bearing upon this subject, for a more full account of which the reader is referred to the *North American Medico-Chirurgical Review*, or to an excellent article in the *Medical Times and Gazette* for May 8, 1858. Out of 34 children the offspring of second cousins, only 10 were healthy. Out of 130, the offspring of first cousins, only 36 were healthy; and out of 27, the children of double cousins, only 3 were healthy.

Dr. Howe narrates the history of 17 marriages of consanguinity. These produced 95 children, of whom 44 were idiots, 12 scrofulous and puny, 1 deaf, 1 dwarf, and 37 only

(a) Todd's Cyclop. of Anat., etc., art. Generation, p. 473.

Digitized by Google

in tolerable health. And the last report of the Kentucky Deaf and Dumb Institution says, that from ten to twenty per cent. of deaf mutes are the children of cousins. Who, with this array of facts before him, dare sanction the intermarriage of cousins?

This is a subject which the Medical man must deal with, for neither the bar nor the pulpit touch it. For the prevention of these unholy alliances he must emerge from his habitual silence and wax eloquent; he must point out the cowardice and cruel wickedness of entailing upon a helpless and innocent offspring a life of sorrow. He must appeal to the love and sympathy of his hearers, or, these failing, he must scare them with a vision of the huge misery they will bring upon themselves. He must teach them what experience has taught him, and, if necessary, remind them that all those who attempt to resist God's eternal laws are inevitably ground to dust before their might!

Hoping these few lines will have the effect of drawing the attention of the Profession to a subject which has been too much neglected, I am, &c.

Sheffield, Oct. 18, 1858. James H. Aveling, M.D.

DURATION OF LIFE AFTER OVARIOTOMY.

Letter from D. W. Crompton, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—The late reports of successful cases of ovariotomy by various Surgeons, suggest to me the desirability of procuring information upon a point which it is of essential importance to determine before recognising this operation as the legitimate and regular *methodus medendi* in such cases.

The point to which I allude is the duration of life after the operation. It is now some years since successful cases were first reported. Can you procure information upon the present condition of those who were operated upon more than two years since? I am, &c.

D. W. Crompton,

Senior Surgeon to the General Hospital, Birmingham.

17, Temple-row, Birmingham, Oct. 25, 1858.

HOW CHLOROFORM KILLS.

Letter from Dr. John Chapman.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my letter which you were kind enough to insert in your last week's number, I stated the processes by which I believe chloroform kills, and then added,—"For all practical purposes I consider that death from chloroform may always be referred to mechanical obstruction of the right heart as its proximate cause." In confirmation of this opinion, I now beg to describe an experiment which any of your readers can repeat, and thus satisfy himself of the truth which it demonstrates.

I caused a cat to inhale chloroform until respiration and the action of the heart had entirely ceased, in fact, until the animal was quite dead—from paralysis of the heart, according to Dr. Snow. The chest was then opened. The heart lay perfectly still, the right auricle and ventricle being immensely distended by the blood they contained. A slight incision was made in the pericardium over the right auricle, which, in consequence of its distention, immediately thrust itself through the opening. The tightness with which the pericardium invested the swollen heart was quite remarkable. The pericardium having been removed, and the heart observed to be still perfectly motionless, its distention was relieved by division of the pulmonary artery (the aorta was divided at the same time), when instantly the heart resumed its rhythmical contractions. The auricles and ventricles continued to contract alternately for more than half-an-hour after the vessels had been divided. There was a certain amount of regularity in the contractions, but the periods of their recurrence were not uniform. The surface of the right ventricle became dry, and at the end of half-an-hour ceased to move. But the auricle, which was still connected to the venæ cavæ, being bathed with blood, continued to contract vigorously and with considerable regularity; at the end of an hour it was contracting fourteen times per minute; at the end of an hour and a-half, twelve times per minute. The venæ cavæ were then divided; the auricle shrank, and after a few more irregular contractions became quite still. The cat was with young, and during the first half-hour of the experiment the uterus was opened, when simultaneously a very decided increase of the heart's action was observed. During the greater part of the first hour, the small intestines were also in almost continuous motion.

This experiment seems to me to prove conclusively, that when the heart of a person who has inhaled chloroform has ceased to beat, it is not paralysed, as affirmed by Dr. Snow; that its stoppage is due to distention of the right ventricle with venous blood, the course of which through the lungs is obstructed; that if the right side of the heart be relieved of the abnormally large amount of blood which is distending it, the heart will begin to beat again; and that though the functions of the cerebro-spinal portion of the nervous system may be speedily stopped by chloroform, the sympathetic portion will resist its influence for a much longer time.

I am, &c.

John Chapman, M.D.

Licentiate of the Royal College of Physicians.

1, Albion-street, Hyde-park, Oct. 26, 1858.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, Oct. 19.

Mr. Fergusson, Vice-President, in the Chair.

(Concluded from page 434.)

Mr. Shaw showed a specimen of

DISLOCATION OF THE FEMUR INTO THE OBTURATOR FORAMEN.

A young man threw himself from the window of an upper story, and sustained, amongst other injuries, a dislocation of the femur. There was great sinking in of the trochanter major, and increased fulness of the inguinal region. Adduction could not be effected, but abduction was easy. There was no material eversion. The sacro sciatic nerve was much ecchymosed as if bruised. The gracilis was torn through, and the adductor longus and the adductor brevis were partly torn. The capsular ligament was extensively torn on the inner side. The man had been the subject of rickets, and (as a usual consequence of that disease is a distortion of the pelvis, in which the acetabulum looks much more directly forward than in the normal state), Mr. Shaw thought that this form of accident had been favoured by it.

The President stated that his experience of these accidents went to prove the importance of one symptom which Mr. Shaw had mentioned, namely, the prominence of the lower region of the groin. He also adverted to the rupture of the round ligament, which had occurred in this case, and stated, that he could scarcely think it possible that this structure should ever escape in dislocations. The displacement into the obturator foramen was the very one in which some authors had asserted that it occasionally did so.

Dr. O'Connor next showed a specimen of

CIRRHOSIS OF THE LIVER.

The organ was a good example of cirrhosis, and had been removed from a woman who had been admitted with hepatic acites into the Royal Free Hospital. She had suffered from syphilis some years before, but had no symptoms of that disease at the time of her last illness.

Mr. Flower exhibited for Mr. Cooper Rose a fresh specimen of

ACUTE NECROSIS OF THE ENTIRE TIBIA.

A delicate girl, aged 13, had been attacked by acute periostitis of the tibia, without any known cause. The ankle-joint had been involved from the first, and most profuse suppuration followed. The patient being apparently about to sink, amputation was performed three weeks from the beginning of the attack. The patient thus far was doing well. The

Digitized by Google

specimen showed the tibia laid bare by the detachment of the periosteum over its whole extent. The ankle-joint was totally disorganised, and the process of necrosis seemed most advanced in the lower end of the tibia.

The President remarked, that on first hearing the title of the case, he had been inclined to suspect that the amputation had been premature. On observing, however, how extensively the ankle-joint was involved he had changed his opinion, and felt convinced that it was a wise measure. It was this coincidence of articular affection with acute periostitis, which gave the specimen its chief interest.

Mr. Birkett showed a specimen, illustrating a peculiar

CONDITION OF BOWEL AFTER LONG CONSTRICTION.

A man was admitted into Guy's Hospital with acute peritonitis, and died within thirty-eight hours of the commencement of the attack. He was found to have had a peculiar form of congenital hernia.

There was the history of his having had six months ago an illness, marked by all the symptoms of abdominal obstruction, which lasted thirteen days. He was given over, and from the description the symptoms were most severe. Eventually he recovered, and lived in good health for six months, the hernial tumour having passed up again.

When admitted under Mr. Birkett, the signs of strangulated hernia were not well-marked, but, as a fulness in the groin certainly existed, it was deemed best to explore the part by operation. The inguinal canal was laid open, as also the tunica vaginalis with which it communicated. No hernia was found. The man died in a few hours, when the following very interesting and unusual state of parts was discovered. The intestine formerly strangulated (part of jejunum high up) has acquired firm adhesions about the internal ring. The opposed surfaces of its descending and ascending portions had also become firmly adherent, and an ulcerated communication had been formed between them. Through this fæces had evidently continued to pass, as well as through the course of the coil of gut involved. It was clear that these changes must have taken place during the long attack of strangulation, described to have occurred six months before admission. The cause of the fatal illness had been the rupture of part of the adhesions between the bowel at the place of ulceration, and the consequent escape of fæces into the peritoneal cavity. The preparation was illustrated by a coloured drawing.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to Practise, on Thursday, October 21, 1858:—

Emmerson, Charles, Sandwich, Kent.
Halley, Ebenezer, Manchester.
McEwen, John, Piccadilly, Manchester.
Nicholson, Joseph Metcalf, New Wortle, near Leeds.
Pearce, George.
Richards, Richard, Harlech, North Wales.

Also, on the 14th inst.:—

Clark, Samuel, Forfarshire.

In addition, on the 21st, eight gentlemen passed their first examination.

University of St. Andrews.—List of gentlemen on whom the degree of Doctor of Medicine was conferred 22nd October, 1858:—

Addison, George, M.R.C.S. and L.A.C., Uxbridge.
Ashurst, William Robert, M.R.C.S., Farningham.
Barker, Alfred James, M.R.C.S., Upper Holloway.
Barker, Samuel, M.R.C.S. and L.A.C., London.
Buss, Henry, M.R.C.S. and L.A.C., London.
Carey, Francis E., M.R.C.S. and L.A.C., Guernsey.
Constant, F. G., M.R.C.S. and L.A.C., Ramsgate, Kent.
Croucher, Alex. R., M.R.C.S. and L.A.C., London.
Davies, W. B., M.R.C.S., Wellington, Sierra Leone.
Day, Henry, M.R.C.S., Stafford.
Diver, Thomas, L.A.C., Hampstead, London.
Fletcher, James O., M.R.C.S. and L.A.C., Manchester.
Girdlestone, C., M.R.C.S. and L.A.C., Downton, Wilts.
Girdlestone, H., M.R.C.S.; L.A.C., Wangford, Suffolk.
Holden, George, M.R.C.S., Australia.
Housley, John, M.R.C.S., Mansfield, Woodhouse, Notts.
Hutcheson, Robert William, M.R.C.S., West Indies.
Jepson, Octavius, M.R.C.S.; L.A.C., Gainsboro'.
King, Thomas Kirwan, M.R.C.S., Camberwell, London.
Ley, Edwin G., M.R.C.S. and L.A.C., Rochester, Kent.
Molineaux, James, M.R.C.S. and L.A.C., Manchester.
Nihill, John, M.R.C.S.I., R.N., Lewisham, Kent.
Page, Frederick, F.R.C.S., Cambridge.
Purbjoy, James Robert, M.R.C.S.I., Co. Dublin.
Robinson, Thomas, M.R.C.S. and L.A.C., London.
Seward, Thomas, M.R.C.S. and L.A.C., London.
Shill, Thomas, London.
Smallman, Joseph C. B., M.R.C.S., London.
Stilwell, R. R., M.R.C.S. and L.A.C., Epsom, Surrey.
Tardy, Elias N., M.R.C.S., Trinidad, West Indies.
Tate, Robert, M.R.C.S.I., Manor Hamilton, Co. Leitrim.
Trotter, David, M.R.C.S.I., Co. Meath.
Watson, Henry, M.R.C.S. and L.A.C., Loughborough.
Williams, D. W., M.R.C.S., Llandudno, North Wales.

APPOINTMENTS.

Benjamin Wills Richardson, Esq., F.R.C.S.I., has been elected Surgeon to the Adelaide Hospital, Dublin, in the room of James H. Wharton, Esq., recently appointed to the Meath Hospital.

Royal College of Physicians.—At the Comitia Majora held on Friday, the 22nd inst., Dr. Thomas Watson, of Henrietta-street, Cavendish-square, was chosen a Member of "The General Council of Medical Education and Registration of the United Kingdom."

DEATHS.

Bucknell.—On the 21st inst., at Chelsea, Mr. Henry George Bucknell, Student at St. George's Hospital, aged 20.

Hughes.—We regret to have to record the death of Henry Marshall Hughes, M.D., Fellow of the Royal College of Physicians, and Physician to Guy's Hospital, which mournful event occurred at 12, Marine-parade, Brighton, on Thursday week, in the 53rd year of his age. Dr. Hughes was a member of the Royal College of Surgeons in England, and Licentiate of the Society of Apothecaries in London in 1829; a member of the Royal College of Physicians in 1834; Fellow of the Royal College of Physicians in 1844; Senior Assistant-Physician of Guy's Hospital in 1853; late Physician to the Surrey and South London Dispensary; and member and late President of the Hunterian Society. He was author of "A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis," and a contributor of various essays in "Guy's Hospital Reports," the *Medical Gazette*, and the *Edinburgh Monthly Journal*.

Randell.—On the 24th inst., at La Bagatelle, Bouley Bay, Jersey, Henry Kemp Randell, M.R.C.S. Eng. 1848; L.S.A. 1826.

Glycerine.—M. Pasteur informs the French Academy, that glycerine is one of the constant products of alcoholic fermentation; the proportion of it formed being about 3 per cent. of the quantity of sugar employed.

The Glasgow Medical Society.—At a meeting held in the Faculty-hall on the 19th instant, the following gentlemen were elected office-bearers for the ensuing year, namely, George Watt, Esq. *President*; Dr. William Brown, and Dr. James Fraser, *Vice-Presidents*; Dr. Robert Parker, *Treasurer*; Dr. Alexander A. Macdowall, *Secretary*.

Medical Registration Societies.—The number of these societies has been increased by one formed by the Practitioners of Woolwich, Charlton, and Plumstead. Mr. Stuart has been appointed Treasurer, and Mr. Allinson, Secretary. The Society was formed at a meeting held on the 21st inst. Dr. Evans in the Chair.

Testimonial to Mr. Burrows, Mayor of Brighton.—A very flattering testimonial was presented to Mr. Burrows, on Thursday week, at a dinner at Brighton, from upwards of forty Medical men, expressing their personal esteem, and

Digitized by Google

acknowledging the dignified and hospitable manner in which Mr. Burrows has upheld the honour of the Profession, whilst ably discharging the duties of Mayor of the Borough. We feel certain that the Profession generally will participate in the feeling so well expressed at Brighton.

TRUE MEDICAL BROTHERHOOD.—Dr. Urbain having recently died at Pâturage, in Belgium, his *confrères* have agreed among themselves to discharge for the benefit of his family the duties that fell to his lot as Surgeon to several coal-mines, until his son, at present pursuing his studies, is in a condition to undertake the post.

A VOTE OF CENSURE PASSED ON DR. GUGGENBUHL'S ESTABLISHMENT AT THE ABENDBERG.—At the recent meeting of Swiss Naturalists at Berne, at the instance of the Medical Section, a resolution was proposed, that as Dr. Guggenbuhl had failed to furnish an annual report for the last twelve years, and had not contradicted the objections made to his establishment by the Meeting of 1855, all participation and support of such establishment on the part of the Society of Swiss Naturalists should be withdrawn. It was passed unanimously, 298 members being present.

DIPHTHERITE AND CROUP.—A French journalist suggests that it is time his confrères began to pay a little attention to the Medical treatment of these diseases; of late, the recommendations for their cure have been all of a surgical kind. Perchloride of iron has been lately lauded as an admirable topic to the false membranes in the throat. M. Gigot found that the perchloride diminished and in some sort mummified the false membrane, and readily caused their separation. In thirty cases of diphtherite observed at the Hospital Sainte Eugénie, medicine does not seem to have been of any service. Large doses of ipecacuanha were given in vain, so also calomel and alum: chlorate of potass was found useless. In four patients the internal surface of the larynx was cauterised several times with nitrate of silver, by aid of M. Loiseau's instrument; but the operations were not followed by the results noted by its inventor. In the great majority of cases tracheotomy was had recourse to.

CALCIUM.—At the last sitting of the French Academy of Sciences, M. Dumas read a report on a chymical process for extracting calcium, lately submitted to the Academy by MM. Liès-Bodart and Jobin. Calcium is one of the alkaline metals, and is contained in lime; it was first obtained through the action of the pile by MM. Bunsen and Mathiesen, but in very small quantities, and with great trouble; by chymical decomposition it had never been obtained. M. Dumas himself had, about thirty years ago, vainly attempted to extract calcium from its iodide by means of potassium; but the operation being performed in the open air, the alkaline metal burnt away, and the iodide remained undecomposed. MM. Bodart and Jobin operated according to the same theory, only instead of using potassium they used sodium, which would have led to the same result had they not had the precaution to use an iron crucible with a lid screwed down tight. This apparently irrelevant circumstance has not only been sufficient to determine the defined reaction, but, as M. Dumas observes, has laid the foundation of a new method for attempting the reduction of the other alkaline metals, or for improving the processes already known.

LONDON MEDICAL REGISTRATION ASSOCIATION.—The following resolutions were agreed to at a meeting held on Tuesday, at the British Coffee-house: First resolution. It was moved by Dr. Rogers, seconded by Dr. Thorn—"That, with a view to secure the efficient operation of the New Medical Act, and to afford assistance to the Registrar to be appointed under the Act in the execution of his important duties, it is, in the opinion of this meeting, expedient and highly necessary that a Medical Registration Association be formed for London and its suburban districts, and that such an association be now formed under the title of the 'London Medical Registration Association.'" Second resolution: moved by Mr. Bottomley, seconded by Mr. Alexander Marsden—"That an executive committee be now appointed for making the requisite arrangements to carry the objects of the said Association into effect, and that they have power to add to their number, and to make such rules for the government of the Association as they may deem necessary."

COMMEMORATION OF RUSSIAN MEDICAL OFFICERS.—The *Medicinische Zeitung Russlands* observes that the laudable practice has long prevailed in Russia of inscribing the names of officers who have died in battle, or of wounds received in battle, upon funereal tablets, and erecting these in the churches of the cadet schools, universities, or other chief educational establishments. By command of the Emperor, in future the same honour is to be paid to those Medical officers who have been killed while fulfilling their duties during war, or have died afterwards of wounds. Such tablets are also to be erected in the churches of the universities or academies in which they have received their education. "Our military Medical officers who, by reason of their energy, self-sacrifice, and incessant activity, during the last war, had the high distinction conferred upon them of receiving decorations similar to those of the combatant officers, will know how to appreciate this further proof of their equalisation and distinction. This is a new proof that our enlightened government knows how to appreciate the position of the Medical officer, surrounded as he is by endless dangers, not merely distinguishing those who serve to diminish the power of the enemy, but those also who understand the means of maintaining the strength of our own army."

POPULATION OF GREAT BRITAIN AND FRANCE.—Tables from the Statistical Society. Comparative view of the state of the populations of Great Britain and France:—

Great Britain.—Total, 20,959,477.
Percentage or No. in each 100,000.

Ages.	
Under 20	45,336
20 to 35	24,583
	69,919
35 to 50	15,889
50 to 75	12,806
75 to 100	1,433
Fraction	3
	100,000

France.—Total, 34,860,387.
Percentage or No. in each 100,000.

Ages.	
Under 20	39,183
20 to 35	23,644
	62,827
35 to 50	18,100
50 to 75	17,200
75 to 100	1,872
Fraction	1
	100,000

Comparative view of the then existing populations of Great Britain and France at different periods in the present century:—

Year.	Great Britain. Total Males and Females.
1801	10,578,956
1811	12,050,120
1821	14,181,265
1831	16,364,893
1841	18,658,872
1851	20,959,477

The increase in Great Britain in 40 years, from 1811 to 1851, is 8,909,357, or nearly 74 per cent. on the population of 1811.

Year.	France. Total Males and Females.
1820	30,451,187
1831	32,560,934
1836	33,540,910
1841	34,230,178
1846	35,401,761
1851	35,783,059
1856	36,039,364

The increase in France in 36 years, from 1820 to 1856, is 5,588,177, or 18½ per cent. on the population of 1820.

Comparative view of Births and Deaths in England, and Wales and France:—

Year.	England and Wales. Excess of Births.
1838	121,027
1839	153,590
1840	142,616
1841	168,311
1842	168,220
1843	180,880
1844	183,830
1845	194,155
1846	182,310
1847	116,661
1848	163,226
1849	137,320
1850	224,427
1851	220,469
1852	216,877
1853	191,294
1854	196,500
1855	209,340

Year.	France. Excess of Births.
1838	115,277
1839	177,140
1840	135,832
1841	172,167
1842	146,744
1843	171,672
1844	190,798
1845	237,332
1846	151,975
1847	62,555
1848	104,590
1849	13,458
1850	137,319
1851	162,458
1852	154,885
1853	141,371
1854 (decrease)	69,318

The announcement made some time ago that in France, in the year 1854, the deaths had exceeded the births by 69,318 induced Mr. Willick to draw out the above comparative statement of the populations of Great Britain and France, in order that the effects of such decrease might be traced in the state of the population, classed quinquennially. The fact of such decrease appears to be confirmed by the relative number of individuals alive in each 100,000 of the population in France under the age of 35, as compared with Great Britain. The difference is more than 10 per cent. in favour of this country.

PUCOON AND DR. FELL.—In the *Boston Medical and Surgical Journal* is a letter which was found by his son among the correspondence of the late Dr. Warren. The letter, dated Oct. 2, 1811, was written by a gentleman of Philadelphia to a friend in Portland, and contains a copy of a "recipe" of Dr. Daniel Weatherby, of Philadelphia, for the cure of cancer by

Digitized by Google

the local application of powdered bloodroot or "percoon," as it is there spelt. Here is the recipe:—"A sure and long experienced antidote to expel all sorts of cancers. The first application is the yellow preparation of percoon or bloodroot pulverised. Spread it lightly over a plaster of roasted onions, so as to colour the face of it, and apply it to the cancer. If the cancer be open so that it can penetrate, it will kill the body of it, and inflame the parts round as far as the roots extend, in twenty-four hours, but the time will vary, as the case requires. In all cases, this application must be repeated until the body or centre of the cancer appears purple or black, and the parts round appear red and inflamed; then apply the second application, and it will soon bring it into a suppuration, and the body of the cancer will fall out of its own accord; but the most difficulty is to expel the roots that extend through the sound flesh at some distance, which distance may be discovered by the inflammation, as the medicine will not prey upon any kind of flesh but that of a fungus, scarious, and cancorious nature. Bringing on the first application, the inflammation once a fortnight is sufficient in the most irascible cancer. But should it [not] be effectually subdued in that time, apply the first plaster, and pursue the mode laid down, a second time. I have found that long intervals between the repetition of it answers best, as it is of a very hot and hardening quality, the softening it again and running of it out is the most difficult and tedious part of the cure, but if persisted in will have the desired effect in all cases. The second application is thus:—Take young, soft, poke roots, roast them well, peal them, and beat them well in a mortar, take one-tenth part of boar tush or fern root, break or pulverise it, beat it with the poke root, and one-sixth part of James-town or henbane seeds powdered; spread a poultice of it, sufficiently large to cover all the parts inflamed by the first application; this ought to be repeated night and morning when the case is bad. It will soon draw out the inflammation, soften the parts, and give the patient case. When the cancer matters, and is loose from the sound flesh, it must not be forced out, as such an operation would break the roots, and the tiny passages would shut, so that the medicine could not extend to the end of them as well as if it had the whole of the root to prey upon. As long as the disease exists, this application will keep the part affected open, but when the cancer is entirely expelled, it will heal up by continued application of the medicines, which ought and must be done to have the cure perfect. If patients follow these directions strictly, I can warrant complete cure, but not otherwise.—Signed—Daniel Weatherby." "N.B.—A very small proportion of the white precipitate must be sprinkled on the first application."

PROHIBITION OF EMPIRICAL PREPARATIONS IN RUSSIA.—The Russian Government has issued the most stringent orders to refuse admission at the various Custom-houses to the following substances:—1. Collodium cantharidale. 2. Hydrargyrum zooticum. 3. Morrison's pills. 4. Oleum Harlamense. 5. Hydrargyrum sulphuratum stibiatum. 6. Leroy's medicines. 7. Ferrum limatum alcoholisatum, and Revalenta Arabica. 8. Lactate of iron lozenges. 9. Essentia coffeæ. 10. Extractum filicis maris æthereum. 11. Theriac. 12. Extracta medicinalia. This is a very wise regulation, excluding, on the one hand, dangerous quack medicines, such as Morrison's and Leroy's, and on the other preventing credulous from investing their money in such preparations as the Revalenta Arabica.—*Med. Zeit. Russlands.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 23, 1858.

BIRTHS.

Births of Boys, 849; Girls, 846; Total, 1695.
Average of 10 corresponding weeks, 1848-57, 1480.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	591	522	1113
Average of the ten years 1848-57	507·5	511·3	1018·8
Average corrected to increased population	...	...	1120
Deaths of people above 90	...	...	4
Deaths in 15 General Hospitals	26	17	53

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	2	21	1	3	6
North....	490,396	2	9	43	8	5	9
Central ..	393,256	3	12	18	6	5	13
East	485,522	..	5	25	9	4	10
South	616,685	..	11	49	7	9	9
Total..	2,362,286	5	39	156	31	26	47

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·694 in.
Mean temperature	51·1
Highest point of thermometer	61·7
Lowest point of thermometer	43·2
Mean dew-point temperature	49·3
General direction of wind	E. & N.E.
Whole amount of rain in the week	0·32 in.
Amount of horizontal movement of air in the week ...	440 miles.

TO CORRESPONDENTS.

We have received a very remarkable paper from Professor Simpson, "On Delivery of the Child by Turning as a general rule in Labour. By Dr. Figg." It will appear, wholly, or in part, in our next number.

Dr. Moore's letter on the Tæniacide properties of Kameela shall appear next week.

A very interesting report by Mr. Jones on nine cases of Radical cure of Hernia in the Liverpool Workhouse Infirmary will appear next week.

Mr. Tomlinson.—A Surgeon called by the Police to attend a person at the Station-house is paid by the police authorities the fee of 3s. 6d. for a visit by day, and 7s. after 9 p.m.

Students.—It is reported that the provisions of the warrant recently issued by the War-office regulating the grades, rank and emoluments, and general position of the Medical Officers of the Army, are about to be extended in every particular to the Medical Department of the Navy.

T.A.—The suggestions shall be conveyed to Dr. Lee. It would not be fair to publish anonymous comments on a paper authenticated by the name of the writer; and we may add, that the cases are not *made up*. They are taken direct from the note-book.

Austriacus, Trieste.—No foreign graduate not practising as a Physician in the United Kingdom before October, 1858, can register under the Medical Act. But as Austriacus has served in our army as a Medical officer, the Council might consider this as "practising as a Physician," and admit him to register. So soon as the council is formed, application should be made. If the reply be unfavourable, the only course would be to obtain a British Diploma.

ERRATUM.—A typographical error occurred in the list of officers of the King and Queen's College of Physicians in Ireland which we published last week; the names should have run thus:—President, Sir Henry Marsh, Bart. Censors—Dr. Aquilla Smith, Vice-President; Dr. Henry Kennedy, Dr. Mayne, and Dr. A. Hudson. The remainder of the list was correctly given,

THE PRESIDENT OF THE COUNCIL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It seems likely that the President of the New Medical Council will not be of the Profession. Every one must be sure that should this unfortunately be the case it can only be caused by that miserable jealousy which exists but too commonly amongst us. We have been calling out for honours, and now that place is offered, a stranger is to be introduced. I know of no greater treachery that has been committed lately than this would be. It must lower the Profession in the eyes of all. Cannot a man be found from among ourselves who combines the several qualities of business habits and the mind of an educated gentleman? Do, pray, continue to assert our rights and moot the subject as you can so well do. What does it matter whether he be Physician, Surgeon, or General Practitioner, so that he is equal to his post? But I am quite sure that there are many who, placed in such a position, would perform their duties to the satisfaction of all.

If a lordling should be placed as President, we shall never be represented; inasmuch as he can know nothing, and he will care nothing about our wants. But it is said it is only the first appointment which is the non-Medical, that the Council may be got into working order. As the first appointment is, so must it be continued, that the ear of the minister of the day may be gained. If they will only begin well they may go on well.

I am, &c.

October 26, 1858. F.R.C.S.

[As the Council have to elect their own President, it is hardly likely they will go beyond the pale of their own Profession. They would have no reason for doing so, if we had Medical representatives in Parliament.—ED.]

Digitized by Google

Etiquette in Consultation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having confidence in the impartiality of your judgment in questions of professional usage and propriety, brought before you sometimes by correspondents, I take the liberty to ask your opinion upon a point, the right understanding and settlement of which would tend to prevent those collisions in Medical consultations so unpleasant to the Practitioners involved, prejudicial to the character of the Profession in the eyes of the public, and injurious to the welfare of the sick.

I will state the case in a general way with as little reference as possible to a particular instance. The friends of a patient whose case is serious, or considered by them to be so, suggest to the General Practitioner in attendance their wish for a second opinion; the name of a Physician in an adjoining town is mentioned, and the Surgeon expressing his readiness to meet him the hour is fixed; they meet, examine the case together, and after talking over the proposed treatment in an adjoining room, a plan is agreed upon, and the Physician asks the friends for paper and ink, intending as he supposes according to usual custom, to write a prescription for the Medicines and appliances which they have agreed upon in a general way; the Surgeon, however, prevents this by saying that there is no necessity for a prescription; the Physician seeks an explanation in private, and is informed, that without any personal disrespect to him, the Surgeon (who sends out his own medicines) has resolved not to take any prescription from a Physician, and that he has not done so for a long time past, because he considers it "infra dig." that it lowers the General Practitioner, and that it makes him appear to the patient in consultation in an inferior capacity. The Physician urges in reply the regular custom of the Profession, that it is no idle custom, or intended in the slightest degree to disparage the General Practitioner, but is founded on reason as well as propriety; that it is most important, as tending to prevent mistakes or misapprehensions or slips of memory, in case of a long round of visits after; that it ensures definite doses, etc., and, "litera scripta manet," suppose anything unfortunate should arise in the case afterwards, or the consultants should not meet again for many days, there is the prescription as a record to refer to. These arguments avail nothing. Well! would there be any objection to send the prescription to a Druggist, of whom there are many respectable ones in the town? This would not do, either, the Surgeon considers Druggists are not to be trusted; in short, nothing will suit but that he should carry away a remembrance of the drugs agreed upon, and perhaps make them up according to his own ideas of dose and method of exhibition, if it had been omitted previously to arrange those important details (as indeed was likely to happen in a case which has lately occurred to me), the days of the "goldheaded cane" he considered had passed away, and with them all such customs. All this appeared to me so unreasonable, loose, and unsatisfactory, that in the case referred to I felt it my duty to write the prescription and leave it on the table, the Surgeon declining to take any cognisance of it. Now it would be small matter if only one Practitioner resolved on this course, undignified squabbles might easily be avoided in future; but I understand that other Surgeons in the same town have resolved to act in a similar manner towards all Physicians; and I appeal to you, Sir, unbiassed by local feelings, and judging on broad Professional principles, what is the course the Surgeon ought to adopt? and how should the Physician act in the circumstances to which I have referred?

October 21, 1858. I am, &c. M.D.

[When Medical men meet in consultation and sign a prescription *together*, the junior is not placed in an unsatisfactory position. But if a Consulting Physician or Surgeon signs a prescription alone, and the General Practitioner does not join in the responsibility, the one assumes a superior and the other accepts an inferior position before the patient, which is contrary to the growing opinion of the present day. The question is one of interest, and worthy of discussion.—Ed.]

Penalties under the Medical Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—At the Herts Medical Registration Society, October 1, there is this remark of the President:—"But there was no machinery provided for enforcing the provisions of the Act against persons assuming to have qualifications which they did not possess, and there was reason to fear that great numbers of qualified Medical men were even unaware of the necessity of registering." Now I would ask if the Act shall turn out to be inefficient for exposing and punishing individuals assuming to be Physicians or Surgeons, or calling themselves by the distinctive appellations assumed by ourselves under our respective diplomas, whether the Act is any bonus to us or the public except in the matter of regulating education? The question of being under the Act empowered to recover our charges upon being duly registered appears to me a very small affair; for when did we hear scarcely of any respectable man not being paid by his patients, and if compelled to go into court, not receiving a legal and fair remuneration?

I am, &c. An Old Surgeon.

[We print again Clauses 39, 40, and 41 of the Act, which are very explicit. The registrar, or the Council, or any of the registration societies, or any aggrieved person, may proceed against those falsely pretending to be registered.

Penalty for obtaining registration by false representations.

XXXIX. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either verbally or in writing, every such Person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanor in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

Penalty for falsely pretending to be a registered person.

XL. Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.

Recovery of penalties

XLI. Any penalty to which under this Act any Person is liable on summary conviction of any offence may be recovered as follows; (that is to say,) in England, in manner directed by the Act of the Session holden in the eleventh and twelfth years of her Majesty, chapter forty-three, and in Ireland in manner directed by "the Petty Sessions (Ireland) Act, 1851," or any other Act for the time being in force in England and Ireland respectively for the like purposes; and any such Penalty may in Scotland be recovered by the Procurator Fiscal of the county, or by any other person before the Sheriff or two Justices, who may proceed in a summary way and grant warrant for bringing the party complained against before him or them, or issue an order requiring such party to appear on a day and at a time and place to be named in such order, and every such order shall be served on the party by delivering to him in person or by leaving at his usual place of abode a copy of such order and of the complaint whereupon the same has proceeded, and upon the appearance or default to appear of the party, it shall be lawful for the Sheriff or Justices to proceed to the hearing of the complaint, and upon proof on oath or confession of the offence, the Sheriff or Justices shall without any written pleadings or record of evidence commit the offender and decern him to pay the penalty named as well as such expenses as the Sheriff or Justices shall think fit, and failing payment shall grant warrant for recovery thereof by poinding and imprisonment, such imprisonment to be for such period as the discretion of the Sheriff or Justices may direct, not exceeding three calendar months, and to cease on payment of the Penalty and expenses.]

COMMUNICATIONS have been received from—

Sir John Liddell; Dr. Conolly; Professor Simpson, Edinburgh; Mr. Booth Eddison, Nottingham; Dr. W. Moore, Dublin; Dr. Robert Lee; Dr. Habershon; Mr. Crompton; Dr. Venables; Mr. Winstanley; Dr. O'Connor; Mr. Bryant; Mr. Maunder; Mr. Holthouse; Mr. Jones, Liverpool; Mr. J. Z. Laurence; Mr. Williams; Mr. Kingdon; Mr. Wright; Mr. Hunter; Mr. Falcony; Mr. Inman; Dr. Duigan; Mr. E. W. Thomas; Dr. Butler; Dr. Figg; Mr. Allinson; Mr. Owen; Mr. MacDowell; Mr. McDermot; Mr. Tomlinson.

APPOINTMENTS FOR THE WEEK.

October 30. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

1. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London.—8 p.m.: General Meeting.

Mr. J. Birkett "on Hernia into the Tunica-Vaginalis: its Varieties, Complications and Treatment."

2. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

3. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Hunterian Society, 8 p.m. Dr. Peacock "on the supposed Antagonism of Phthisis and Ague."

4. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harveian Society, 8 p.m. Introductory Address by Dr. Hamilton Roe.

5. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

Western Medical and Surgical Society of London—7 p.m.: Council Meeting. 8 p.m.: Dr. Arlidge "On Hallucinations in their connexion with Insanity."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Lithotomy; Removal of Tumour from Leg; For Necrosis of Tibia. By Mr. Fergusson. Plastic operation on Face. By Mr. Bowman. For Varicose Veins. By Mr. Lee.

Digitized by Google

Extracting Teeth by Electricity.—

J. ATKINSON, 37, MANCHESTER-STREET, LIVERPOOL, the Importer of the American Magneto Machines, has contrived a Commutator for the operator to discharge the electricity at the moment desired by the foot.

Whicker and Blaise (late Savigny

and CO.), 67, ST. JAMES'S-STREET, LONDON, (Established upwards of Two Centuries), CUTLERS & SURGEONS' INSTRUMENT MAKERS, To Her Majesty's Army, The Royal Board of Ordnance, and the Hon. East India Company, particularly beg to invite the Nobility, Gentry, and the Medical Profession, to their immense Stock of Cutlery of every description, Instruments for Deformity, Artificial Legs, Arms, etc.—A great variety of Patent and Improved Enemas.

W. & B. beg to call the attention of students to their great variety of dissecting instruments, etc.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes, ELASTIC NEW CORSETS of the same beautiful fabrics. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 20s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET,
Corner of Railway-place, London.

Price's Patent Candle Company

(Limited) beg to call attention to the following Testimonial in favour of their new PATENT BELMONTINE OIL, which they believe to be the cheapest artificial source of pure white light:—

"Having been requested by Warren De La Rue, Esq., F.R.S., F.R.A.S., etc., to prepare an improved reflecting stereoscope to exhibit his splendid eight-inch lunar photographs at the meeting of the British Association at Leeds, we decided, after a complete series of trials, on illuminating them with the new Belmontine Argand Lamp (Tylor and Sons, makers, Warwick-lane, Newgate-street, London). These views of the Moon were inspected by more than 1000 scientific persons, and surpassed any objects previously exhibited, to which the beauty, constancy, and purity of the light materially contributed. We also find these Lamps well adapted for illuminating our newly-improved achromatic stereoscope."—Smith, Beck and Beck, 6, Coleman-street, October 6, 1858.

It will burn in some of the Lamps used for Paraffine Oil, and even in some of the old Camphine and Vesta Lamps; but the Lamps recommended especially for it are those manufactured by Messrs. Tylor and Sons as above, each of which has a brass label with the words, "Patent Belmontine Oil, Price's Patent Candle Company (Limited)." The Oil and Lamps can be had retail of all Oil and Lamp dealers, and the Oil wholesale of Price's Patent Candle Company (Limited), Belmont, Vauxhall, London, S.

The Patent Sherwoodole is now supplied in 1s. and 1s. 6d. bottles. It will be found at least as efficacious as benzoine in removing grease stains, and as a general cleaning agent, and to have a much pleasanter smell. To be had retail from all Druggists, Perfumers, etc., and wholesale from Belmont, Vauxhall, London.]

H. Silverlock's Medical Label Ware-

HOUSE, Letter-Press, Copper-plate, and Lithographic Printing Offices, Wardrobe-terrace, Doctors'-commons, London, E.C.

H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated		clear	8s. per gross.
3 & 4 oz., do.	do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials	do.	of a very superior quality.	4s. 6d. do.
1 oz. do.	do.		5s. 6d. do.
1½ oz. do.	do.		6s. do.
2 oz. do.	do.		7s. do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

The Expansible Respirator.—To this

recent and important improvement, by the original inventor of the Respirator, Mr. Jeffreys, J. E. PERCIVAL respectfully invites the attention of the Profession. Possessing a warming power equalling 40 degrees (Fahr.), it can be instantly reduced, through any of four grades, down to a power of 20° or 15°, and by practice without even removing the instrument from the face. Thus, while the air temperature may range from 30° to 50°, the wearer may enjoy one equal climate of 65° or 73°, duly tempered also by moisture. To the importance of the in-door use of the Respirator, especially at night, and in its nasal and orinasal forms attention is also particularly invited.

Chief office, 25, Bucklersbury: J. E. Percival, manager.

The instruments are procurable of the agents every where. The public are recommended to consult registered members of the profession, who will guard them against deception by defective imitations.

DR. DE JONGH'S

Light-Brown Cod Liver Oil.—This

pure, transparent Light-Brown Cod Liver Oil is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied only in bottles, capsuled and labelled with Dr. De Jongh's stamp and signature, so that the Faculty may rely upon a Genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON, W.C.

Half-pints (10 ounces), 2s. 6d.; Pints (20 ounces), 4s. 9d.; Quarts (40 ounces), 9s. Imperial Measure.

*** *A Liberal Discount to the Profession.*

Sydenham Clerical Suit: Trousers,

17s. 6d.; Waistcoat, black corded, 12s. 6d.; Frock Coat, black or steel, 50s. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Top-Coat, 42s.—Simple,

easy, warm, waterproof, and elegant; undeniably the most perfect overcoat out. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Trousers, 17s. 6d.—A new

and entirely unique pure woollen fabric, in Oxford and Clerical mixtures, are now applied to the Sydenham Trousers. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Collegian's Suit.—Trousers,

17s. 6d.; Waistcoat to match, 8s. 6d.; Lounging, Boating, Riding or Shooting Coat, to match, 33s.; Top Coat, 42s. SAMUEL BROTHERS, 29, Ludgate-hill.

Wines from the Cape of Good Hope.

W. and A. GILBEY'S SOUTH AFRICAN PORT, SHERRY, MADEIRA, MARSALA, &c., 20s. per Doz., all of the first growths only. Any two samples for 12 stamps.

"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. Gilbey, of Oxford-street. We find them to be both genuine and wholesome."—Lancet, June 5th, 1858.

"We have examined eight samples of different wines from the Cape, forwarded by Messrs. Gilbey, and find them equal in most respects, and in some superior, to the ordinary wines from Spain, Portugal, and Madeira."—Medical Times, April 10th, 1858.

Price Current with full particulars, and Dr. Hassall's and Dr. Letheby's Analysis sent free on application.

FINE OLD BRANDY, U. V. brand, 15s. per gallon, or 30s. per dozen.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London (W.), and 31, Upper Sackville-street, Dublin.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE VII.

In discussing the subject of Concussion of the Brain in my last lecture, I incidentally alluded to the bruised appearances often observed about the cerebral substance, where the case had been set down as one of simple concussion.

It is this bruised appearance, or contusion of the brain-substance, which I now propose to bring more directly under your notice.

Bruising of the brain-substance presents itself under two different aspects; either spots of extravasated blood are clustered together in well-marked circumscribed patches, or these spots are disseminated throughout various parts of the cerebral mass at the same time. Hence a circumscribed and a diffused form of contusion of the brain.

The former, the circumscribed contusion, much the more common of the two, I shall treat of first.

As in other organs so in the brain, there may be different degrees of contusion. In the slighter cases the bruised part, of a dark purplish colour, is found upon close examination to be studded with minute specks of extravasated blood, not bigger than pin-points, thickly clustered together; the discoloration gradually lessening from the centre to the circumference, as the specks of blood become more and more scattered. The grey substance alone is affected. Under a gentle stream of water the patch, if examined within a short time after the injury, retains both its discoloration and its consistence. The meshes of the surrounding pia-mater are more or less filled with small clots of extravasated blood.

In the more severe cases, the central parts of the bruised portion, thoroughly infiltrated with blood, are of a uniform, dark purplish colour, which extends some distance both into the grey and white substances: imbedded in this part are little clots of blood of the size of peas, and around the circumference and in the deeper parts are specks of extravasation scattered more and more widely until they gradually disappear. The brain-substance torn, broken up, and shreddy, readily gives way under a gentle stream of water which, gradually loosening the clots of blood, carries them away, leaving little pits with irregular and shaggy margins, and thickly studded throughout with pin-point extravasations. The investing arachnoid and pia-mater are generally torn, and blood is more or less extensively extravasated in the cavity of the arachnoid as well as in the meshes of the pia-mater.

Such are the appearances at an early period after the injury. A few days later, and the bruised part, with its depressed shaggy surface, and sharp, irregular borders, looks like an ulcer, and by some Surgeons has, in fact, been described as the traumatic ulcer of the brain. At this period, too, the brain tissue to some distance around the bruise may be of a yellowish colour, and each little speck of extravasation may have its own circle of yellow surrounding it.

Slight contusion of the brain may sometimes be found alone; but, for the most part, the various degrees which I have just been describing co-exist in the same brain.

Just now, I said that blood was, in the severer cases of contusion, extravasated into the cavity of the arachnoid, and within the meshes of the pia-mater; and, as we shall, by-and-by, find this to be a point of great practical importance, I will now mention that blood, thus extravasated, is found in large quantities in the majority of these cases of contusion.

Out of sixty-nine cases of more or less severe contusion of the brain, independent of compound fractures, I found blood extravasated into the cavity of the arachnoid in no less than fifty-two cases. And in thirty-one out of these fifty-two cases, the extravasation was very extensive, so much so, indeed, in several instances, that the quantity is marked thus, in the notes of the case: "within the arachnoid large quantities of blood spread out and capping the brain." In eleven cases, no blood was found in the arachnoid cavity; but, in all these eleven cases, blood was found in the meshes of the pia-mater, extending some distance beyond the actual seat of the brain-injury, and in six of them, the extravasation was wide-spread. In the remaining six cases, no blood was found in the arachnoid, and none in the pia-mater, except at the actual seat of the injury, and this only in very minute quantities.

As to the bruising of the brain substance, there is no part of this organ which may not be thus injured; but all parts of the cerebral mass are not equally subject to it. Some parts of the brain are so frequently bruised that cases of this kind are seldom wanting in the dead-houses of our large hospitals; and other parts again are so very rarely injured, that one or two cases only will be met with in a long series of years.

It is but very, very rarely, for instance, that we have an opportunity of seeing the medulla oblongata, or the crura thus bruised.

There is, however, a preparation in the museum of St. George's Hospital, in which several small spots of extravasated blood may be seen scattered deep in the structure of the upper part of the medulla oblongata, as well as in that of the crura of the cerebrum, and cerebellum. In this case too, there were also spots of extravasated blood deep in the structure of the Pons Varolii. Some of these spots were of the size of pin-points, and others, again, as large as a small split-pea. No other part of the cerebral mass was bruised or lacerated; but there was an extensive extravasation of blood over the whole of the right hemisphere, and the cerebellum was bathed in blood. The bones of the skull were not in the least injured. The patient, aged 30, having fallen fifty feet, was admitted into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in February, 1841, and died half-an-hour afterwards.

In addition to the case of injury of the Pons Varolii, which I have just mentioned, I have seen some others. Such injuries are, however, rarely met with.

In a second case, there was a very extensive extravasation of blood into the Pons Varolii and adjacent parts. The spots of blood were very large, and permeated the whole structure from the lower right up to the upper surface. In addition to this injury, other parts of the cerebral mass were extensively bruised, and blood was also extensively effused into the cavity of the arachnoid, and in the sub-arachnoidean tissues. The patient, aged 45, having fallen down an area, in December, 1855, was admitted into St. George's Hospital, under the care of Mr. Tatum, and died shortly afterwards. The calvaria was extensively fractured, but the base of the skull was uninjured. On microscopical examination, the blood-vessels in the Pons appeared to be free from fat or calcareous matter, but those on the surface of the lateral ventricles were beset in many places by fatty deposit.

In another case, a man was admitted into St. George's Hospital perfectly insensible, having been knocked down on to the pavement by a carriage. He lived six hours after his admission; and, in addition to some severe bruises about different parts of the brain, several spots of extravasated blood were found in the structure of the Pons Varolii. The base of the skull was extensively broken.

In a fourth case, two or three small effusions of blood had taken place in the substance of the Pons Varolii; and near its centre there was a distinct laceration, about one-third of an inch in length. Other parts of the cerebral mass were also bruised; and a line of fracture ran from the vault into the base. The patient had fallen a distance of about eight feet, and struck his head on the ground. He was admitted into St. George's Hospital, and died a few hours afterwards.

In a fifth case, the man was brought into St. George's Hospital dead, a cart-wheel having, it was said, passed over his head. An extensive fracture existed at the base, widely separating the basilar part of the occipital from the body of the sphenoid. The membranes covering the bones were torn, and an opening led into the posterior nares. On the left side the Pons Varolii presented an extensive laceration.

These are the only cases of traumatic extravasations of blood which have been met with in the Pons Varolii, within

Digitized by Google

the last sixteen years at St. George's Hospital. And the cases of this kind on record are also but few in number.

In a case mentioned by M. Boinet (a), the centre of the Pons Varolii was bruised, and this was the only injury existing about the brain-substance. The man had fallen from a height of twenty feet on to his head, extensively shattering the skull from the vault into the base. And in another case by M. Fano (b), the structure of the Pons Varolii was studded with several small extravasations of blood, about the size of a split pea. The anterior lobes of the brain were extensively bruised and torn, but the skull was not broken.

One point we must especially bear in mind in connexion with these traumatic extravasations both in the medulla and in the Pons. You will have observed that in several of the cases which I have brought before your notice, the surface of these structures was perfectly healthy, and yet well-marked spots of extravasation existed deep in the substance, and that, too, even when there was no bruising of any other part of the cerebral mass. Contusions such as these may then, it is evident, easily escape our notice, unless very carefully sought after.

Taking the cerebellum next, we shall find that injuries to this part are more frequent than in the structures which we have just been examining.

Bruising and laceration of the cerebellum occur, for the most part, at the under surface of the lobes. The spots of ecchymosis are generally small and superficially situated, and confined, moreover, to one lobe at a time. Sometimes, however, extravasations take place in the deeper parts; and then there may be either one largish single spot, as in a preparation in the museum of St. George's Hospital, in which an extravasation, of the size of a filbert, is imbedded deep in the structure; or there may be, as in Blandin's case, a large number of minute spots scattered in the substance of this organ.

In the twelve cases of bruising and laceration of the cerebellum, notes of which I have by me, other parts of the brain were at the same time extensively bruised, and the skull was broken. The nature of the accident was not always very severe, and this we must bear in mind. In several instances, I found that the cerebellum was thus injured by the patient having fallen in the street while drunk.

And now passing on to the cerebrum itself, we shall find that even here certain parts of this organ are much more commonly affected than others. As in the cerebellum, so in the cerebrum, the under part is very much more frequently bruised than any other. Sometimes limited to a few patches of contusion, the injury, much more commonly, extends over the whole surface of a lobe, and oftentimes of two lobes at once. Both the grey and the white substances may be extensively involved; and, in depth, I have known the whole structure to be so broken up and destroyed, that the lateral ventricle has been laid open.

A man fell from a height of about eight feet, and lived two hours after his admission into St. George's Hospital. The base of the skull was extensively fractured, and the whole of the under surface of both anterior lobes was extensively bruised and lacerated. On the right side, the lateral ventricle was freely laid open, so much so that the finger was readily passed into this cavity.

Again. A man fell from a tree, a distance of fourteen feet, on to his head, and died half-an-hour after his admission into St. George's Hospital. The base of the skull was extensively broken and comminuted. The under surface of both anterior lobes, and of the right middle lobe, was bruised and broken up. On the right side, the laceration extended into the anterior horn of the lateral ventricle.

But, in the cerebrum too, we may every now and then find the deeper parts bruised, and the bruise, thus deeply situated, may either exist alone, or it may coexist with an injury of the surface, although independent, and far away from it. And every part of the cerebrum may be thus injured; and being, perchance, very limited, the injury may here, also, easily escape notice.

Thus, in one case, the septum lucidum was lacerated in nearly its whole length: the substance of the brain was not in the least softened in the neighbourhood of this injury; it appeared to be bruised, and had several spots of ecchymosis in various parts of the remaining portion of the septum, and in the fornix at the back part. The ventricles contained a small quantity of bloody fluid. No other laceration was detected in any other part of the cerebral mass; but several small patches of extravasated blood existed in the cavity of the arachnoid, and in the meshes of the pia-mater. The skull was not in the least injured. While drunk, the patient had fallen backwards down a flight of stairs. He had several other very severe injuries, especially about the chest, which led to a speedy death.

In another case, in which a gentleman had been thrown from his horse, a minute extravasation of blood was found in the edge of the fornix, another on its under surface, and several specks of extravasated blood were detected on the surface of the thalamus. In the sub-arachnoid tissue, patches of blood corresponded to the posterior lobes of the cerebrum, and to the posterior border of both lobes of the cerebellum. There was no fracture of the skull.

In a third case, in the centrum ovale, close to the right side of the corpus callosum, and extending partly into it, was an extravasation of blood, of the size of a nut. No other laceration could be discovered in any other part of the cerebral mass; but several thin layers of extravasated blood were adhering to the parietal arachnoid, corresponding to the upper surface of both hemispheres. The skull was not broken, and the patient died of mortification of the skin of the leg and foot, in connexion with a fracture, and suppuration in the ankle-joint.

In a fourth case, the corpus callosum and the velum interpositum were slightly bruised, in connexion with superficial bruising of the surface of the brain. The patient was said to have fallen down a distance of some twenty-five feet, extensively fracturing the base of the skull.

And in a fifth case, several minute specks of extravasated blood were discovered im the fornix and septum lucidum, in connexion with other and severe bruises of various parts of the brain, and fracture of the base of the skull.

And in connexion with this subject, let me mention that a laceration of the floor of the lateral ventricle, even when very, very slight, may give rise to an extensive extravasation of blood into this cavity, should it so happen that the injury corresponds to the situation of one of the large veins situated here. In a preparation in the Museum of St. George's Hospital, there is a slight laceration of the septum lucidum, which extending on to the floor of the left lateral ventricle, just caught a large vein, and, laying it open, filled the ventricle with blood.

Hitherto, our attention has been principally directed to the circumscribed contusion of the brain; but I proceed now to examine the general or diffused contusion of this organ.

In this form of injury the spots of extravasated blood, instead of being clustered together in one part, are disseminated throughout the brain, on the surface as well as in the deeper parts, or it may be in the deeper parts only.

Circumscribed contusion of the brain we already know to be of very frequent occurrence. Diffused contusion of this organ, we shall find, on the other hand, is but very rarely met with. Circumscribed contusion is easily detected, and at once clearly recognised. Diffused contusion is sometimes difficult of detection, and without careful examination may readily pass unnoticed.

Diffused contusion of the brain is characterised by specks of extravasated blood disseminated throughout the brain-substance. These minute extravasations vary from the size of the smallest pin-points to that of a split pea. In the latter form, the extravasation could hardly escape detection; but, in the former, the minute specks might, in slicing the brain, be easily mistaken for the cut surface of the cerebral vessels. A little care, however, will enable us to distinguish between the two. In the case of cut vessels, the specks you know can be easily wiped away, and then, by gently squeezing the brain, other specks of blood may be made to appear. The miliary extravasations, you also know, cannot thus be wiped away; but, picked out with the point of a knife, they leave little holes, in which the concrete drop of blood was imbedded. The brain-substance around these minute holes may still retain its natural colour; or, some days after the accident, it may be of a yellowish colour, such as is so frequently noticed under similar circumstances in bruises of other parts.

(To be continued.)

(a) Arch. Gen. de Med. 1857, p. 50.

(b) Bech. sur la cont. du cerv. Ob. xij. p. 25.

Digitized by Google

ORIGINAL COMMUNICATIONS.

ON DELIVERY OF THE CHILD BY TURNING AS A GENERAL RULE IN LABOUR.

By EDWARD GARLAND FIGG,
Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

"The Aphorisms in Midwifery have all of late been turned topsy-turvy."—Dr. Robert Lee in *Medical Times* of Oct. 2, 1858.

No proposition is more universally entertained than that reproduction is, as a general law, opposed to the safety of the maternal parent employed in the process.

This fact, apparent in the vegetable and lower grades of the animal kingdom, is eminently manifest in the human female of civilised life, the evil being attributable to the tax on the individual resources of her system for a double maintenance during the periods of pregnancy and lactation; but associated with this to no small extent, it is due to the intricate and complicated mode of fœtal expulsion for which she is distinguished amid the creatures of our globe. The physiologist and the patient are coincident in the opinion that it is effected with agony in the superlative degree, while the full employment of muscular structure justly entitles it to the designation of labour. These characteristics (the effort and the pain) are in the generality of cases increased or diminished in the ratio of the power of resistance of the maternal passages to the vis a tergo accomplishing the exit; and if we unite with these facts that the pernicious consequences in protracted labours are ordinarily in proportion to their duration, the inference naturally suggests itself that any artificial adjuvant, the application of which is consistent with safety, expediting the delivery, superseding the muscular effort, and allaying the pain, must curtail the risk in the degree in which it effects these objects. Avoiding for the present the consideration of the uterine stimulants, depletives, and sedatives, more or less available in delivery, let me examine the comparative merits of the long forceps, and the operation of turning in a case of inadequacy of the pelvic brim.

Let me suppose that you are summoned by a midwife to a patient, by whose side she has occupied a seat for eight hours consecutively, while a repetition of vigorous contractions at intervals of four minutes has not advanced the cranium into the pelvic cavity. An examination reveals a glove-like process of the membranes extending toward the concavity of the sacrum, or if the liquor amnii has escaped the substitution of a large caput succedaneum in the same axis; the pulse beats at 110; the muscles are strained, as if the sufferer had been just laid on the rack of the middle ages; the mouth is viscid with thirst, the throat hoarse with crying; and thus the patient, corporeally exhausted, and mentally excited, awaits your verdict of her state.

Does reflection indicate the long forceps, considering the circumstances previously to their application. The swollen scalp, obliterating the sutures, the caput succedaneum almost inducing the impression of a nates presentation, the difficulty of introducing the ponderous blades from the impeding bedclothes, the difficulty of attaching them when introduced from the mobility of the head, the probability of their not locking when attached, or their liability to yield on traction, from the lambdoidal region of the cranium being alone encompassed are all so many obstacles.

Add the violent and prolonged concussion of the patient's frame, and the infant motionless, lacerated, and contused, when produced, and you have an array of evils requiring no small amount of professional fortitude to encounter.

Is the picture too highly coloured? Ask the Accoucheur of the ante-chloroform era, in whose memory it is vividly portrayed, coupled with the shrieks of agony or nervous excitement, rending the air in the still midnight.

Perhaps your guardian angel suggests turning—Simpson's expedient in lieu of the use of instruments in such cases.

The patient's anxiety, and that of her friends, is at once soothed by the information that the hand alone is to be the medium of extraction. The administration of chloroform to he extent of perfect anæsthesia, relaxes the uterus, abdominal, and perineal muscles, and renders torpid the vaginal and utero-cervical nerves.

The infant seized by the feet, and drawn in the axis of its own abdomen, effects an evolution with little if any effort on the part of the operator.

Why? Because there is nothing abnormal in the movement. The fœtus by the law of gravitation or other cause, had actually a month or so antecedently transformed a breech into the present cranial presentation, and often in the descent of the arm or shoulder. Nature rectifies the error, by substituting the feet in spontaneous evolution. Again, the ordinary position *in utero*, the arms crossed in the chest, the chin in close apposition to the sternum, the legs flexed on the abdomen, and the back describing the segment of a circle in its external periphery, offers extraordinary facilities for the execution of the project, which are actually increased by the nature of the womb itself in which the infant lies, as in an elastic bottle sufficiently flexible to admit of a transverse occupation of the revolving fœtus, but antagonistically contractile to co-operate with the Practitioner in instantly reducing it to the longitudinal axis.

The right hand (which I prefer to the left for introduction) is an instrument the perfection of mechanism; one that is not only exquisitely adapted for prehensile action, but furnished with nervous sensibilities, so as to discern by contact the character of objects in its vicinity. I never use the long forceps without a fear, lest the flattened extremity of the blade being insinuated externally to the os uteri, and internally to the bladder, should pierce the peritoneal process, investing the fundus of both, and run riot in the region of the intestines. Impossible (you exclaim), if you make the index finger of the left hand the pilot for conducting the instrument. Quite possible, I assert, as was once demonstrated at a post-mortem to Drs. Keiller, Zeigler and myself, the catastrophe having occurred in the hands of a really intelligent young gentleman.

With the hand there is no such risk. The vaginal avenue conducts into the large uterine cul-de-sac, the calibre of the fingers precluding an admission into the abdominal cavity by the course referred to.

Methinks I hear an opponent exclaim, The train of events is not quite so propitious as you represent it. Allowing that with a pulsating cord and unbroken arms you produce the trunk, it is but a mere inversion of the order of difficulties. We of the forceps' school direct our first effort to the extraction of the impacted or incarcerated head. You prefer making it the last measure; it alone constitutes the obstacle in delivery, and in either case physical force on the part of the Accoucheur is imperatively necessary.

Let me afford the objector all the weight that his argument deserves, its essence being, that under every circumstance a head inadequate to the dimensions of the pelvis occupies a position above it. The forceps by causing an imbrication of the frontal, parietal, and occipital bones, reduces the head to dimensions exhibited by the closed blades, quite irrespective of its capacity of diminution to a greater extent, and preclusive of all possibility of the cranium adapting itself, in making the exit, to peculiarities in the pelvic shape. It matters not whether the pelvis be infundibuliform, oval, cordate, or laterally capacious, the unvarying ellipse of the blades is compelled "Vi et armis" to run the gauntlet of obstructions.

Instead of compliance with an arbitrary law, delivery by turning is merely an artificial accomplishment of the suggestion of nature, who, with the view of obviating the impediment, assumes every available space to force the pliant cranial bones into while expediting their passage.

Who has not felt the parietal within the pelvis yielding and springing on pressure, like the side of a tin can? Or, who has not heard the exclamation of astonishment from assembled relatives at the length of an infant's head, the product of a protracted primiparal accouchement, a length out of all symmetry, and attributable to the elongated condition of the bones, and not merely the caput succedaneum? A short time rectifies the evil, the cranium reverts to the contour possessed before subjection to the ordeal of labour, and which it had only abandoned to pass through the pelvis.

Again, if the maternal tissues could be insured from injury in the operation, the forceps possesses a power of leverage admirably adapted for the removal of an impacted head. But civilised midwifery ignores such an application, for the objec-

Digitized by Google

tion which applied to, and almost rendered the vectis obsolete, bears here with double force, inasmuch that in the case of the vectis, one side of the pelvis becomes alone the fulcrum. In that case either blade of the forceps would be alternately used. The forceps, however, possesses a twofold legitimate function, a power of traction and ability to oscillate the head between the sacro-iliac synchondrosis and the obturator foramen.

With regard to the former, natural philosophy emphatically denies that the force in traction is increased in the ratio of the distance, the principle of leverage is excluded in this case. The muscular power of the practitioner antagonised by the resisting head, is neither increased nor diminished by the intervention of instruments.

In the rival operation of turning we can at all times increase the forceps traction in a double proportion, by enlisting the services of an assistant at the limbs of the infant, while your own efforts are directed to the liberation of the arms, protection of the cord, and oscillation of the head by the aid of the finger in the mouth.

But some one may sceptically exclaim, Dare you exhibit the power of two athletic men on so frail a structure as the body of an infant, without risk of decapitation, that calamity of which the older writers in obstetrics have given so many instances? I reply, that though the circumstances involving the necessity be rare, you may exercise such force with impunity. I have seen some of the most judicious men, inclusive of Simpson, exercise it without injury to mother or child. And, while I avoid a breach of Professional courtesy, by not treating the cases of Denman and the authorities of his age as purely apocryphal, I meet the difficulty by asserting that the art of procreation is keeping pace with the advancement of science in the nineteenth century. Our children's necks are more substantial in character than those of our ancestors, a fact which any one may verify by experiment, if he try the amount of force requisite to dislocate the neck of a still-born infant.

In one respect, I think all practitioners will coincide with me, viz. that chloroform to complete anæsthesia is only indicated till the forceps is attached or the infant inverted, subsequently to which events a state of semi-consciousness is preferred, inasmuch as it renews the uterine action suspended by the perfect influence of the anæsthetic.

We may form a just idea of the value of this immutual ally, by considering the amount of exertion we have been called on to expend in the removal of a head from its confinement between the tuberosities of the ischia, by the aid of a forceps of medium power. Yet the uterus alone would have effected the expulsion, by the effort of two or three hours' duration.

In what degree, then, it may be inquired, is either operation assisted by the vis a tergo of uterine contraction? The information is at once afforded by considering the rationale of production in an ordinary unassisted labour. The uterus at first contracts at intervals of half hours, and with a single faint impulse. Why? Because it resembles a hand attempting to grasp a ball too large for its compass or constriction. The whole of the vigour of the organ is diffused over the membranes, distended with liquor amnii, and the included fœtus, and its power is consequently less manifest.

Matters, however, improve with the lapse of a couple of hours. The contractions occur at intervals of four minutes, and with a double impulse. Why? Because the head has descended into the cavity of the pelvis, and the efforts of the uterus are solely appropriated by the trunk, which remains within its circumference; thus proving that the power of the organ is in proportion to the bulk of the object on which it acts. In extraction by forceps we secure the assistance of the uterus by an equal diffusion of its power over the fœtal body. In turning we have that power concentrated on the comparatively small superficies of the head, which it closely invests. Without reference to assistance artificially by forceps previous to or manual traction after turning, the uterine power in either case may be thus arithmetically stated:—If the expulsive capacity of the organ be represented by the number six, the fœtal power of resistance at the commencement of parturition being also six, the latter on a liberal calculation will have reduced one-third, on the head partially or completely entering the pelvic cavity. The expelling agency will then rate at six against four, two-thirds of the original resistance. But if the body of the fœtus be external to the uterus, and the head alone within its cavity we have an arithmetical as well as a physical inversion o circumstances. The expelling influence will still be six, but the object of resistance two.

It is almost superfluous to attempt proving that the uterus reduces its dimensions and increases its functional power in the proportion of the child's expulsion. Every student who has watched its gradual declension from the central point, between the scrobiculus cordis and umbilicus, the locality of the fundus at the commencement of labour, will testify to the former. And every Practitioner who has introduced his hand for the removal of an adherent placenta will testify to the latter, from his recollection of the firm pressure of the cervix on his forearm, which, like a torniquet, rendered torpid the nerves of the hand and congested the part by arresting the venous circulation.

We repeat, then, the question, how far does this uterine power assist an artificial delivery? In a forceps case it does so imperceptibly. In case of version most evidently; I append one out of many instances of my experience.

In company with another Medical man I obeyed the summons of a midwife to a case three miles' distant from my home, a contracted pelvic brim had set her at defiance. We placed the patient under complete anæsthesia, turned the infant with ease, and extracted all but the impacted head. We pulled alternately and pulled conjointly without progressing in any appreciable degree. To my horror my companion announced the exhaustion of the chloroform, under which the patient during our efforts had insensibly slumbered: consciousness was gradually established, and with it her uterine contractions, the second of which with very little co-operation on my part completed the expulsion. The ideal danger of rupture is another conjuration of the professional mind with regard to this operation. The uterus is sometimes ruptured, so is the heart, and their organs present many points of similitude. But the heart never ruptures, save when there is something morbidly abnormal in its structure; neither does the uterus.

When consulted respecting the gymnastic performances of some young Titan, who for three months antecedently to his exit threatens the perforation of his mother's sides, and banishes sleep from her eyelids, do we ever dream that the uterine parietes will prove inadequate to the retention of their charge, though elbows, knees, head, and nates consecutively effected the assault? I fancy not: but yet with marvellous inconsistency we predict rupture as the calamitous consequence of artificial fœtal evolution, the most gentle process in the whole catalogue of midwifery tactics, one that I have sometimes performed without anæsthetics, and without eliciting from the patient a single intimation of pain.

The impropriety of introducing the hand into the uterus was vividly and early impressed on my imagination by my instructors. But how in consistence with reason do they define the danger? Is it that the introduction of a foreign body, in which light we will view the hand, interferes with an organic function requiring instant performance, as in the air-passages, or circulatory apparatus? Experience says not. The uterine function may be suspended without injury, and in its state of quiescence the introduction takes place. Is it that the passage of the hand by the side of the head, as it lies *in situ* within a well-dilated os uteri, would effect a perilous laceration of the latter from its inability to expand? Experience says not. In the normal progress of the labour it must assume a circumference double the one it now exhibits to emit the fœtus. Is it, that the extreme sensitiveness of the locality would render it liable to lesion in the act? Experience says not. No other organ but the heart presents such a contrast between its powerful action and its nervous supply, almost inducing the opinion that it owes its function to some other beside a nervous source. In the absence of chloroform some little pain might be experienced in the passage of the vagina and os, but the interior of the uterus is as torpid to manipulation as the cavity of a gutta-percha bottle. The muscular structure and internal aspect of the gravid uterus may, in one sense, be designated the connecting link between the maternal and fœtal organisations, though I confess its relationship to the former to be of course closer than to the latter; yet, hæmorrhage excepted, I believe the mother's system to be as free from liability to shock on manipulation or abrasion of the internal surface of the uterine cavity as from injury to the fœtal portion of the placenta. This opinion is

Digitized by Google

corroborated by the consideration of the natural progress of events in unassisted labour. How rarely is the structure of the organ or its lining membrane injured by the violent and incessant efforts of twelve hours' duration!

The peritoneal investment, the abdominal or lumbar muscles may suffer derangement, varying from simple pain to active inflammation. Decomposing animal matter may lie in contact with its internal surface, and by absorption into the circulation, produce ruinous results in distant localities. But a post-mortem examination of the uterus itself after a death from any of these agencies, presents no appreciable morbid peculiarity. Metritits is an extremely rare disease.

(To be continued.)

DISLOCATION OF THE RIGHT FEMUR ON THE INFERIOR PART OF THE DORSUM ILII— SEVEN WEEKS' DURATION.

REDUCTION BY DR. REID'S PLAN.

By W. J. SQUARE,

South Devon and East Cornwall Hospital.

Pasco Prideaux, aged 30 years, farm-labourer, admitted into the South Devon and East Cornwall Hospital on March 24, 1858. On the following day he walked into the operating theatre with the aid of one stick, being very lame on the right side. He inclines toward that side in walking, and at each step jerks the body forwards. His right heel rests upon the ground, the foot is turned inwards, and the knee is directed towards the lower third of the opposite thigh. The anterior superior aspect of the thigh is wasted and flattened, and the limb an inch shorter than its fellow. At the lower part of the dorsum ilii, just above the ischiatic notch, the head of the femur is distinctly felt when that bone is rotated.

On the 4th of February last, he was thrown while wrestling, and his antagonist fell upon him. He immediately felt that he had sustained a grave injury. He remained in bed one week.

Reduction.—With the assistance of my colleagues, Messrs. Whipple and Fox, I at once attempted the reduction of the dislocation, which had now existed fifty days.

Chloroform used. Anæsthesia imperfect. The patient being placed on his back on a convenient table, the pulleys were applied, and extension kept up for twenty-five minutes. On slackening them, it was at first thought that the head of the bone was in the acetabulum, but during examination it slipped with a sort of snap into its old position. The pulleys being reapplied, extension was continued for twenty-five minutes longer, with the advantage of more complete anæsthesia, but reduction was not accomplished.

Mr. Whipple now suggested to me the employment of Dr. Reid's (U. S.) mode of reduction of the femur on the dorsum ilii, which I at once commenced.

The patient being still imperfectly under the influence of chloroform, I placed him on his back, grasped his ankle with my right hand, and his knee with my left.

I then bent the leg at right angles with the thigh, and the thigh with the body, slowly and firmly pressed the knee and dislocated femur upwards and inwards towards the patient's face, and then swept it outwards and downwards in a circular direction along the right side of the body. While this last movement of rotation was in progress, the head of the femur slipped with a jerk into its socket.

The limb instead of being directed inwards was now rotated outwards, with apparent elongation.

The thighs being bandaged together, with an interposed pad, the patient was placed in bed.

April 15.—Can walk without pain or lameness. The lower extremities are of equal length, and their axes alike. Some atrophy of the muscles about the hip-joint continues, and in walking he feel weaker than before the accident.

Remarks.—Several points of interest suggest themselves on a review of this case.

1. The long interval between the occurrence of the dislocation and its reduction, viz. fifty days.

2. The failure of the ordinary process of reduction by pulleys, even assisted by chloroform.

3. The very ready reduction by Dr. Reid's plan.

4. The peculiar position of the thigh-bone, and the apparent lengthening of the limb immediately subsequent to reduction.

Sir Astley Cooper's chapter on "Dislocation of the Femur on the Dorsum Ilii" is illustrated by twenty-two cases.

Of these five were not reduced, and in one of them, in which reduction was attempted thirty-five days after the accident, the use of pulleys, under his able superintendence, failed to restore the head of the bone to the acetabulum.

Ten were reduced within a short time after the occurrence of dislocation, and seven at various protracted intervals after the receipt of injury.

Thus:—

Case	xxxvi.	was reduced at the end of	28 days.
,,	xxv.	,, ,,	28 ,,
,,	xxii.	,, ,,	30 ,,
,,	xxix.	,, ,,	35 ,,
,,	xxiii.	,, ,,	42 ,,
,,	xxiv.	,, ,,	49 ,,
,,	xx.	,, ,,	54 ,,

In almost every instance, large bleedings, tartar emetic, the warm-bath, and pulleys were employed.

I believe that reduction of a dislocation of the head of the femur on the dorsum ilii has in many instances been effected at a later period than fifty days after its occurrence; but I am not aware that such a result has ever been obtained by the manual effort of one Surgeon, even when, as in this case, partially assisted by the imperfect anæsthetic influence of chloroform.

The use of this agent is of essential service in the reduction of old dislocations; but it is well worthy of note, that its employment and the use of the pulleys for fifty minutes, failed to replace the head of the femur in the acetabulum.

Still I have no doubt that the use of the pulleys was of essential value, by breaking down adhesions, separating new attachments, and wearying and elongating contracted muscles. Taking into consideration, however, the assistance derived from the previous employment of the pulleys, the ready and immediate reduction of the dislocation by Dr. Reid's process, under the unaided manual efforts of one Surgeon, must be regarded as striking and important.

Thence I would draw the inference, that it is desirable that this process should be at once adopted in all recent dislocations on the dorsum ilii, and that in old ones it is an important addition to the previously adopted means of reduction. The peculiar position of the thigh-bone "rotated inwards," and the apparent lengthening of the limb after its replacement, depended, no doubt, upon the filling up of the acetabulum by new structures, the eversion arising out of some particular disposition of the deposit, and the elongation on the occupation of the upper part of the acetabulum by the new deposit, whereby the head of the bone was prevented from actual contact with the cartilage of the upper part of the acetabulum.

The perfect cure of the poor fellow is a great gratification both to him and myself, and reflects high credit on Dr. Reid's ingenious and scientific method of reducing hip-joint dislocation.

Plymouth.

REPORT OF THE MEDICAL DIRECTOR-GENERAL OF THE RUSSIAN NAVY,

FOR TEN MONTHS IN THE YEAR 1857, VIZ. JANUARY 1 TO OCTOBER 31, 1857.

Translated from the Morskoi Hornik, a Russian Official Journal.

By JOHN MICHELL, Esq.

THE report of the Medical Director-General will in future embrace the period between the months of November and October following. Such an arrangement possesses the advantage of comprising a class of diseases, whose ordinary annual prevalence disappears in the autumn, while a new period succeeds on the approach of winter in the month of November. A new era of Medical activity commences, moreover, at the close of the navigation season.

Digitized by Google

The sanitary condition of the navy has been very satisfactory during this year. Although diseases which, in relation to their origin deserve to be called pestilential, broke out in the various portions of the empire where naval forces were stationed, they never attained an extreme development, nor were they distinguished by extraordinary virulence, and even the sporadic cases were not so numerous in proportion to the number of effective men, as in former years.

The following table shows the comparative sickness in the navy for the year 1856 and ten months of 1857:—

Period.	Ratio of			
	Sick to healthy.	Recoveries to sick.	Deaths to recoveries.	Deaths to healthy.
During the year 1856	1·11 5/41	1·11 10/11	1·15 9/23	1·20 1/46
Between Jan. 1 and Oct. 31, 1857.	1·12 24/41	1·11/9	1·18 13/19	1·34 1/16

Such a considerable diminution of sickness and relative mortality in 1857, is attributable not only to the absence of epidemics during the year; but partly to the general favourable conditions for health, consequent on the reduction of the strength of the navy during the latter part of the time.

The warm interest shown in the amelioration of the condition of the military and naval classes, especially in a sanitary point of view, tended not less to attain such favourable results, which are becoming from year to year more satisfactory.

Owing also to the yearly introduction of many improvements in Medical science, the treatment and cure of diseases have proved very successful during this year.

A Review of the Diseases Prevalent at the Various Seasons of the Year.

In winter, catarrho-gastric complaints prevailed in almost all the ports of the Baltic. Typhoid fevers predominated at Sveaborg. They were, however, not so frequent at other stations, but increased somewhat in Cronstadt during the latter part of the year.

In spring, catarrho-rheumatic disorders were generally most frequently met with, often with a gastric complication; with the exception of Cronstadt, where typhoid fevers predominated in April and May; at the same time, scorbutic cases were visibly on the increase during the spring, especially at the latter place, as well as in the neighbourhood of St. Petersburg.

In summer, gastric disorders occurred most often, separately as well as in conjunction with other diseases. In Sveaborg the cases of dysentery, which are generally very prevalent in August, were very numerous. Catarrho-rheumatic complaints in Revel, Cronstadt, and partly in St. Petersburg, were next in importance during the summer, at the commencement of which scorbutic cases were frequent, disappearing towards its end.

In autumn (to Nov. 1), catarrhal complaints generally predominated, but in Cronstadt the number of typhoid cases increased, and numerous cases of scurvy came under treatment. Diarrhœa cases prevailed during September in the neighbourhood of St. Petersburg; but these and other prevailing complaints disappeared during October.

Chest affections of an inflammatory nature prevailed at Archangel during this winter.

In spring and partly in summer catarrho-rheumatic complaints predominated. In autumn, however, the disorders were more of a gastric nature.

In Archangel, intermittent and fevers of a low type were most generally prevalent during the ten months, chiefly in conjunction with local complaints; the fevers being often masked by these local affections. At Nikolaev, in the Black Sea, the complaints were not specially distinguished either by their virulence, development, or number of cases. In January and February typhoid fevers were met with, but in a simple and mild form. The general character of the diseases in the ports of the Black Sea was conditional on the season of the year and the state of the atmosphere; in the winter and spring the complaints being catarrho-rheumatic; in summer, bilio-gastric; and in autumn, gastric and rheumatic.

In the ports of Sevastopol and Taganrog endemic intermittent fevers prevailed, especially during the summer, which was characterised by cold variable weather; the nature of the complaints was here most frequently gastric and catarrhal.

The following table shows the sickness in the Russian navy during the ten months.

Where Treated.	Number admitted.	Recoveries.	Deaths.	Sent to other Hospitals.	Remaining under treatment on November 1, 1857.	Ratio	
						Of recoveries to sick.	Of deaths to recoveries.
In Military Hospitals.	9590	8452	498	...	640	1·1 1/8	1·17
On board ship ...	10,215	8965	411	839	...	1·2 1/43	1·21 3/4
In Naval Hospital Stations.	41878 (a)	36,582	2164	571	2561	1·1 1/7	1·16 3/4
Total	61,683	53,999	3073	1410	3201	1·1 1/6	1·14 1/3

(a) Of this number, 4010 men were in hospital on the 1st of January, 1857.

Table showing the Sickness in the Families of the Seamen of the Russian Navy.

Period.	Number under Medical Treatment.	Recoveries.	Deaths.	Remaining under treatment on Nov. 1, 1857.	Ratio	
					Of recoveries to sick.	Of deaths to Recoveries.
Jan. 1 to Oct. 30, 1857 (10 months.)	5306	4859	264	183	1·1 1/12	1·18 1/3

Table of sickness at the various Naval Stations.

Port.	Ratio of			
	Sick to healthy.	Recoveries to sick.	Deaths to recoveries.	Deaths to healthy.
St. Petersburg... ...	1·2 1/3	1·1 1/18	1·16 1/23	1·44 1/3
Cronstadt	1·1 3/5	1·1 1/7	1·13 1/2	1·32 1/5
Revel	1·2 1/2	1·1 1/2	1·21	1·42
Sveaborg	1·1 59/100	1·1 9/100	1·11 9/100	1·15 83/100
Archangel	1·1 1/2	1·1 1/2	1·22	1·40 2/3
Astrakan	1·3 1/12	1·1 1/2	1·18	1·58 1/2
Riga	1·1 1/2	1·1 1/14	No deaths.	...
Nicolaef...	1·2 2/5	1·1 1/13	1·38 3/4	1·98 1/4
Sevastopol	1·1 3/5	1·1 1/2	1·31 1/2	1·54 1/2
Taganrog	1·2 1/2	1·1 1/2	1·23	1·59

SURGICAL OPERATIONS PERFORMED.

During the ten months of 1857, the following number of surgical operations was performed, and in the following Hospitals, viz. in the Kalinkin 6, Cronstadt 61, Nikolaef 4, Sevastopol 8,—total 79. They consisted of cases: trepanning 1, (result fatal;) amputation of fingers, 27, (18 recoveries;) amputation of arm, above elbow, 8, (4 recoveries;) amputation of arm, below elbow, 2, (1 recovery;) amputation of leg, above knee-joint, 9, (1 recovery, 2 fatal;) operation on foot, 6; incisions, 4, (1 recovery, 2 deaths;) excision of various swellings, 8, (5 recoveries;) excision of cancer of under lip, 1. Operation on hernia, 1, (successful.) Operations on hydrocele, 3, (recovered 1, died 1;) phymosis, 4, (recovered 3.) Operation on the eye, (result successful.)

Of the above operations, 39 cases were cured, 6 died, and 34 remained under treatment on the 1st November, 1857.

SUDDEN DEATHS.

There were 17 cases of sudden death in St. Petersburg; 56 in Cronstadt; 5 in Archangel; 7 in Revel; 11 in Sveaborg and Helsingfors; 1 in Astrakan; 22 in Nikolaef; making a total of 119. Of this number, 29 were cases of apoplexy, 14 of

Digitized by Google

apoplexy of lungs, 1 case of concussion of brain, with fracture of the spine of the neck; 2 of concussion of the brain, in conjunction with fracture of skull. Severe contusions and wounds, 9; rupture of the aorta into the pericardium, 1; hemorrhage from the renal vein, 1; abdominal hemorrhage, with rupture of the gall-bladder and fracture of ribs and hip, 1; rupture of gastric bloodvessel, 1; acute inflammation of the brain, 1; suffocation from rupture of abscess in the throat, 1; various internal chronic diseases, 14; various acute internal diseases, 27; 13 cases of drowning; 2 suicides by strangulation and shooting; 1 frozen; and 1 case, of which, from the decomposed state of the body, the cause of death could not be ascertained.

CHIEF DISEASES.

As already stated, no diseases attained any great epidemic development during 1857. Catarrhal fevers, affecting a considerable number of men, in various combinations, endemic and local, occasionally made their appearance, simultaneously, at different places; but their prevalence was not of long duration, nor was their nature virulent. Typhus fever and cholera also existed, but nearly everywhere in a sporadic form. Endemic intermittent fevers and scurvy prevailed extensively in various localities, and owed their origin to local pathogenic conditions.

Typhoid fevers prevailed strongly in Cronstadt and Sveaborg; in Nikolaef, on the contrary, where typhus raged with considerable violence during 1856, typhoid fevers did not attract any particular attention, either by virulence of development or number of cases. In other places, where naval forces were stationed, the appearance of typhoid fevers was limited to sporadic cases, arising mostly from inflammations and fevers of a catarrhal nature. In Cronstadt cases of typhoid fever seemed to increase during the winter and spring months. In Sveaborg a typhoid character of disease appeared only in the winter months, as a continuation of the typhus epidemic of 1856. Typhoid fevers were in general not characterised by particular virulence this year.

Total number of cases of fever presenting a typhoid character	1877
Of which were fatal cases	278

Cholera made its appearance in St. Petersburg on the 17th of June, and continually prevailed during the ten months of 1857, although restricted to an inconsiderable number of cases. It commenced at the same time in Cronstadt in a slight form, and somewhat increased during the latter part of June to the beginning of July, and disappeared entirely by the 20th of October. In other places it only presented itself in rare sporadic cases, and only raged in a strong epidemic form in Baker (on the Caspian), where it appeared on the 24th of June, and ceased on the 8th August. At the same time it only made its appearance at the *naval establishments* of Baker on the 3rd of July, and then in a much slighter form than among the local inhabitants and military.

In Astrakan there were no cases of cholera in the navy. In the Black Sea district cholera prevailed only in a very slight degree in the port of Sevastopol, where only seven cases were reported, all of which terminated favourably.

Total number of cholera cases	398
Fatal cases	188

Intermittent fever prevailed in the ports of Astrakan, Sevastopol, and Taganrog, during 1857; but was rare in Cronstadt and Petersburg, and still more rare in Sveaborg, Riga, and Revel. In the port of Archangel, however, where it had of late years raged with particular force, no single instance of it occurred in 1857. The general character of this disease was subjected to different phases from the change of weather, and other general influences. During winter cases of an inflammatory nature of the abdominal and thoracic organs often occurred; in spring the complications were more catarrhal, and in summer and autumn again gastro-entritic. In Astrakan the fevers assumed mostly an irregular type this year, and were always attended with various other diseases which masked them. The termination, however, of fever cases was in general favourable, and the sequelæ, such as abdominal obstruction, dropsy, and scurvy, were much more rare than formerly.

Total number of cases of intermittent fever	1703
No deaths.	

Scurvy.—Although scurvy attacked a considerable number of men, in some ports during the pressure of labour, and especially on board the ships which had made long voyages, it was noways virulent, being in fact amenable to treatment. Particular benefit resulted from the use of cranberries, which were expressly supplied by order of the Lord High Admiral

Total number of scorbutic cases	1517
Terminated fatally	2

Syphilis.—The infection of this disease, notwithstanding the constant measures adopted for its eradication, does not cease to appear in different phases in a considerable amount of men belonging to the navy; nor was the number of cases reduced this year. The considerable spread of syphilis in Revel and Cronstadt particularly attracted attention. The cause of the diffusion of this complaint is attributable to the return of vessels from abroad, bringing the infection with their crews, and also to the presence of foreign vessels during winter, detained by the early frosts. A considerable increase of this complaint has also been observed in Archangel, Nikolaef and Sevastopol. Its cure was in general favourable, and only in cases where it was attended with scurvy, was the treatment at all difficult. For preventing as much as possible the spread of this disease in the navy, it has been proposed to establish in the several ports a strict Medical surveillance over prostitutes.

Total number of syphilitic cases	2345
Fatal terminations	1

Ocular diseases were generally very few in number, and were mostly limited to a catarrhal and sometimes rheumatic inflammation of the conjunctiva. This complaint prevailed mostly in Archangel, where many suffered from inflammation of the eyes in February, March, April, and May.

Total number of cases of ocular affection	2295

Natural Small-pox.—No cases of this complaint occurred in some parts, while in others they were quite sporadic. The men belonging to the navy have been ordered to be revaccinated.

Vaccination performed on 3025 men.
Which was successful in 2776 cases.

External injuries often incurred in the ports during the fitting-out of vessels, and consisted mostly of fractures of bones of the extremities of the clavicle; dislocations were less frequent.

Total number of patients suffering from external injuries	836
Of this number recovered	823
Died	10

Among other improvements to be introduced into the Medical arrangements of the navy, may be mentioned the construction of a few new Hospitals, the issuing of fresh instructions to naval Surgeons, the supply of some newly invented Surgical instruments to the Hospital at Cronstadt, as well as a microscope for anatomico-pathological researches; and last, not least, an increase of rank to Assistant-Surgeons, who will in future receive a salary of 209 rubles 55 copecks per annum, equal to about £32 sterling!

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

RELATIVE VALUE OF THE DIFFERENT ANTHELMINTICS IN THE TREATMENT OF TÆNIA.

(Continued from page 473.)

(Cases under the care of Dr. PEACOCK.)

Case 2. *Imperfect success from the use of Kameela*.—Thomas K., aged 13, was admitted June 19. He had passed portions of living worm at intervals during the past year. The kameela (ʒiss.), followed by castor-oil in the morning, was ordered to be taken twice. He was neither griped nor purged until he took the oil, after which a portion of the lower part of the worm was voided. Nothing followed the second dose. On August 12 the kameela and oil were again given, but griping only was caused, and no worm was expelled.

Case 3. *Use of Kameela; head not expelled*.—Elizabeth R., aged 9, admitted July 1, being known to have suffered from

Digitized by Google

tapeworm for a year past, a drachm dose of the kameela, followed by castor-oil, was given twice a-week. In the afternoon following the first dose, two yards of the worm were passed alive. The head was not there. Purging, without griping, had been the effect of the medicine. No worm was expelled by the second dose. On the 8th and 15th the dose was repeated, but on neither occasion with any result beyond purgation.

Case 4. Failure of Kameela in half-drachm doses; subsequent partial success in larger ones.—Catherine S., aged 4, was admitted on April 8. She had passed fragments of tænia occasionally during the last twelve months, and a fortnight ago one had come away twelve yards long. The powdered kameela in half-drachm doses, followed by castor-oil, was ordered to be taken every other night. This was repeated four times without any effect. On the 22nd she attended, having passed spontaneously a piece of worm, which appeared to be dead. A drachm dose of the kameela was now tried. Much purging and griping followed, and two portions of worm were voided. The fern oil was subsequently used, without bringing away any additional portions of the parasite.

Case 5. No result from Kousso; Expulsion of the Worm after the Oil of Fern.—Thomas H., aged 28, admitted September, 1854. During the preceding four months he had several times passed portions of tapeworm. Four doses of Kousso were given without any effect. He then took oil of male fern in thirty drop doses each night, followed by castor-oil in the morning. After the fourth dose of this several portions of worm came away. Sixty drops were next given, and other portions were expelled. A dose of ninety drops was followed by the expulsion of a long portion, which at one end was very thin (evidently the neck of the animal). After that four other large doses were given, but no more worm came away. The symptoms had entirely left him. The notes go on to state:—"So far as he can judge the oil had no effects, except that of expelling the tænia. He had no pain, sickness, purging, or diuresis. The bowels did not act until the castor-oil was given."

Case 6. Expulsion both of Ascarides and Tænia after the Oil of Fern; Cure.—Mary Ann C., aged 6, had suffered from tænia for two months. She was ordered to take twenty minims of oil of male fern at bedtime, and castor-oil in the morning. About half an hour after the administration of the latter a large teacupful of threadworms came away, but no tænia: the next day, however, she passed some portions of the more formidable parasite. Larger doses were afterwards given, and many other portions were expelled. The whole at length appeared to have been got away. She regained her health, and all symptoms ceased.

Case 7.—Cure by the use of Kameela.—Grace Enson, aged 39, admitted April 5. She had vomited a piece of tapeworm. Kameela in half-drachm doses every other night, followed by castor-oil, was prescribed. During the first week no worm was voided. On the 12th, a single two-drachm dose, followed by castor-oil, was given. The kameela operated briskly about two hours after it was taken, and five or six motions occurred before the castor-oil was given. A large portion of worm came away, but without the head. On the 26th, the same dose was repeated, and although free purgation ensued, no worm passed. The same effects followed a third dose on May 6. On May 13, however, a three-drachm dose of the powder was effectual in bringing away another large portion of the worm, but still the head was not found. On May 20, two drachms of the fern oil were given without result. She was subsequently discharged apparently cured.

Case 8.—Inefficient use of the Pomegranate.—Better results from the Fern Oil.—James B., aged 41, a shoemaker, was admitted for a second time in March 1855. During a previous attendance six months before, he had taken the fern oil, and had apparently been cured. His symptoms had now returned, and portions of worm had repeatedly been passed. Ordered to take three doses of pomegranate bark (ʒiss.) on alternate nights, to be followed on the succeeding mornings by castor oil. This plan produced the expulsion of many small fragments, but no large portions. Some fresh bark was now procured and given twice in two scruple doses. Only a few very small pieces of worm were the result, and the remedy was subsequently repeated several times in drachm doses with but little better effect. All the portions passed were of small size and alive. On April 2nd the fern oil in half-drachm doses every other night was ordered. Under this remedy many long portions of dead worm were passed. Subsequently, however, the escape of other living portions made it evident that the whole animal had not yet been got rid of. The oil was again used, but no note of the final result has been preserved. In this instance neither the pomegranate bark nor the fern oil caused any purgation of themselves, and after both it was necessary to give castor-oil.

Case 9. Ineffectual employment of pomegranate. Successful use of the fern oil.—Thomas B., aged 34, admitted April 6, 1855, having for six months been in the habit of passing portions of tapeworm (always alive). The pomegranate bark in drachm doses was ordered every night, to be followed by castor-oil in the morning. Four feet of worm followed the first dose; it was alive, and remained so for two hours. Several small pieces were also brought away by the subsequent doses. Subsequently the dose was increased to a drachm and a-half, and to three drachms. The last dose had no effect, but, as some time afterwards portions of worm came away spontaneously, the fern oil was resorted to. After a drachm dose of the latter, many yards of an almost dead worm were voided. One portion of it was very narrow, but did not include the head. Several subsequent doses of the oil having produced no effect, the man was believed to be cured, and was discharged. On June 20, however, he again applied, having again passed portions of living tænia. The oil (ʒij) was given again, and with the result of bringing away sixteen feet of the worm, together with what was believed to be the head. Subsequent full doses produced no effect, and he was discharged.

The above cases, which we have selected as illustrative of one or other point in practice, appear to show the general superiority of the fern oil over all the other remedies tried. Even after its use, however, the worm was often passed alive, and but rarely was the head discovered, while not unfrequently a subsequent relapse took place in cases which had apparently been cured. It would seem to be much more efficient when given in a full dose, and to be, even when so given, remarkably free from disagreeable consequences.

HOSPITAL NOTES.

SIMULTANEOUS DEVELOPMENT OF SENILE CATARACT IN TWINS.

An interesting example of extreme closeness in resemblance to each other in twins was presented by two men recently under Mr. Dixon's care, in the Ophthalmic Hospital. The twin brothers came up together from a village in Bedfordshire, to be treated for cataract. The age of each was 54, and both were in good health. Their similarity in physiognomy was so close, that when apart it would have been impossible to recognise the difference. Both were partially bald, and both had black hair, in which a few white ones were sprinkled. The degree of baldness, the amount of whisker, etc. in the one had their counterparts almost to a hair in the other. Both had lost a good many teeth, and although their mouths did not exactly coincide as to those which remained, they did so with one or two exceptions. The lower incisors were peculiarly crowded and irregularly placed in both. When seen together, one was observed to be about half an inch taller than the other, and this was the only point by which it was possible to distinguish them. Both had cataract, and in each it was advanced to the same stage, and was the more complete in the left eye. In one the disease had been advancing for two years and a half, and in the other for one year and a half. Mr. Dixon operated by extraction on the left eye of each brother on the same morning. The cataract of the one as closely resembled that of the other as could well be imagined, and in each the exterior of the lens was rather soft, and was squeezed off in the evulsion. The parallelism was maintained in the after progress, and when, on last Friday, the men left the Hospital, it would have been difficult to say which eye was the more perfect. In both the pupil was round and mobile, and the corneal section well healed; there was, however, in one a film of soft matter remaining, which failed its counterpart in the other. The right lens in both brothers is slightly opaque, and to about an equal degree. Both have followed the trade of butcher, both are

Digitized by Google

married, and neither has had more than one child. They have sisters who are also twins, but the family resemblance is said not to be nearly so closely marked in the latter.

CICATRIX OF A HARE-LIP-OPERATION PRESENT AT BIRTH.

The above somewhat contradictory heading is the shortest by which we know how to indicate the interesting point in the following case. A boy, aged about nine, presented himself the other day among Mr. Streatfield's out-patients at the Ophthalmic, for some affection of his eyes. In the right side of his upper-lip was a broad scar, extending vertically into the nasal opening, and ending in a broad notch in the prolabium. It exactly resembled the scar of a not very successful operation for hare-lip. The right nostril was somewhat wider than the left. His mother stated positively that no operation had ever been performed, and that the boy was born with his lip in its present condition, excepting that the notch looked at first wider than now. On everting the lip the scar was seen to be equally well marked in the mucous membrane. The mother was cross-questioned, but still averred that the child had never at any time left her care, and that she was quite certain that no operation had ever been done. Confirmatory of her statement was the fact that the closest scrutiny failed to detect the scars of hare-lip pins. Neither the palate nor uvula were cleft, and the boy had no other deformity. His mother stated that a boy living in the same yard had a hare-lip, and that while she was pregnant with the patient he had often attracted her notice.

She had, however, borne several children under precisely similar circumstances; but none of the others had any defect in their lips.

COMPLETE RECOVERY FROM PNEUMONIC CONSOLIDATION OF LONG STANDING.

At page 10 of this journal for January of the current year, we recorded the particulars of a case under the care of Dr. Risdon Bennett, at the City of London Hospital for Chest Diseases. It was that of Alfred Kilby, a boy aged 4 years, who had been admitted in a state of extreme emaciation, with pneumonic consolidation of almost the whole left lung. It was clear that the pulmonary disease had then existed for several months, and it became a question of much interest as to how far recovery might be expected. The boy remained under observation for two years afterwards, and steadily gained ground. Our last note brought the case up to July, 1854; the admission having been on June 21, 1852. When discharged the boy was stout and apparently quite well, percussion being almost clear over the affected side. A few days ago we recognised the mother of this boy at one of our Hospitals, and obtained an opportunity of again examining his chest. During the four years which have passed since the last note he has never had any relapse, and is now a well grown lad in the enjoyment of good health. The contrast in percussing the posterior lobes of the two lungs is still marked; but there is free respiration over the left, the sounds being, however, somewhat harsh and bronchial. He has no expectoration, and the two sides of the chest are almost equally well expanded. The treatment under which this very satisfactory result ensued, was by local counter-irritants, and the prolonged administration of sarsaparilla and iodide of potassium.

We often have to regret in recording cases from Hospital practice, the impossibility of following the patient's history after his discharge. It is well known that many cases, of which the first result is apparently most triumphant, relapse after leaving the Hospital; and that thus by a record unavoidably premature, an unfair impression is conveyed to the reader. It is with much pleasure, therefore, that we are able in the above instance to really complete the case, by extending its narrative over a period of more than six years.

ELECTRICITY IN TOOTH DRAWING.

The use of electricity as an anæsthetic in dental operations has been tried at most of our Hospitals. At University College, we are informed that the general result has been very satisfactory, and in the hands of Mr. Sercum, at St. Mary's, and of Mr. Coleman, at the Metropolitan Free, a certain degree of success has also been obtained. It would appear, as might have been expected, that the employment of this agent needs much practice and dexterity. Not only do different individuals require different strengths of the current, but the different teeth also vary greatly in their susceptibility. We are assured that a strength of current which would be absolutely unbearable to a front tooth, is only just sufficient to suspend painful sensation in a molar. There seems but little doubt that when better understood, this agent will come into general and successful use. At the last meeting of the Odontological Society, Mr. Hearder, an electrician from Plymouth, stated with regard to the practicability of employing it in other operations, that he had on one occasion succeeded in so far benumbing a finger that needles might be thrust into it without the slightest pain being caused. The opinions expressed at this meeting by those who took part in the discussion, were quite in accordance with the conclusion as to its usefulness, which we have stated above.

ANOTHER CASE OF OVARIOTOMY.

Mr. Spencer Wells had another case of ovariotomy at the Samaritan Hospital, on the 5th inst., and up to the last report on the 11th, the woman was doing perfectly well, the wound having healed by first intention. The patient was 36 years of age, and of an enormous size, as she was fifty-seven inches in girth, and thirty inches from symphisis pubis to ensiform cartilage. This was partly owing to ascitic fluid, of which fifty-seven pounds were first removed. A compound cyst or colloid tumour was then exposed and removed by the long incision, as it could not be reduced in size by tapping. It weighed twenty-one pounds. The peduncle was secured by a screw-clamp, and fixed outside the wound.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, NOVEMBER 13.

THE PRESIDENT OF THE MEDICAL COUNCIL.

We regret to find that a difference of opinion exists among some of our Brethren as to whether the President of the Medical Council should be a Layman or a Medical man. Some weeks ago we expressed our hope that there would be a general desire on the part of the Profession to see one of their own number placed in that seat of honour; and we certainly shall be surprised and disappointed if so desirable a consummation be not arrived at.

As the subject has already undergone public discussion, we are enabled to judge of the value of the arguments which have been used on the one side and on the other; and we would ask our Professional brethren to consider for a moment, calmly and without prejudice, the reasons which have been, or may be, suggested as favourable to either view. We feel convinced if they will do so that they will be inevitably driven to a like conclusion with ourselves, viz. that we shall be wanting to our own dignity, and shall miss a great opportunity, if we fail to put one of our Body into the President's Chair in the Medical Council.

First it has been said: "We must not, and ought not to trammel the Council by any suggestions of ours; the Council will take ill any dictation of this sort." But really the answer to this is very simple. The Council represents the Profession, just as the House of Commons represents the people of Great Britain; and why should not the Profession

Digitized by Google

express its wishes to the Council, just as the British Lion so often expresses his unmistakeable sentiments to his Representatives? It is the *duty* of the Profession thus to express their opinions, in order to direct and guide the Council, to confirm them in their work, and strengthen their proceedings in the face of the Government. What power, indeed, would the Council have unless backed by the voice of the Profession?

Next, it is said: the President should be a member of the Government, and a member of Parliament. With the latter of these opinions we agree. The first is *primâ facie* impracticable; unless we are willing to have a President who shall fluctuate with every change of Ministry—an absurd idea. Another gentleman objects to any expression of opinion on the subject, and takes such a measure of his Profession, as to think the proposition of the President being made a Privy Councillor "would be an impertinent attempt to interfere with the Royal prerogative!" Another objector says, that it *might*, perhaps, be better for the "Public" if a layman were made President.

Now, really and truly, these were all the objections which could be mustered in favour of a lay President at an important Medical meeting where this matter was discussed, viz.—That we ought not to put pressure on the Council; that the President should be a member of the Government; that any layman, of average wit, could make himself master of all Medical matters after a few *séances* in the Council; that a layman *might* be best for the public; and that we need a man of weight, who can approach boldly, and make the Government swallow and digest the Council's elaborations—not a man of straw, as a member of the Profession of course *must be*. We need not surely stop to refute further such objections as these; when stripped of all adjuncts they surely carry their own transparent answers with them.

The arguments in favour of the proposition, that the head of the Medical Council should be a Medical man, are overwhelming. We entreat our brethren to give them a candid hearing.

Now for the first time in this country the existence of the Medical man, as an agent in the Government of the country is admitted. Every other Profession has long had its posts of honour, of wealth, and of dignity—the Church, the Bar, and Commerce are all richly represented in the Government. To our Profession—intrinsically (if a high calling were its measure) the noblest of them all—*not one single post of great honour or of wealth is open*. Every other country has delighted to place its Medical men in the highest offices of State. Who was more of a personal friend to Napoleon than Larrey? We have been hitherto carefully excluded from all such positions; and we still are so, even now, when the chief occupation of the Government is to be concerned with the bodily welfare of the people of this country—even now, when the labour, and toil, and real work of all the great sanitary movements going on in this country are the doings of the members of our Profession. Our Profession has ever marched in the van of civilisation; but we have not reaped the reward we merit, simply because we have been untrue to ourselves. Here now is at last a post of honour placed at our disposal; and we hesitate on whom to bestow it!

Next, let us remember, that the President is to be a go-between, between us and the Government. He is to be the authoritative exponent of our wishes, feelings, and opinions. Now is it possible for any man who has not worked, and laboured, and striven, and been one of the Profession, ever truly to interpret the sentiments of the Profession? Impossible; no prompting can ever make a layman able to speak with a Professional voice. And then, again, are we publicly to declare to the world, that when the thing was offered to us we could not find among the whole body of us one single person who was fit to represent us in such a high position What a complete justification would this be of the slights heretofore shown by the Government to our Profession!

Again, how all important it would be to know that when the Government conferred with our Profession, that it should do so with some recognised and responsible authority. Who at this moment is the Medical adviser of Government? No one knows. The Head of the Government goes to his family doctor, probably a Homœoquack, or any other irresponsible person, who thus has a very improper influence in that quarter.

The only real great advantage this Reform has brought us, is, that it has given us a footing with the Government—an acknowledged status. Why should not this first instalment of what is due lead at last to an admission of our Profession to its right position, if *we use our opportunity well?* Why may we not look forward now to the time when a Medical man shall be Minister of Health, instead of serving his country as a very subordinate agent of a Minister? We regard the views of Dr. Tyler Smith as the plain practical conclusions of a man of common sense. We see nothing Utopian in them, and believe fully in their eventually being realised, if only we be united and true to ourselves. What he says is so true, that we will quote his words:—

"The position itself as well as the mode in which the election would be made by the elects of the Universities, Colleges, and Halls, of the United Kingdom, must confer great influence and dignity on the office of president. Such a personage should possess a definite position in the State. It had been argued that the president ought to be a member of the House of Commons or of the Government, and that, as there was no eligible member of the Profession in Parliament, the post must necessarily be held by a layman. But there was a great objection to such an arrangement, in the fact that the presidency of the Medical Council was a permanent office; and if a member of the Government or of the House of Commons were elected, he might at any time be put out of office, or lose his seat. Looking to the analogies of the law and the church, the head of the Medical body ought to be a member of the Upper House. The State was certainly a debtor to the Medical Profession. No other class gave it an equal amount of gratuitous or ill-requited service. Every year this labour was augmented, and the amount of legislation having reference to sanitary measures and Medical questions, increased. It might be said the Profession possessed no individual fitted for such high honours; but he believed that in intellect, character, and social position, such a man as Sir Benjamin Brodie was equal to any Lord Archbishop or Lord Chancellor of the present generation. If a man of this kind were called to the Upper House by some distinctive title, such as that of Lord President of the Medical Council, he would be most useful to the State, and the creation of such a dignity would confer great honour upon the Profession."

These sentiments are so just, that we trust means may be taken to impress them on the present Ministry by memorials from Medical men of all parts of the kingdom.

What can those gentlemen be dreaming of, who think it so facile a thing to imbue a layman with an intimate knowledge of our Profession? Does Mr. Cowper at this moment know the difference between a druggist and an apothecary? We very much doubt it. Nothing, however, is more clear than this:—That the upper classes are thoroughly ignorant of and incapable of appreciating the ins and outs of our Profession. And who is again to keep this layman orthodox? We all know too well how bit our public men and high ones are with the many quackeries of the day; and how are we to be sure that some Homœoquack or Mesmeric Medium shall not distil their pleasant flatteries into the layman's ear? How are we to be certified that this Layman President, after listening to discussions in the Council—where Doctors are sure to differ—shall not retire home bewildered, and seek consolation and advice from his "private Medical attendant?" And if it be said, that the President should be a Member of Parliament; we answer, is it not time that we had some

Digitized by Google

authoritative person to represent us there? Some one who can chastise on the spot the buffoonery of men who talk of Jenner and cow-pox Doctors as "disgusting?" Some one who can enlighten Government on all the great sanitary movements of the day? Who can be there in his place to speak the voice of the Profession when a sapient one solemnly informs the half-convinced House that vaccination is a failure?

A Medical Presidency will, of necessity, bring a Medical Member into the House; and is not this most desirable? Again, is any one in his senses to be told that a Medical President—the selected choice of so many Universities and Colleges, of some 30,000 Medical men—would fail to obtain a hearing with the Government? We ask, Is there a man in the House at this moment, whose words would fall with greater weight or on more attentive ears, than would the words of Sir Benjamin Brodie? Would not Clark or Forbes be heard with respect?

And who can calculate the influence we should gain in all directions by having a man of the Profession high in office? The East India Board would then begin to discover, that it would be well for them to select some one of their servants who had served them as Medical Officer in the East, to sit with them and instruct them on sanitary matters; but who thinks now of putting a Doctor on that Board? And yet surely a man, whose experience can show authority how to save an army's health, is as worthy to be there as he whose business has been to destroy his country's enemies!

Let our brethren reflect upon it well. The election of one of ourselves to the Presidency of the Council will give our Profession a tone—a standing with authority before the world such as it has never hitherto possessed—*if we are equal to the occasion. It will be the first stepping-stone to high honours, to the attainment of our own rightful position in the social scale.* The election of a non-Professional person to that office will be a public declaration on the part of the Profession that it is incapable, or not desirous, of holding any responsible position in relation to the Government. Can it be, indeed, true, that we have so long been accustomed to an inferior social position, as to be unable to elevate ourselves to our rightful place when the way and the occasion are open to us?

THE WEEK.

The following is a list of Members of the Medical Council:—The Royal College of Physicians, Dr. Watson; the Royal College of Surgeons of England, *not elected;* the Apothecaries Society of London, Mr. Nussey; the University of Oxford, Dr. Acland; the University of Cambridge, Dr. Bond; the University of Durham, Dr. Embleton; the University of London, Dr. Storrar; the College of Physicians of Edinburgh, Dr. Alexander Wood; the College of Surgeons of Edinburgh, Dr. Andrew Wood; the Faculty of Physicians and Surgeons of Glasgow, Dr. Watson; Universities of Edinburgh, and the two Universities of Aberdeen collectively, Mr. Syme; the Universities of Glasgow and St. Andrew's collectively, Dr. Lawrie; the King and Queen's College of Physicians in Ireland, Dr. A. Smith; the Royal College of Surgeons in Ireland, Dr. Williams; the Apothecaries Hall of Ireland, Dr. Leet; the University of Dublin, Dr. Apjohn; the Queen's University in Ireland, Dr. Corrigan. The "six persons to be nominated by her Majesty with the advice of her Privy Council" have not been Gazetted; but it is generally understood, as we stated long ago, that Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Stokes, and Dr. Christison, are the nominees of the crown.

An important meeting of the Fellows of the College of Physicians was held on Wednesday, to receive a legal report on the powers possessed under the old Charter. It appearing that these powers were insufficient to enable the College to carry out contemplated reforms in a liberal spirit, it was determined unanimously that a new Charter should be applied for, and a committee was appointed to prepare a draft of the proposed Charter. The President behaved in the most conciliatory manner by giving up his right to appoint the committee to the general body of Fellows.

So full a report will be found in another column of the important discussion in Convocation of the University of London on the recent appointment of Dr. Storrar by the Senate, that it is only necessary here to draw the attention of our readers to the report.

A correspondent of one of the daily papers informs the public that having served his time in a "Confectionery Establishment," he knows something about the composition of sweetmeats and lozenges; and that nothing in the way of adulteration so innocent as plaster-of-Paris usually finds its way into lozenges. "Daff," he says, "is not plaster-of-Paris, nor anything half as innocent; it is Derbyshire spa in an uncalcined state, reduced to a very fine powder. Next to loaf sugar, this spa produces the whitest powder to be got at, at a nominal price; when calcined or manufactured into plaster-of-Paris it darkens the sugar, and spoils the look of the lozenge. A child, he says, who takes one ounce of peppermint lozenges takes, as a rule, one-third of an ounce of this heavy indigestible mineral substance." He is wrong in one point—as "daff" is plaster-of-Paris, while Derbyshire spa is fluate of lime. The colouring matter of lozenges is, he says, absolute poison. Red-lead, vermilion, gamboge, verdigris, Prussian blue, etc. etc. are the colours generally resorted to, to render those articles beautiful to the eye.

The honour of being placed upon the new Medical Register, filed according to law, will be one of a very problematical character, if gentlemen of the class indicated by the issue of a certain style of advertisements are to figure there by the side of their *brethren*. It will be a matter of curiosity to know how the Council will deal with these Bashi-Bazouks of Medicine. Here is a specimen of an advertisement which is issued by one who speaks thus of his ware—Nervo-Arterial Essence. He says that it was "discovered and prepared by Dr. Wm. Batchelour, Member of the Royal College of Surgeons of England, and Member and Licentiate of the Apothecaries' Company, 1834, Wimpole-street, Cavendish-square, London. It strengthens the vitality of the whole system, and speedily removes nervous complaints. It does not stimulate, in the popular sense of the word, because there is no reaction. Sold in bottles at 2s. 9d. 4s. 6d. 11s. and 33s."

Of course this material may play an excellent purpose in the social world, and its author may be a most deserving man and a great benefactor of his species; but still we naturally have a weakness against the fraternity indicated as existing between him and us by co-partnership in the Registration. But if we are to have the Homœoquacks there, let us by no means exclude the advertising gent. His position at all events is defined, and, *comparatively*, honestly respectable.

Lord John Russell, at Liverpool, in his exordium, did justice to the "working men" of the social sciences of the day. It certainly is a great fact to see the aristocracy of a country earnestly and prominently engaged in the promotion of the welfare of its people; and it is satisfactory to find a man of Lord John Russell's stamp admitting that the impulse to all this great progressive movement has been given by

Digitized by Google

of the middle classes, and especially by members of our own Profession. These are his words:—"In the questions in which we are now engaged there is great need of patient investigation; and while we are speaking on this subject from the platform, I must say that the persons to whom the utmost credit is due are those men to whom I have alluded, who have not been able hitherto to collect public opinion into great force, who have not been able to direct it with great power, but who, in their several capacities of lawyers, political economists, and Physicians, have patiently inquired into these subjects, have at a great sacrifice of time (and in the case of the Medical Profession, at a great risk of health and of life also) devoted themselves to the improvement of their fellow-creatures. I feel that we all sink into insignificance when compared with those men whom fame has not reached."

The Session of the Medical Societies has now fairly commenced. The first meeting of the Medico-Chirurgical took place on Tuesday. The report will appear, as usual, next week. The discussion on the fallacy of statistics in Medicine was unusually interesting. Most of the students' societies have also commenced. At the Grosvenor-place School, Mr. Phillips, a student, gave an excellent introductory address on the advantages of these societies. The Harveian, the North-London, and the Western Medical have also been opened. Dr. Hamilton Roe gave the address at the Harveian; Mr. Erichsen at the North London. The latter gentleman insisted very strongly on the advantages of these "centres of local union" in preventing the ill-consequences of isolation of Medical men. Mr. Barnes, the President, gave the introductory at the Western,—enlarging on some of the contemplated results of the Medical Act and the new Army Warrant. A very excellent practical paper by Dr. Baines, "On Delirium, especially in its relation to Fever and Pericarditis," followed.

The Chemists and Druggists who opposed the "Sale of Poisons Bill" so successfully last Session of Parliament, will have to satisfy the public on a future occasion, that the gross acts of ignorance and carelessness continually exhibited by them or their Assistants, to the injury of humanity, shall be provided against. The handling of gunpowder, of fireworks, and of many other dangerous implements, is hedged around with certain provisoes; but the public have no security whatever with regard to the sale of these equally deadly drugging instruments. Any one may call himself a druggist; and any one may sell poisons. The most ignorant of youths may, as far as the law cares, handle and deal out the most poisonous wares. Two or three days ago, as we see in the journals, a Druggist brought up one of his Assistants before the magistrate on a charge of drunkenness and violence, and refusing to retire from his compounding operations when requested so to do. "What was he doing," asked Mr. D'Eyncourt, "when you found him in this state?" "Making pills," answered Mr. French, his master; "and if the woman for whom they were had taken them, there must have ensued the loss of one life; for in the package of two dozen I subsequently discovered 50 grains of morphia instead of 18½." And he afterwards added, "I don't know to what extent the mischief might have extended, had I not noticed him."

The Resurrectionists have had a revival. This time, however, the game has been carried on, not surreptitiously during the black hours of the night, but in broad day, and under the protection of a demi-legal sort of authority. The managers of the parish affairs of St. Martin's appear to be the body-snatchers in this case. Their proceedings were violently arrested by mob law, the populace having broken in upon the chief actors in this scene of desecration. The St. Martin's people, it seems, have obtained a faculty to build on part of what was an old burial ground, the faculty being granted under the idea that no bodies had been buried in that part. The only excuse for this routing up of these bodies is, that they once belonged to paupers who were buried at parochial charges.

Much attention being directed by the Profession to the proceedings of the Council of the College of Surgeons, in reference to the election of a representative of that corporation in the Medical Council, which will assemble at the Royal College of Physicians on the 25th inst., it may prove interesting information to our readers, especially to those who take part in the existing contest, to quote from the second clause of the Royal Charter granted to the College in 1843, the following important words, viz.: "And whereas the body politic and corporate of the said College at present consists of persons created members of the said college by the said (22nd March, 1800) first-mentioned charter, or constituted such members by letters testimonial under the common seal of the said College, of the respective qualifications of such persons to practise the art and science of Surgery." With such conclusive evidence there cannot surely be any doubt respecting the question at issue between the Council and members of the College of Surgeons, which has been settled, we are informed, by the Council yielding to the just claims of the members. A large party of members will support Mr. Brady, on the ground that at least one member of the Council should be in Parliament.

A few week ago, we referred to the system of sewage recommended by Mr. Ward; and we now call the attention of those who have opposed his principles, or have doubted their practicability, to the following example of what may be done in that way by those who have the will to do it.

"Last year the Prefet of the Seine presented to the Municipal Commission a statement concerning the sewers of the capital. From this document it appeared that nearly all these subterranean passages were unavoidably constructed at such a level that they were liable to be partially inundated by the waters of the Seine, whenever they experienced even a moderate rise in consequence of heavy falls of rain. It was at first proposed to remedy this evil by sewers running parallel to the Seine, and only communicating with the latter within the city by means of overfalls, situated at a greater altitude than the common high-water mark. But it was soon ascertained that the bed of the river had so small a declivity that the measure in question would be of little avail. At length it was resolved to gain a sufficient slope by following the curve of the river, which, after leaving Paris, approaches it again towards Asnières; so that, by continuing the sewer to the last-mentioned place, a fall of two metres might be obtained. This colossal work is now completed. The new sewer is 3,894½ metres in length. Within the fortifications it is arched over, and from the fortifications to Asnières it is an open trench. It is three and a-half metres in width, and something less in altitude. It passes lengthwise under the Rue Malesherbes, and transversely under the Autenil and Rouen Railway lines; and it will shortly be connected, first, with the *égout de ceinture*, or sewer round Paris, at the corner of the Rues Lavoisier and Rumford; secondly, with that of the Rue de Rivoli, at the corner of that street and the Rue Royale; and, lastly, with all the sewers of the Champs Elysées and Chaillot. The contents of the sewers of the left bank are also to be emptied into this main sewer by means of a syphon to be immersed in the Seine. In ordinary times the main sewer will receive all the foul waters of Paris, and thus keep the river free from contamination. During heavy rains and storms, the other sewers will be relieved of part of their excess of water by means of overfalls, which may be closed in times of high water, so that the Seine can never penetrate into the main sewer, except from Asnières. The engineers who have completed this vast undertaking are MM. Delaperche, Belgrand, and Michal."

Digitized by Google

MEETING OF THE CONVOCATION OF THE UNIVERSITY OF LONDON.

A meeting of the Convocation of the Graduates of the University of London was held on Wednesday, at Burlington House, for the purpose of nominating a list of six persons to be presented to the Queen in Council for her Majesty to select therefrom one gentleman as a fellow of the University, and for the transaction of other business. There were about 200 graduates present.

The chair was occupied by Mr. C. James Foster, LL.D., who moved, as a matter of form, that the report be taken as read.

Dr. Brinton said that he saw on the agenda paper a notice of motion by Dr. Humble in reference to the appointment of the representative of the University on the new Medical Council. The subject of that motion was of such vital importance to the Medical graduates, whose rights had been, he considered, infringed upon by the Senate, that it ought to take precedence of all other business. Upon it depended whether they should continue members of Convocation at all, and indeed the very title of the University of London to the designation of a University at all was jeopardised in the matter. The College of Physicians had left the election of their representatives to the whole body of their licentiates, whereas the University of London, which boasted of its liberality, and of its marching on the road of progress with larger strides than the older academic corporations, shut out its graduates from all voice in the election—the senate, of its own mere motion, nominating as a member of the Council one to whom on several grounds he and the great mass of other Medical graduates, strongly objected. He should therefore move, as an amendment to the motion of the Chairman, that considering the nature of Dr. Humble's motion, it have precedence of all other business.

Dr. Sibson seconded the amendment, and in doing so denounced the conduct of the Senate as furtive and underhand, so that he felt ashamed of being a member of the University of London.

Dr. Jenner supported the amendment, and entreated the graduates in arts and laws to allow it to be carried unanimously, as what was the case of the Medical graduates now might be their own at some other day, and was calculated to ruin the character of the University. He was connected with a large Medical school, and unless convocation would now show that it felt the indignity which had been cast upon the Medical graduates, he should advise all young men entering the Medical Profession to have nothing to do with an institution in which that Profession was disgraced and held in disrepute. (Hear, hear.)

Dr. Routh defended the conduct of the Senate, which had proceeded in the regular way upon the advice of Counsel, who informed them that they were the body in whom Parliament had placed the right of electing the gentleman to represent the University at the new Medical Council. He also defended the choice which the Senate had made, as Dr. Storrar, their representative, was the oldest Medical graduate of the University.

After some further discussion the chairman put the amendment, and declared it carried by a large majority.

Dr. Humble then moved that it was the opinion of convocation that the members of the General Council of Medical Education and Registration of the United Kingdom, to be chosen by the University of London, under the Medical Act, should be chosen by the whole University, which consisted of the chancellor, the vice-chancellor, the fellows, and graduates. The Medical Act gave the University of London the right of sending a representative to the Medical Council, and he held that no other power but the University was competent to exercise that right. Here arose the question of what the University consisted; and although the Senate by usurping the right he had mentioned, had asserted that they were the University, it was clear, from the charter of incorporation that the chancellor, vice-chancellor, fellows, and graduates, composed that body corporate and politic, and with them, and not with the Senate, lay the nomination of their Medical representative.

Mr. Littler, an arts graduate, seconded the motion, and quoted an opinion of Mr. Edwin James, supporting Dr. Humble's views. If the Senate were allowed to ignore the rights of the graduates, the University would be nothing more than a delusion, a mockery, and a snare.

Mr. Jessell moved the previous question, but subsequently withdrew it, when, amendment following amendment in hot haste, it became next to impossible to understand the nature of the question before the meeting. The learned gentleman, in the course of his remarks, said that the Senate were pressed for time on the matter of the election of their Medical representative, and were it not for that pressure put upon them by Government, they ought, he thought, to have deferred making the appointment until they had ascertained the opinion of Convocation in reference to it. That, however, was altogether a question of courtesy, as there was no doubt that in point of law the Senate, and the Senate alone, as the governing body, had the right of making the election. (Hisses.) He was sorry to hear those hisses, as he had thought that a body of educated men would deal with all matters of importance in the way befitting an academic body—with good temper and judgment. He had been one of those consulted by the Senate, and although his bias in favour of the graduates obtaining extended privileges made him wish that they should have the right of election in dispute, but looking to the legal bearings of the question, it was impossible for him, as a lawyer, honestly to say that the Act of Parliament conferred it upon them. When the Legislature confers new powers upon a corporate body without specifying who are the parties to exercise it, the rule of law was that it should rest with the governing body. For instance, in the case of the University of Oxford, convocation had exercised the same right which their Senate had exercised, not because that at Oxford convocation was the University, but because it was the governing body. Indeed, there was a large number of members of the University of Oxford of graduate standing who had no voice in convocation. Again, if Parliament were to confer new powers upon the Corporation of London, generally, Common Council, as the governing body, would, as a matter of course, exercise them to the exclusion of the Livery at large. He hoped that after this explanation his Medical friends would hesitate before they expressed an opinion upon a point of law.

Dr. Barnes agreed in the views of the last speaker; but, sympathising with the graduates, he begged leave to move an amendment, expressive of the regret that the Senate should have proceeded to the election of a Medical representative without having given the graduates an opportunity of expressing their opinions in reference to it.

Dr. Quain was understood to second the amendment. He complained that the cause of the graduates had been abandoned by those whom they themselves had placed upon the new Senate. He denounced the election of the gentleman selected by the Senate as a mark of enmity and ill-feeling towards the College of Physicians, of which body no fewer than forty-six of their own graduates were members. He knew that the College of Physicians was animated by a most friendly feeling towards the University.

Dr. Wood, in his own justification, denied that he had, as a member of the Senate, given up any of that zeal in the cause of the graduates which had hitherto animated him. He had moved that the election, of which they had heard so much complaint, should be deferred until after the present meeting, but the importunity of the Government in calling upon them to make their selection at once did not allow of the delay.

Dr. Savage summed up the incongruities and contradictions which had occurred in the course of the discussion, and excited considerable laughter by asking the Chairman to point out some means by which they might be reconciled.

Mr. Waley then moved another amendment to the effect that before proceeding with a *quo warranto*, the course suggested in the opinion of Mr. Edwin James, they should take the opinion of the law officers of the Crown upon the question.

This having been seconded by some gentleman,

Dr. Storrar wished to explain his present position. In the movement which had taken place to secure Medical reform his share had not been an infinitesimal one; and last year when there was a great fight for a Medical Council, on seeing that certain Medical corporations were named in the draft of the bill as the electors of the Council, he called Lord Palmerston's attention to the very point which had

Digitized by Google

given rise to so much discussion, but he was in reply told that it would not be necessary specifically to indicate who should be the individual electors, as everything would by-and-by shake down into its proper place. He would assure convocation he had as strong a feeling as any one of them upon the question of the rights of the graduates, and although he was the nominee of the Senate his opinion was that the election should have rested with the graduates. (Hear, hear.)

Dr. Jenner suggested that if Dr. Storrar felt so strongly upon the point to which he had referred, he should at once resign the appointment conferred upon him by the Senate.

The amendments were then all agreed to, but whether as one aggregate amendment to the original resolution, or as nullifying each other, it was impossible to ascertain.

This business having been so disposed of, the graduates present proceeded to elect the six gentlemen, out of whom, according to the terms of the new charter, her Majesty is to choose one as a fellow of the University. The following is a list of the candidates and number of votes obtained; the first six being elected—Dr. Osler, 94; Dr. Storrar, 93; Dr. Nutter, 82; Mr. Jessell, 78; Mr. Greenwood, 74; Mr. Hutton, 68, elected. Mr. J. R. Quain, 64; Dr. Quain, 58; Dr. Johnson, 57; Dr. Sibson, 53; Mr. Graham, 52; Mr. P. Smith, 47; Dr. E. Smith, 43; Mr. Case, 28; Mr. Bageshot, 26; Mr. B. Lewis, 20; Mr. O'Beirne, 3.

The report and rules were then explained by Mr. Jessell, and, after a long discussion, adopted *seriatim*.

A motion to elect nominees for fellowship by ballot was lost by a majority of 47 to 21.

Mr. Shaen was elected clerk of convocation, an office at present honorary, by a majority of 30 to 7. Those who opposed his election, grounded their opposition upon his being an advocate of homœopathy.

At this stage of the business the meeting, having lasted six hours, was adjourned for a fortnight.

MEMOIR OF DR. HENRY MARSHALL HUGHES,

Physician to Guy's Hospital.

Henry Marshall Hughes, M.D., Physician to Guy's Hospital, was born at Ashford, Kent, in the year 1805. He was the third son of Edward Hughes, Esq., of Smeeth Hill House, Ashford, Kent; and grandson of Edward Hughes, Esq., of New House, Mersham, the adjoining parish, who married the eldest daughter of Turner Marshall, Esq., an old Norman family of that place; a fact noted in the History of Kent of the last century, and noticed here, as the subject of this memoir derived his name from such an ancestor. He was educated at a private school, and was articled to J. C. Prance, Esq., an old and respected practitioner of Maidstone. Having resided with him for several years, he came to London, and entered at Guy's Hospital, in 1827, as a pupil under Sir A. Cooper, Drs. Bright and Addison, Mr. Key and Mr. Morgan. He there distinguished himself by his industry and aptitude in acquiring information, and in 1829 he became a member of the College of Surgeons, and a Licentiate of the Apothecaries Company. He subsequently went to study at the Scotch schools, and in 1832 he took his degree of M.D. at the Glasgow University. He returned to London and to Guy's Hospital, where he continued to study medicine, which he had selected as his special branch, and in 1834 he became a Member of the Royal College of Physicians. Seeking for some public appointment as an enlarged field for practice he was fortunate enough to be elected upon May 12, 1836, Physician to the Surrey Dispensary, an appointment which he honourably filled till September, 1843. Dr. Hughes having gained the esteem and respect of the authorities of Guy's Hospital, upon the retirement of Dr. Back in 1840, was elected Assistant-Physician to that institution; and in 1854, upon the retirement of Dr. Babington, became full Physician. It is needless to follow step by step his progress to honour and to practice. Indefatigable always in the pursuit of knowledge, and with his heart fully engaged in his Profession, he rapidly became a great favourite with the students, acquired and retained the respect of his colleagues, and in private practice was equally successful. In St. Thomas's-street for many years he carried on an extensive practice, and with a kind heart and liberal hand he freely distributed his professional assistance to all those whose means were limited and necessities great. In 1844 he was made Fellow of the Royal College of Physicians, and in 1854 its Censor. He was an old member of the Hunterian Society, and had also been its President. As an author, he undoubtedly published in 1845 the best hand-book for students upon Auscultation, as a "Clinical Introduction to the practice of Auscultation and other modes of physical diagnosis;" and in 1854 it attained a second edition. In the Guy's Hospital Reports are no less than eighteen essays of great merit; and in the *Medical Gazette*, *Edinburgh Monthly Journal*, and other periodicals, are numerous papers upon different subjects, principally upon thoracic disease, and all worthy of the reputation of their author. As a teacher few men were his equal. He liked teaching, and consequently bestowed great pains upon his pupils; and as his powers of diagnosis were great, he always evinced great anxiety to convey the same to his pupils; and many are the names of his old "clerks," who daily bear out this testimony. Upon the 21st of October, at 12, Marine-parade, Brighton, he breathed his last—some abdominal complication upon a chronic disease of many years' duration being the immediate cause. For months he had never been free from excessive pain, and this alone tends somewhat to mitigate the sorrow for his loss. And if it can be any comfort to his aged father who survives him, and is now at the age of 82, to his large circle of relations and admiring friends, let them dwell upon the knowledge that he has passed through life as a Christian gentleman; that as a Physician he stood high in his profession and adorned the name; that he lived and died esteemed by his colleagues, and beloved by his friends, admired by his pupils, and is regretted by all. He has left £100 to the Medical Benevolent College, and his books and botanical collections to Guy's Hospital.

REVIEWS.

Illustrations of Difficult Parturition. By John Hall Davis, M.D., Licentiate of the Royal College of Physicians, London: Physician to the Royal Maternity Charity, etc. 8vo, pp. 284. London: 1858.

This work comes before the public under fair and reasonable circumstances. Too often book-making and publishing are only the artifices of inexperience craving for a premature confidence, and attempting to gain by a lure that which ought to be the reward of steady pursuit. But this is manifestly not the case with Dr. Hall Davis, the author of the present series of "Illustrations of the Treatment of Difficult Parturition." The son of a metropolitan accoucheur, so eminent and popular in his day as to be selected as the attendant at the birth of her present Majesty, and long known to the Profession as a successful lecturer and author, he has constantly had before him the reputation of his father as a standard and a stimulus. Nor has this been inoperative. Five and twenty years spent for the most part in the responsible and trying position of Physician to the Royal Maternity Charity, and all laboriously in the accumulation of material for comment, and in laying the foundation for useful exposition of the doctrines and rules of obstetric art, furnish evidence of ample scope for observation, and a presumption of adequate power to make use of it. The result is now, in due time and season, produced in the form of an unpretending but satisfactory volume, addressed, as such mature works ought to be, chiefly to those who, no longer novices, are able to appreciate its value, and to find interest and gratification in comparing notes and opinions with one whose sphere of operations has been somewhat different from their own. And from a paragraph in the preface we gladly see that it is intended only as the precursor of others of similar design.

The book is divided into two parts, the first, dogmatical; the second, illustrative. Clear of any parade of anatomical description or physiological discussion, the former of these opens with a short introduction, pointing out the causes of obstructed labour, and generally indicating the principles upon which such difficulties are to be overcome. At page 13, in alluding to the fact of polypoid tumours of the uterus,

Digitized by Google

sometimes descending into the vagina and interfering with the natural progress of labour, Dr. Davis mentions the use of the écraseur as a ready expedient. This is the first time this instrument, so advantageously brought under the notice of the profession in England two or three years ago by Mr. Spencer Wells, has been recommended in midwifery practice; and we have no doubt that in some of these cases such a safe and speedy way of removing the tumour would be the best thing to choose.

Chapter 2nd leads us to the strictly practical matter, and into the midst of all the serious questions attaching to forceps deliveries. It will be seen that the author in the main adopts Naegele's view, founded on those of Solayre and Saxtorph, as regards the four oblique positions of the head in its descent in natural labour, of their relative frequency, and of the mechanism of their advance. He admits, however, in the following passage, page 22, the possibility of the occurrence, as an irregularity, of the two transverse positions of the head. "Now, the above being the four normal positions, there are besides two irregular or transverse positions, where the face is directed to the left or right ilium. These indeed were formerly supposed to be very usual and natural positions of the head. They are rarely original, being generally derived from the *third* or *fourth* (fronto-cotyloid) positions; the head being caught, as it were, in its transition state, arrested in the course of rotation of the face from either acetabulum to the synchondrosal joint or sacrum. It is possible, that after a pause, that change may yet be completed; but if not so, a little assistance by the forceps or tractor will alone be required. The practitioner who is well acquainted with the above positions, and the mechanism of the head's advance in labour, will not be so ready to withhold his reliance on nature, as he would be, and as our forefathers were, without the advantage of that knowledge."

In his directions for the employment of the forceps, he expresses a preference for those with the pelvic curve, to such as have only the head curve, electing wide fenestræ rather than narrow ones, except in the transverse positions where an oblique purchase of the head becomes requisite; and he disapproves entirely of the application of any kind of forceps in the direction of the sacro-pubic diameter of the pelvis, on account of the great danger to which the bladder is exposed by such proceeding.

At page 37 we find some judicious precepts in reference to the use of the long forceps, with an opinion that, although they are sometimes indicated, as a rule when the head is arrested at the upper strait of the pelvic tube, the difficulty is mostly of that degree which can only be overcome by the safer operation of craniotomy; and then follows a declaration of objection, supported by Dr. Denman's admonition on the subject, to Dr. Simpson's revival of the practice of turning as a substitute for long forceps and craniotomy in some of these cases. The appendix contains the report of the only case, and that a recent one, in Dr. Davis's practice, which presented circumstances justifying the attempt. This was successful, but the difficulties encountered were so great that he felt himself called upon to advise that, in any future pregnancy, premature labour should be induced at seven months and a half. The chapter on forceps delivery concludes with some statistics respecting the frequency of the operation in the practice of many Institutions and Accoucheurs, both English and foreign. But we are disposed to regard these as of very little value, or only as evidences of individual peculiarities among the operators, knowing full well that in actual obstetrical life, the degree of temper and patience possessed by the Surgeon has, whether right or wrong, a great deal to do with the matter.

The subject of the induction of premature labour follows next in order of consideration; and though a careful and useful *resumé* of what has been done and advised is given by the author, we find nothing to remark upon except his instructions to use tartar emetic as an adjunct to the perforation of the membranes, with a view to relax the uterine orifice and vaginal passage. "On the moment of labour appearing, I give tartar emetic to relax the os uteri and vagina." Our feeling would assuredly be to look upon this nauseating dose as generally quite an uncalled-for and annoying stretch of medication.

In giving an account of the operation of craniotomy, the author describes the instrument which he uses, instead of Smellie's scissors, for perforating the cranium:—

"A few years ago I designed and had constructed a trocar perforator of a quarter-inch diameter, with a canula to guard it to the head's surface; its size might usefully even be increased. The entire length of the instrument is thirteen and a half inches, of which the handle measures four inches. I find it makes the opening more easily, in less than a quarter of the time occupied by the scissors, and more safely."—page 67.

This, however, is not exclusively a suggestion from Dr. Davis, for Dr. Meigs, of Philadelphia, had previously employed a similar instrument in his operations, and reported upon it in his "Practice of Midwifery," 1838. No doubt this, like every other precaution for the safety of the patient, is a move in the right direction, though no mechanical safeguard must be allowed to supersede manual dexterity, and the most rigid care in the use of instrumental appliances. We quite agree with Dr. Davis in ascribing the fatality and evil results of craniotomy, as usually known, to neglect in not sufficiently reducing the bulk of the head and other hard parts, and so prolonging the time of passage, or putting in force more than the proper amount of traction. To obviate this mischief, he directs a free use of the osteotomist, and various other well-advised procedures of no small importance.

Face and breech presentations are next treated of in their practical bearings, and this chapter contains a mass of profitable matter, indicating, by its nature, and the way in which it is offered to the reader, the extensive sources of the author's experience, and his wary but decisive mode of meeting and grappling with the perplexities from which he is called upon to disembarrass his patients. We observe throughout the series of subjects upon which Dr. Davis gives his opinions that, whenever chloroform is mentioned, its recommendation is accompanied with most commendable injunctions as to abstinence and caution, and that, in common with most men who have had time enough to learn the true value of human life, he is disinclined to allow those who trust him to run any needless risk. In writing of its use during the operation of turning, he says: "As regards the last agent (chloroform), it certainly removes all suffering, and in most cases produces the necessary relaxation. I have known it fail, however, more than once, in effecting that object, although the patient was reduced to perfect unconsciousness. Moreover, there are constitutions and conditions of the thoracic organs, in which it cannot be safely administered; and, in some instances, it has appeared to me to have predisposed to hæmorrhage after delivery. The uterus has been left in a state of inertia, considerable trouble and anxiety have been occasioned, although the patients in the end did well."

But we must not omit to point out that the second, and perhaps, to many, the most valuable portion of this book consists of the elaborate groups of cases reported at length sufficient to make them interesting and good standards of comparison, though without tediousness of detail. These, when necessary, are commented upon so as to bring out the questions requiring discussion, and many and momentous are the lessons thus conveyed.

As anatomists and physiologists, our tendency always is to estimate the female pelvis and organs of generation among some of the most marvellous instances of creative and adapting wisdom, and to deal with the function of reproduction and parturition as a natural process, so little subject to deviation, that no one ever deems the interruption of the injunction to increase and multiply as even a remote contingency. But such an array of obstacles and complications, and such a fatality as books on the art of midwifery present to us, would almost induce an ordinary reader to fall in with the common and exaggerated notions of our ecclesiastics about the pains and perils of childbirth. Passing, however, on to the statistics of Dr. Davis, which are most copiously supplied in the appendix, we find any apprehensions relieved by the fact, that in spite of all the regardlessness of natural laws, which even modern civilisation does not prevent, in the affairs relating to the preservation of health and the fair performance of functions, the mortality among 7302 mothers, who came under Dr. Davis's notice as patients of the charities to which he is attached, only amounted to 16, or 1 in 456·375 from all causes; and that those who died in actual labour or immediately afterwards, were no more than 6, or 1 in 1217; the remainder having lost their lives from accidental causes, or diseases unconnected with parturition, such as cholera, bronhi tis, fever.

Digitized by Google

A book which discloses such a truth as this is worth more than a whole library of obstetrical pathology, in giving confidence to both patient and practitioner; and we cannot but congratulate Dr. Davis on having it in his power to make the revelation, and those who consult his production, on having opened out to them a store of such matter. Beyond this, the book requires no further recommendation.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

PRACTICAL OBSERVATIONS ON CARDIALGIA.

By Professor FENGER.

Professor Fenger states that this disease is of very frequent occurrence in Copenhagen, especially among the maid-servants. It is also a frequent symptom in other diseases, and then being of varying severity and combined with numerous other symptoms, may not take the leading rank. Among such diseased conditions are various fevers, inflammatory affections of the chest or abdomen, cholera and other diseases, attended with great discharges, various nervous affections, as hysteria, epilepsy, tetanus, and some forms of mental disease. In these cases the cardialgia disappears as the original disease diminishes, and at most calls for palliatives. Not infrequently, also, where the cardialgia appears as a leading symptom, it is found to be masking other diseases, the true seat of which may be in other parts of the body. Thus, it is a frequent symptom in chlorosis, and acquires sometimes such severity as to be the chief one concerning which the patient complains. The pain in such cases is not usually continuous, and is relievable by palliatives; but sometimes it is very obstinate, returning again and again, until a long course of iron has been administered. Of all the preparations of this, the *ferrum desoxydatum*, two to four grains three times daily, in the form of pastille or chocolate, is the best. In *acute poisoning* by caustics, metallic substances, or narcotics, cardialgia is a very common symptom, and in *chronic poisoning* by arsenic, lead, etc. it may constitute a leading one. It is also very common in chronic alcohol poison. In all such cases a rigid diet, long maintained, and the absolute prohibition of alcohol, does the greatest service, especially if the patient can keep his bed the while. Cardialgia is observed in many of the dyscrases, especially *gout*, constituting with nausea and vomiting a dangerous anomalous form of the disease, which has been regarded as a metastasis of gout to the stomach. Chronic disease of some organs at a distance from the stomach may give rise to cardialgia, the proper symptoms of these being so slight as to render the diagnosis difficult; and disorders of the functions of the *uterus* are especially liable to induce it. Whenever the cardialgia is combined with much leucorrheal discharge we must always well examine the condition of this organ. When the cardialgia seems connected with anæmia and menstrual disturbance, the *tinct. ferri muriat.* is very useful. It is sometimes a symptom of *hysteria;* but it is an error to consider it often as an hysterical disease.

In the male subject cardialgia is sometimes a symptom of *onanism*, and then it is distinguished by its severity and obstinacy. When the symptoms of onanism are not quite decided, a bougie should be passed, a practice which few onanists can bear, owing to the suffering it causes. When great pain and irritability is thus shown, and no stricture or gonorrhœa is present, it is an excellent sign of onanism having been practised for some time. Dr. Fenger, in these cases, applies the nitrate of silver to the urethra. Cardialgia is also met with in chronic diseases of the *kidney;* and in all obstinate cases, accompanied by wasting and want of appetite, the condition of the kidney should be inquired into. It is a frequent masking symptom in affections of the *chest*, and especially in the chronic form of phthisis in the aged. In diseases of the *brain* and *spinal marrow*, there are usually characteristic symptoms besides the cardialgia; but sometimes, in disease of the spine, the pain at the epigastrium or side is so great as to draw off attention from the spine itself.

Although, as seen above, the *digestive organs* are not necessarily the seat of disease in cardialgia,—in most cases they are so. Blows on the epigastrium, as also any diseased conditions that lead to altered position or forced traction of the stomach, may give rise to obstinate cardialgia. It may also result from compression by adjacent organs, as in various diseases of the viscera, pregnancy, or distention of the intestinal canal by air or excrement. This last is a more frequent cause of the affection than is suspected. Organic diseases of the stomach are usually attended with cardialgia.

Finally, there are cases of cardialgia, in which the most careful examination fails to detect any other disease, *idiopathic cardialgia*. As Huss has already shown, this is one of the most common diseases among the common people of Sweden, and indeed throughout the North of Europe. In Copenhagen, it is especially met with among maid-servants; and the want of sufficient nutriment, and the too great use of brandy and coffee, to which Huss assigned the prevalence of the disease, cannot be attributed to them. One of the principal accompaniments is the excessive *epigastric sensibility*, which in some cases even continues during the absence of the pain. The author has often found the affection following in maid-servants great bodily exertion, especially of the muscles of the arms, as in washing, lifting heavy bodies, etc.; and he believes the pain is often seated in the nerves of the muscular parietes of the thorax. However this may be, in these cases, mere repose in bed for a week or fortnight suffices for a cure, even without medicine; or the same end may be obtained by putting one arm in a sling, and forbidding all exertion. In the severest cardialgia, in connexion with chlorosis, such repose in bed is highly useful. When such rest is impossible, and the pain is severe, sinapisms or flying blisters are of use, employing leeches or cupping when spinal irritation is present. Another accompanying symptom is a *spasmodic contraction of the abdominal recti muscles*, which is sometimes constant, and at others is produced by touching the epigastrium. When this is supposed to be due to inflammatory irritation of subjacent organs, blood-letting is indicated; but when this is not the case, hot bread poultices give remarkable relief. *Epigastric pulsation* is another very common symptom in cardialgia; but Dr. Fenger has been unable to make out any determinate connexion between it and the causes of the cardialgia. It occurs in both sexes and at different ages, and in the most diverse forms of the disease. It usually indicates obstinacy of the affection. When severe the patient should keep in bed; and local bleeding, the long maintenance of superficial suppuration, and the internal use of morphia are very useful. Another symptom, just as common and as enigmatical as this, is a *vaulting of the epigastrium outwardly*. As a general rule, the patients complain that they cannot bear the pressure of their clothes. Sometimes the symptom is only transitory, as after eating, during constipation, or during severe paroxysms of pain; but in other cases it is almost always present. The vaulted form, usually confined between the umbilicus and sternum, sometimes extends very much further. Dr. Fenger does not admit that it is a tympanites, for it may remain for months uninfluenced by great discharges of wind. The aggravated form of the disease is infrequent, and chiefly occurs in combination with hysteria, in young women whose sexual functions are retarded.

Our treatment of cardialgia must be guided by our knowledge of its cause. Among the palliatives, æthereal and balsamic medicines are, according to the author, of no use; and he has no very great opinion even of bismuth given in doses of from five to ten grains, four times a-day. There is little certainty either in the operation of nux vomica or strychnine, hyoscyamus or the aqua laurocerasi. In certain cases all these means are useful, but it is difficult to determine which are the cases. Where the pain takes on at all an intermitting character quinine is useful. Where the pain comes on daily at indeterminate times, and is attended with great prostration of strength, and from its continuance, with ill effects upon the general health, the author has found the nitrate of silver of use, commencing with one-eighth of a grain three times a-day. When cardialgia is connected with vomiting after meals, and is not dependent on organic disease, a rigid diet constitutes the best treatment, and many cases have been relieved by giving milk alone, the patient only taking small quantities, and keeping in bed. Where hyperæmia of the stomach is present, local bleeding or derivatives should be employed.—*Schmidt's Jahrbucher*, Band. 97, pp. 317-322.

EXCERPTA MINORA.

Pepsine Wine.—An agreeable means of administering pepsine, when the stomach will bear wine, is by infusing it

Digitized by Google

for six hours in Madeira wine, and then filtering. Half-an-ounce of the wine should contain a dose of the pepsine, and is far more agreeable to take than the powder.—*Revue Méd.* Oct. p. 431.

Iodine in Ague.—M. Barilleau has cured thirty-seven out of forty cases of ague in which he has tried the tincture of iodine. He continued its use for several days, giving ten drops as a dose in infusion of chamomile.—*Ibid.* p. 432.

Vinegar in Dropsy.—Dr. Beyer, a military practitioner at Breslau, treats almost all dropsies exclusively by wine-vinegar, giving a spoonful of the fluid every hour, and in the intervals water acidulated with it. Six ounces are consumed daily, and a complete cure may require from six to nine pounds. The appetite is increased rather than diminished during this treatment; and at first three or four stools per diem are produced, which augurs success. When, after a time, the patient becomes disgusted with the vinegar, lemon juice may be substituted.—*Ibid.* p. 433.

Application of Cold in the Vomiting of Pregnancy.—M. Dezou has published three cases of obstinate vomiting in pregnancy, in which he has derived great advantage from the employment of a towel wet with cold water, wrung out, and applied as a compress to the pit of the stomach, renewing it every five minutes. The procedure will, however, be only found useful in purely nervous vomitings.—*Ibid.* p. 433.

Constipation in Infants.—Dr. Jacobi observes that whenever he meets with this he generally obtains speedy and complete relief by giving some sugared water every day besides the breast; and he is satisfied that the chief cause of constipation in nurslings is the insufficiency of the sugar in the breast milk—the amount of this varying in the milk of different women. Wherever casein exceeds the proportion of the other parts of the milk, it becomes indigestible by a relative want of lactic acid in the contents of the stomach and intestines.—*New York Journal*, Sept. p. 284.

Paralysis of the Sphincter Ani in Children.—Professor Clar remarks that temporary or persistent paralysis is usually observed at from eight to twelve years of age, as a consequence of long-standing diarrhœa, irritation from worms, or without obvious cause. The excrements, solid or liquid, are dropped while walking, and the anal orifice is wide open. Cold and copious injections should be often repeated, and after an evacuation has been effected, a small injection of tannic acid in water, with some tincture of nux vomica, should be thrown up. The same treatment is indicated in paralysis of the sphincter ani complicated with prolapsus, after reposition has been performed.—*Ibid.*

"Meddlesome Midwifery."—Dr. Silbert, in a recent memoir, presented to the *Académie*, founded upon facts observed in his own practice, states, that in the great majority of cases in which the fœtus is detained for a too prolonged period *in utero*, it increases in size so as to render the labour difficult. He, therefore, in opposition to the expectant treatment usually employed, advises that a forced delivery should be accomplished, whenever it can be ascertained that pregnancy has been prolonged beyond its natural term.—*Bullet. de l'Acad. de Med. Tome* 23, p. 1173.

Fat as a substitute for cod-liver oil.—Dr. McSherry states that among the poorer of the German inhabitants of the United States, it has become not uncommon to consume with advantage dog's-fat, in affections where other classes would take cod-liver oil. This accounted for the killing a great number of dogs, which had been attributed by the uninitiated to their being wanted for sausage-meat.—*American Journ. Med. Science, October*, p. 375.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, November 8, 1858.

M. Broca's clinical lectures at the Hôtel Dieu came to a termination on October 18, when M. Jobert, the vacation ended, resumed his functions. By the students especially the instructions of this very talented young surgeon will be remembered with admiration and gratitude. How true it is that the most profitable teaching does not come from those much higher than ourselves on the ladder of science, but from our fellow workers, who are climbing step by step the same steep and difficult ascent! M. Broca does even more than this; not only does he descend to the level of the student's intelligence, and seem apparently to advance in knowledge *pari passu* with him, but he also shows him, with the fabulous sagacity of the Indian path-finder, the almost imperceptible track of those who have gone before in the right direction. His manner of establishing a diagnosis, for example, will furnish a very fair sample of the advantages of the system he adopts. Let us take the case of a tumour: instead of jumping at once to a conclusion, as he naturally must do in his own mind, as to its nature, and without allowing the student to observe the process of diagnosis, he begins by severally examining all the classes of tumours and discarding, one by one, those which have no resemblance either in form or mode of growth to the one in question; he then excludes those which have only a few points of resemblance, and so on until he ultimately succeeds in finding a class in which the likeness is perfect, thus impressing on the minds of his hearers not only the peculiarities of the form of disease before them, but also all its points of resemblance or dissimilarity to the other varieties of tumours, and placing, as it were, a beacon on each rock and shoal which the beginner is to avoid. I feel so grateful to M. Broca for the instruction and pleasure which I have derived from his course of lectures during the last ten weeks that I cannot refrain from thus publicly expressing my thanks to him, and I am sure that all his hearers (among whom were many Englishmen) entertain precisely the same sentiments as myself on the subject.

I begin my list of "memoranda" by a case in M. Jobert's ward, St. Maurice. A woman, aged 55, married, and mother of a family, was admitted three weeks ago with a considerable tumour (as large as one's fist) situated in the right hypochondriac region. It was found to be hard, smooth, not painful on pressure, rising and falling with the movements of the diaphragm, and pronounced as in connexion with the liver, and of doubtful character. The chief interest of the case is, however, implied in the following remarks:—

The patient had for a considerable time suffered from constipation, and it was not unusual for her to pass ten days at a time without an evacuation. A dose of castor-oil was administered, and the nurse accidentally noticed among the contents of the *garde robe*, a white band of about a finger's breadth, flattened, and eight inches long. This was given to the Interne for examination, and he at first sight supposed it to be a tapeworm, but on a closer inspection discovered that there were no indications of its division into joints. A portion of this substance was placed under the microscope, and it was found to be a false membrane of no distinct organisation; striæ irregularly disposed, and granules, were remarked, but neither epithelium nor cells of any kind. On inquiry the woman states that she has been in the habit of passing these worm-like substances for the last five months. She first observed the tumour nine months ago, so that it is quite possible the two may stand in the relation of cause and effect,—the conjecture is at least pardonable. The resemblance of these intestinal false membranes to tæniæ may, perhaps, have led to the supposition of the latter disease being commoner than it really is, and it is possible that before the days of the microscope the true nature of this enteric diphtherite may have passed unnoticed.

From the Salle de Côme, Hôtel Dieu, a man was discharged a few days ago, presenting an excellent, and, to all appearance, a radical cure of extensive varice of the left leg. The patient, a mechanic, 38 years of age, and of good constitution, had suffered more or less from distended veins for several years, but for some months prior to his admission into the Hospital they had increased very considerably, causing swelling and puffiness of the limbs. The coats of the veins were, at certain points, very thin, and had evidently lost much of their contractile power. As, in pursuing his vocation, which necessitated his standing the greater part of the day, he not only suffered much inconvenience from the size of the limb, but also at times no small amount of pain and sense of exhaustion. He implored the surgeon to remove the disease if possible. M. Broca, who was at the time charged with the service of the ward, acceded to his wishes. He adopted the operation recommended by Pravaz, viz. the injection into the veins of the perchlorine of iron. The operation was carefully performed at two different points, and in three minutes the necessary

Digitized by Google

amount of coagulation had taken place. The patient was placed in bed, and the horizontal position strictly enjoined.

On the second day after the operation the usual reaction had not taken place, but on the morning of the third, a sphacelus spot, of the size of half-a-crown, appeared in the neighbourhood of one of the points operated on. Whether this arose from some small quantity of the perchlorine of iron having, during the course of the operation, found its way into the surrounding cellular tissue, and thereby destroying its vitality, I do not presume to say, but such was my conviction at the time. Cataplasms were applied to the part, and as no constitutional disturbance was present, there seemed no cause for alarm. Some day or two later, however, the patient had a well-marked rigor, which was not only violent, but of considerable duration; swelling and redness of the limb, extending up the thigh, soon followed, accompanied by the usual amount of irritative fever. Abscess after abscess in the affected limb followed each other in rapid succession, necessitating the free use of the lancet no fewer than thirteen times. A large abscess also formed in the region of the left shoulder-joint. As you may readily suppose the patient was fearfully reduced, and for some days his life was in imminent danger. Thanks to an originally good constitution, and a more than usual amount of real pluck, the poor fellow came safely through the dreadful ordeal, having, as he emphatically expressed himself, paid dearly for his cure. It is only to be regretted that the annals of surgery do not afford him complete assurance of its permanency. The present case, although happily terminated, furnishes one, among the innumerable instances of the extreme danger attendant on the destruction or obliteration of veins, and I am not aware that in this respect Pravaz's system is less objectionable than the other methods bearing the stamp of greater antiquity.

A few days ago, a fine boy, five years of age, was brought to M. Trousseau's male ward, labouring under genuine diphtherite croupale. On examining the child, a coating of yellowish white membrane was observed, in patches of considerable size, on the tonsils and fauces; the respiration was difficult, the sifflement laryngieu distinct at times, and the peculiar croupal cough very well marked. The child had had, during the night, a paroxysm of dyspnœa. There was every indication that the false membrane was forming rapidly in the larynx. The period for medical treatment having passed, and the conditions being favourable for tracheotomy, M. Trousseau recommended the operation. An hour was fixed for its performance at the house of the parents; but when the time arrived, and all the preparations were made, the mother objected, and the poor child was left to its inevitable fate. It is worthy of remark, in connexion with this case, that eighteen months ago another child of the same parent was attacked by the same disease, operated on by an able surgeon, and ultimately died. There are, I am aware, not a few medical men who have remarked a strong constitutional tendency to diphtherite in certain families, and such examples as the present certainly go far in favour of such a view. In the course of his remarks, M. Trousseau expressed himself very decidedly in favour of the contagious nature of this affection, and urged the parent, who accompanied the patient to the hospital, to isolate the other children without delay. In a disease like the present, so rebellious to treatment, and so frequently fatal, even in the most skilful hands, the simple mention of some new remedy or mode of treatment creates a natural desire to see it tried, and I could not repress the wish, while gazing on this apparently doomed child, that the case had been handed over to the care of M. Bouchut, in order that, without delay, his new method of treating croup by tubage of the larynx (recently brought under the notice of the Academy of Medicine) might be tested, and, if proved successful, adopted under similar circumstances. There is a natural horror in the minds of parents of any operation demanding the use of the knife being performed on their children; and if the same end could be obtained without the knife, a decided point would be gained. For this reason, M. Bouchut's new method if practicable (which several of the Faculty are disposed to deny), would frequently be permitted in extreme cases in which the operation of tracheotomy would not be listened to.

THE BRADFORD POISONINGS.—Seventeen persons are dead, and at least 160 more are still suffering from the effects of the arsenical poisoning.

GENERAL CORRESPONDENCE.

CHLOROFORM IN MIDWIFERY.

LETTER FROM DR. WILLIAM WILLIAMSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your impression of Saturday last, Dr. Lee says: "A few weeks only have elapsed since it was publicly denied that any case of death from chloroform during labour had ever occurred in Scotland."

When Dr. Lee wrote this, he must have been labouring under a misapprehension of what had really been said on the subject; for no one, so far as I am aware, has ever made any such statement.

On the 4th October I sent you a communication containing the result of my experience of chloroform in midwifery, in which I stated, that since its introduction, I had made a fruitless search for a history of a fatal case resulting from its administration in midwifery.

In the same communication I said, that as Dr. Lee had given it as his deliberate opinion that "he had never seen chloroform do the slightest good in any case of midwifery, and in some the greatest mischief," I was anxious he would state, for the benefit of his Medical brethren, the serious objections he entertains to its use, and the grounds on which these objections are founded.

To this no reply has been made by Dr. Lee.

On the 10th October, that is, six days subsequently to the writing of my letter, Dr. Lee heard of a fatal case from the administration of chloroform in labour.

On the 23rd he wrote to ascertain particulars.

On the 27th he received an answer which appeared in print for the first time in your number of Saturday, 6th November.

Now I do not mean to charge Dr. Lee with accusing me of any want of good faith in the statement contained in my letter of October 4, but it appears to me, and also to others who have spoken to me on the subject, that Dr. Lee would seem to imply that, at the time I wrote, I was cognisant of a case having terminated fatally from the exhibition of chloroform in midwifery, but that I suppressed it.

On this point the dates speak for themselves. But if any additional proof were wanting, it is supplied by Dr. Lee himself, who has shown such alacrity in making public the case which occurred in Ayrshire, that I cannot but think, had another been on record, he would not have allowed more than three weeks to have elapsed, without making some allusion to it.

No one occupying Dr. Lee's position is entitled to throw discredit upon a valuable remedy, without adducing some proofs of the great mischief he believes it capable of doing.

Having gone so far, I conceive Dr. Lee is bound, either to substantiate the views he has propounded regarding chloroform, or else in some degree to modify them.

I am, &c.

WM. WILLIAMSON, M.D.
Physician to the Royal Infirmary.

239, Roman-street West, Aberdeen.
Nov. 8, 1858.

SEAT OF STRICTURE.

LETTER FROM HENRY THOMPSON, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—From my long knowledge of Mr. H. Smith, I feel satisfied he would not knowingly misrepresent any statement of mine. I therefore believe that he has only misapprehended me, in his letter of last week, written for the purpose of calling attention to a certain passage relating to himself, in the second edition of my work on "Stricture of the Urethra." But I regret extremely being compelled to point out how very serious the misapprehension is, and I will do so as briefly as possible.

In the first place, Mr. Smith writes you, "It is with great pleasure I find he (Mr. Thompson) has at last come to the

Digitized by Google

conclusion which I had arrived at, that permanent stricture is most frequently met with in the bulb, and not, as he affirmed it to be in his first edition, at the junction between the bulb and the membranous portion."

Will those of your readers, who are unacquainted with my work, believe after perusing this, that one of the facts most prominently asserted in the first edition is this, that the bulbous portion of the urethra is of all places the most common situation for permanent stricture? Such, however, is the case, and I cannot conceal my astonishment at this statement of Mr. Smith.

For, having designated the "posterior inch or thereabouts of the spongy portion of the urethra," as "the bulbous portion," I proposed in treating the question of situation to consider as a class strictures of "the subpubic region," defining "this to comprise an inch of the canal before, and three quarters of an inch behind the junction" of the membranous and bulbous portions, for the express purpose of including the latter (first edit. p. 87); and I wrote of it, and not of the entire urethra, in the passage cited by Mr. Smith, as follows:—

"The junction itself is the point at which stricture is most commonly situated." Thus far quotes Mr. Smith, but I proceed; "next is the extreme anterior boundary of the division, a spot which is one inch in front of the preceding, and almost as frequently affected; while between these two points, six examples of stricture are met with for every one behind the junction, in which latter situation therefore they are very uncommon." This passage clearly assigns all these strictures, except the "very uncommon" ones particularised, to the bulbous portion, and places the majority of them in that part of it which is anterior to its junction with the membranous portion.

Had Mr. Smith presented your readers with this passage and context entire instead of with the first line only, they would have seen that the bulbous portion was asserted to be that of all others most frequently affected by stricture. And so it happens that this very paragraph is registered in the index—("Bulbous portion, a favourite situation for stricture, p. 87")—but at page 88 I proceed to demonstrate that this very region, comprising the sum total of bulbous strictures, plus only the "very uncommon" examples of membranous stricture, was affected no less than 215 times in 320 examples of the disease, or 67 per cent. of the total of strictures in every situation. Lastly: all the alteration made in reference to this subject in the second edition which Mr. Smith refers to so prominently, is this, that still finding precisely the same percentage of strictures in the bulbous portion as before, I have discovered that they are not situated so far back in that portion as I formerly supposed them to be. My astonishment may be better conceived than described when I found Mr. Smith calling your readers to witness that "I had at last come to the conclusion that permanent stricture was most frequently met with in the bulb," and that "I now acknowledged the error which I, in common with other writers, had fallen into"!

Next, I must trouble you with a brief history of the circumstances which rendered absolutely necessary the note of which Mr. Smith complains.

Mr. Smith examined 98 specimens of stricture, including those at the College of Surgeons, and reported on the subject of situation to the Medical Society of London, May 5, 1849, a fact I was well acquainted with when I wrote my first edition, notwithstanding his suggestion to the contrary. My own investigation of 300 specimens, also comprising the College collection, and transmitted to the College of Surgeons in 1852, afforded results so widely differing from his, that, in announcing them, I did not allude to Mr. Smith's researches, simply because it was not possible to do so without stating how erroneous I believed them to be. It was courteous to be silent, and I was so.

Three years after the publication of my investigations, during which time their results had been copied in detail into American, French, German and Italian journals, besides almost all those of our own country, Mr. Smith reproduces his original figures without one word of reference to the discrepancy which existed between us. He reiterated a numerical statement—easily capable of verification, or the contrary—in face of one with which it was wholly irreconcileable, embracing facts more than three times as numerous, and of which it was impossible he could be ignorant. To me, personally, after the publicity referred to, such mention must be a matter of indifference. But when it was necessary to produce a second edition, I was reluctantly compelled (to borrow my own words from the note partly quoted by Mr. Smith) "in self-defence, and in the cause of scientific truth, to re-assert the correctness of my original observations," thus tacitly impugned.

Now the really important, in fact the only difference between Mr. Smith's results and mine (which he has curiously referred to as "the minor part" of the question) is this: That, whereas, out of ninety-eight specimens of stricture he discovered twenty-one in the membranous portion, a proportion of one in every four or five cases of all kinds, I, on the contrary, spoke of them as "very uncommon," pointed out the inaccuracy of the labels on these preparations in the College Museum, and declared that only two examples of it exist in the whole of that extensive collection (although nineteen are so described). Is not the bearing of this fact regarding situation the all-important one in relation to cutting operations in this part of the urethra? So far from its being the "minor part," it is almost the only result of the investigation which I had ever regarded as possessing practical value. Is it not of the utmost moment to the practical surgeon to be assured that almost never do we meet with stricture behind the anterior layer of the deep fascia, that in operating for stricture by any method we shall therefore almost never divide it, and so have scarcely any risk of infiltration of urine behind it?

Lastly, Mr. Smith claims against me a distinction which it will be vain for either of us to contend for, which it certainly never occurred to me to seek, and which I scarcely expected to find any man of our generation publicly preferring any title to. He writes respecting himself, "I was undoubtedly the first to assert the comparative freedom of the membranous portion from organic stricture."

So long ago as 1823 Mr. Shaw stated (Trans. Med. Chir. vol. xii.) "I have not, in more than 100 dissections which I have made of diseases of the urethra, seen a stricture or narrowing of the canal posterior to the ligament of the bulb; nor have I been able to find one example of stricture beyond this part among those preserved in the college museum." And Sir Charles Bell regards the idea of stricture of the membranous part as "quite a misconception;" adding that "in upwards of 100 cases examined by dissection," he has not found a case where the canal was obstructed further back than the bulbous portion. (Treatise on Dis. of the Urethra. 3rd Edit. p. 184. London, 1822.)

I may add that it has never yet been my lot to find a stricture of the membranous portion among the very numerous cases I have personally dissected. So far from its existing in one of every four to five cases, I do not believe it exists in one case in a hundred. Neither do I believe it possible to produce a dozen cases from the 300 or 400 preparations existing in the museums of this country. I except, of course, all instances of the traumatic kind, which may be found in any part of the canal. That true non-traumatic stricture ever occurs in the membranous part has yet to be proved.

Wimpole-street, Cavendish-sq. I am, &c.
Nov. 8, 1858. Henry Thompson.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, November 2.

Mr. Fergusson, Vice-President, in the Chair.

Mr. Christopher Heath showed an

EPITHELIAL CANCER OF THE ŒSOPHAGUS OPENING INTO THE TRACHEA,

removed from a woman, who came under his care a few weeks before her death; but who had suffered from difficulty of swallowing and consequent emaciation for some months. Repeated careful attempts to pass a bougie having failed they were desisted from, and the patient put on a tonic plan of treatment, when she suddenly became aware that any attempt to swallow brought on violent paroxysms of coughing, so that she became entirely deprived of nourishment, and

Digitized by Google

died exhausted in four days. There was found to be a very tight stricture of the œsophagus, below which was a large ulcerated surface, which gave microscopic evidence of its malignant character. In the centre of this spot was an opening into the back of the trachea, half an inch in length, through which, no doubt, whatever fluid passed the stricture found its way into the windpipe, thus producing the cough.

Mr. Heath also showed the

SAC OF A STRANGULATED UMBILICAL HERNIA WITH ADHERENT OMENTUM,

which he had found it necessary to remove from a woman aged 55, who had suffered from the hernia for years. The hernia having become strangulated, Mr. Heath was obliged to open the sac in order to return the intestine, and then finding the omentum adherent, passed a ligature round the base of the sac and removed it, with the adherent omentum. The woman was recovering without any bad symptoms.

A paper by Dr. Samuel Wilks was read on

A CASE OF NEUROMA.

The specimen came from a subject which was used for anatomical purposes by Mr. Poland, when the tumours of the nerves were accidentally discovered. They were not of very large size, the largest on the sciatic being that of a pigeon's egg, but nearly all the nerves of the body were affected in a slight degree. The composition of the tumours was a simple fibrous tissue, occupying the spaces among the fibrillæ; and if the term inflammation can be used, as it often is, to express a fibrous exudation and induration of a part, it might be said that the whole of the nerves had been the subject of chronic inflammation, whereby a lymph, afterwards becoming fibrous, had been effused among the nerve fibres, connecting these together in some parts, and forming tumours in others. Nothing could be said of the pathology, though syphilis might be suggested, as it is believed by some to be one cause of neuroma.

Mr. Bryant exhibited a specimen of

NECROSIS OF THE INTERMAXILLARY BONES.

Maud Miles, a child aged 3 years, was brought to me at Guy's Hospital upon July 19, 1858, when convalescing from an attack of measles which she had contracted two months previously: ulceration of the gums followed this disease, and as the parts refused to heal, the parents brought the child to me.

Upon examination of the mouth, necrosed bone was detected in the median line of the upper jaw, and with a pair of dressing forceps these intermaxillary bones were removed. Two weeks after, a loose tooth showing itself at the part, was easily taken away, and the child is now quite well. The bones are the most perfect specimens of the kind I have ever seen, and their internal, external, and general appearances are well represented in the drawings which I have sent round. It may be observed that each bone appears to contain only half the socket of the middle incisor tooth; and as the tooth which has been removed would appear from its size to belong to the second set, we may hope that the other is still retained in its position in the maxillary bone, and may yet be preserved for the future use of the patient. The connexion between necrosis of the alveolar processes of the maxillar and the eruptive fevers has long been well known to Surgeons; but its pathology has not been thoroughly described till Mr. Salter published his short memoir upon it in the last volume of the Guy's Hospital Reports; and taking his experience as equal to any Surgeon Dentist upon this subject, I find the case I have related as presenting many points of interest and of singularity. Mr. Salter tells us that he has never seen this disease in children younger than 5 years, and that it is always confined to the molar and bicuspid teeth. In the present instance the girl is but 3 years of age, and the disease is located in the intermaxillary bones. On the other hand, the disease has involved both the temporary and permanent teeth, is found in the female sex, and has followed an eruptive fever. The chief interest in the case consists in the death of the whole bones, and the perfect condition of the specimen.

Mr. Bryant also presented a specimen of

STRUMOUS DISEASE OF THE RIGHT TESTIS IN A CHILD AGED TWO AND A HALF YEARS.

Henry M., a dark strumous child, aged 2½ years, was admitted into Guy's Hospital October 13, 1858, under my care. The disease had existed for six months, and had increased rapidly, in spite of all constitutional and local treatment. The organ was about eight or ten times its natural size, and was perforated by a sinus, which had been discharging for four months, and which communicated with a large abscess in the interior of the organ. Upon October 26 I excised the gland, and upon making a section of it, a large mass of strumous deposit softening down, was seen to have been deposited in its centre, dilating the organ, which appeared as a mere shell, some healthy structure being visible around the mass. In the epididymis were also three distinct masses of the same material. The case is interesting from the early age of the patient; from the fact of the deposit occurring in the body of the testis as well as in the epididymis, and from the extent of the disease.

Dr. Peacock next exhibited

MICROSCOPIC DRAWINGS OF THE DEPOSIT IN A CASE OF APHTHOUS EXUDATION,

AND ONE OF DIPHTHERITE.

The drawings were executed by Mr. Tuffin West. 1. The first drawing represented the appearances in a specimen of aphthous exudation removed from a young man, 19 years of age, in the last stage of phthisis. He was taken during the hot weather of the summer, with a sharp, febrile attack, attended by sickness, vomiting, and diarrhœa, and complained of a sense of heat in the course of the œsophagus and stomach. The mouth, tongue, and fauces became covered by specks of white coloured deposit, which rapidly coalesced, forming a continuous coating fully an eighth of an inch in thickness. When this was removed the subjacent mucous membrane was found red, glazed, and excoriated, and the deposit quickly reappeared in the denuded surface. The deposit, when examined under the microscope, proved to consist of "buccal epithelium with the mycelium of a fungus interlacing in every direction among the cells, with sporidia forming in parts, and multitudes of free sporules." 2. The second drawing represented the appearance of the exudation in a case of diphtheria. It displayed "blood corpuscles," held together by a rust tinged matrix, with slight traces of fibrillation in places; small, granular.

Dr. Murchison presented a specimen of

SINGLE UNSYMMETRICAL KIDNEY,

taken from the body of a man, aged 45, who died of meningitis, in the London Fever Hospital, October 28, 1858. It occupied the usual site of the right kidney. In form and structure it presented nothing abnormal, but it was about twice the natural size, measuring 5¾ inches in length by 3¼ in breadth, and weighing 9½ ounces. A single ureter passed from it downwards to the bladder, opening into this viscus at the usual spot. On the left side, not a trace of kidney or ureter could be detected; and in the mucous membrane of the bladder, there was nothing to indicate the opening of a left ureter.

Dr. Murchison also exhibited a specimen of

CANCEROUS TUMOUR OF THE MEDIASTINUM, INVOLVING AND OBSTRUCTING THE SUPERIOR VENA CAVA.

This preparation had been obtained from the body of a man, aged only 20, who died in King's College Hospital, on the 23rd of October. The symptoms commenced about four months previous to death, with œdema of the face, neck, upper extremities and upper part of the thorax, but not affecting the abdomen or lower extremities; great enlargement of the superficial veins of the arms and trunk, those over the thorax being tortuous, those of the abdomen straight; blueness, and a sensation of numbness and coldness of the hands, but not of the feet; giddiness and lividity of the countenance upon making any exertion, and a sensation of choking in the throat. Careful examination of the chest at this time revealed nothing abnormal. The choking sensation disappeared after a few days, and the œdema after some weeks. The superficial veins, however, became larger, and those on the thorax more tortuous. Soon after this marked dulness was detected in the right infra-clavicular region, but no bulging, pulsation, or bruit. Vesicular breathing over this space was almost absent, and there was great diminution of the vocal thrill. Coarse mucous râles were audible over the

Digitized by Google

whole of the right lung, but not all over the left. At the same time, the patient began to suffer from spasmodic cough, orthopnœa, obstinate vomiting, and complete loss of voice. The expectoration was scanty, and exhibited nothing peculiar, except on one occasion a few specks of blood. The pulse at either wrist was equal, and the pupils equally dilated. Latterly he had violent fits of dyspnœa, with great lividity of the countenance. In one of these fits he died.

After death, a tumour was found in the upper part of the right side of the chest, corresponding to the dull space which had been observed during life. It exhibited to the naked eye, and under the microscope, the ordinary appearances of scirrhous cancer. It occupied for the most part the anterior mediastinum; but it also encroached considerably into the substance of the right lung. The following large vessels and nerves were involved in the morbid mass; the superior vena cava, and the termination of the two innominate veins; the innominate artery, and the commencement of the right carotid and sub-clavian; the right pulmonary artery; the termination of the vena azygos; the right pneumogastric, and both the recurrent nerves. The superior vena cava was almost completely obstructed, just allowing a crow-quill to pass through it, and the cancerous deposit had extended along the coats of this vessel within the pericardium almost to the heart. Two large nodules of the mass projected into the air-passages, one into the lower part of the trachea, another into the commencement of the right bronchus. The rima glottidis was normal. The right lung was condensed throughout and infiltrated with pus, and contained numerous small abscesses. The inferior vena cava, the vena azygos, and all the abdominal veins were much enlarged and distended with blood.

Mr. Spencer Wells then exhibited

TWO OVARIAN CYSTS;

OR, RATHER ONE TRUE OVARIAN CYST, AND ONE CYST OF THE BROAD LIGAMENT, OR OF THE WOLFFIAN BODY.

The true ovarian cyst was an enormous compound cyst, consisting of one very large cavity which had contained eight gallons and a half of fluid, and of a number of smaller cysts. The patient was 65 years of age, had suffered from the disease for twenty-six years, and had not been tapped until six months before her death, when thirty-six quarts of fluid were drawn off. Dr. Schulhof, who had attended the patient in the latter years of her life, had furnished Mr. Wells with an account of the case. He stated that "the first six months of the last year of her life she passed entirely in bed. Towards the close of that period defecation became more and more difficult. The girth of the abdomen was seventy-one inches. Dr. Lee declared it to be the largest case he had ever seen. The distention was so great that the passing of the catheter or the exploration of the rectum by the attending Surgeon became impossible." The cyst had been non-adherent, and the peduncle was long and narrow.

The cyst of the broad ligament Mr. Wells had found in the dissecting-room. It was lying between the uterus and rectum, and was about the size of an orange. It had been formed between the layers of the broad ligament, and was situated between the ovary and fallopian tube, the fimbriæ of the tube being expanded over it, and adherent to the cyst wall.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 5th inst. viz.:—

Bensley, Edwin Clement, Calcutta.
Brown, Robert Charles, Preston, Lancashire.
Durant, James John, Durant.
Freeman, William, New York.
Harrison, Alfred James, Belper, Derbyshire.
Mason, John Bridges, Richmond, Surrey.
Morkel, William, Cape of Good Hope.
Smith, Eustace, Leamington.
Squire, Alexander John B. York-gate, Regent's-park.
Wade, Charles Albany, Kidderminster.

At the same meeting of the court Mr. James McElroy Wallace, a licentiate of the Royal College of Surgeons of Ireland—diploma dated May 20, 1848—passed his examination for Naval Surgeon.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 28th ult.:—

Broomhead, George, Saxelby, Lincolnshire.
Duke, Allen Abraham, Chichester, Surrey.
Foster, John Frederick, Hartley Wintory, Hants.
Garner, John, Birmingham.

In addition five gentlemen passed their first examination.

Also on November 4th:—

Best, Frederick Warmingham, Carlisle.
Burkitt, Thomas Wood, Selby, Yorkshire.
Carne, Charles, Caledonian-terrace.
Crawfoot, William Miller, Beccles.
FitzMaurice, James, Christchurch.
Hett, Henry Nicholson, Brigg, Lincolnshire.
Pratt, Edward, Appledore, North Devon.
Watling, John William Henry, Liverpool.
Winkfield, William Benjamin, Bedford.

In addition four gentlemen passed their first examination.

DEATHS.

Bendz.—Professor Christian Bendz, of Copenhagen, has lately died of cancer of the liver.

Gensoul.—M. Gensoul, the distinguished practitioner of Lyons, has just died.

Latham.—On the 7th inst., at Upper Harley-street, John William Latham, M.D.

Thomas.—On the 5th inst., at Central-hill Villa, Norwood, Surrey, Henry Cornelius Thomas, M.R.C.S. Eng., 1851; L.M. 1854.

The Population of France in 1851 was 35,078,628; in 1856 it was 36,039,364.

New Medical Mayors.—Dr. Noble has just been elected Mayor of Leicester, and Dr. Falconer Mayor of Bath.

Dublin University.—The Provost and Senior Fellows have elected Dr. E. Perceval Wright as Lecturer of Zoology in the University. Dr. E. P. Wright is well known to the scientific world as director of the College Museum, honorary secretary of the University Zoological and Botanical Association, and as one of the editors of the *Natural History Review and Quarterly Journal of Science*.

The Paris Medico-Psychological Society.—The officers of this society for the year 1858—9, are—*President*, M. Cerise; *Vice-President*, M. Maury; *Secretaries*, MM. Brierre de Boismont and Loiseau; *Treasurer*, M. Brochin; *Publication Committee*, MM. Trélat, Delasiouve and Michéa.

A Good Example.—The Prefet of the Seine Inférieure, upon the application of M. Morel, has agreed to allow an annual sum of 400 francs to the Asylum, St. Yon, towards the foundation of a museum of pathological anatomy, and a library containing the works and periodicals relating to psychological medicine.

Discussion on Croup at the Académie de Médicine.—M. Trousseau has just presented an elaborate report adverse to M. Bouchut's proposition of passing a tube into the trachea in croup. In this he has raised the question of his favourite operation of tracheotomy, and a discussion upon its merits has commenced. When it has terminated we shall furnish an abstract.

Sharp Practice with Medical Legists.—Drs. Corazza and Forina, Physicians of the Genoa prisons, having had to inquire into the mental condition of a prisoner convicted of murder, declared him responsible for his actions. Learning afterwards that his mother had been epileptic, a fact which had not been communicated to them, they besought the magistracy to postpone the capital punishment until they could take the new facts into consideration. They were, however, at once dismissed from their posts.—*Echo Médicale Suisse.*

Digitized by Google

ROYAL ZOOLOGICAL SOCIETY OF IRELAND. — At a meeting of the council held on Saturday, the 6th instant, D. J. Corrigan, Esq., M.D., Physician in Ordinary to the Queen in Ireland, was unanimously elected President of the Society, in the room of the late Sir Philip Crampton, Bart.; Dr. Benson was chosen Vice-President in the room of Dr. Corrigan, and Captain Leach, R.E., was unanimously selected to fill the place in the council left vacant by the foregoing changes.

TESTIMONIAL TO DR. BROWN, OF SUNDERLAND.—Two hundred subscribers having raised £935 to present Dr. Brown with a testimonial of their "esteem, regard, and veneration, not only of his private character, but as a citizen and a man," an address, an inkstand, and a purse of gold, were presented to him at a public meeting last week. Such events as these are encouraging to the whole Profession. Hard work meets with appreciation and reward.

PAINLESS DENTAL SURGERY. — The following are the conclusions of Dr. J. Smith, Lecturer on Dental Surgery at Surgeons'-hall, Edingburgh:—1st, That the application of narcotic and other substances to the unbroken surface, or even their injection into the tissues, has as yet failed to render tooth extraction painless. 2nd, That freezing, from the want of uniformity and uncertainty in its action, and the difficulty of its application, is also inadequate for this purpose. 3rd, That electricity, applied in any way yet practised in dentistry, is not an anæsthetic; and that any apparent effects of this nature are due to causes quite apart from any such quality in that agent itself.

UNIVERSITY OF EDINBURGH.—The Senatus Academicus of the University of Edinburgh met on the 3rd inst., for the election of a representative to the Medical Council. Professor Syme and Professor Balfour were nominated, and the result of a lengthened discussion and a division was that the former was elected by a majority of one. The Universities of Aberdeen, who are conjoined with that of Edinburgh in electing a representative, had previously elected Professor Syme, and, had the University of Edinburgh made another choice, it would have devolved on the Home Secretary to decide between the persons nominated.

UNIVERSITY COLLEGE, LONDON.—The Council held their first session for the academical year on Saturday last. On the report of the Faculty of Medicine, the Longridge prize of £40 for general proficiency in Medicine and Surgery was awarded to Mr. Felix Henry Kempster, of London. Notice having been received of the payment of Mr. Atkinson Morley's legacy of £5000 for the foundation of scholarships in Surgery, a resolution was passed referring to the Faculty of Medicine to prepare a scheme of examination for consideration. Mr. George A. Ibbetson was appointed a lecturer on Dental Surgery at the College, and Surgeon-Dentist to the Hospital.

A MODEST HOMŒOQUACK.—At the Congress at Toulouse a M. Castain read a paper on "The Parallel between Allopathy and Homœopathy;" and wound up thus: "These propositions thus laid down enable us to declare that official medicine has neither principles, nor faith, nor laws." Hereupon he was requested to take his departure, as an individual who had insulted grossly the Medical body of the Congress; but he knew his value and would not stir, though energetically appealed to by the President. The Congress therefore changed the subject.

PRIZE QUESTIONS.—The Imperial Society of Medicine at Lyons offers a prize of 700 francs for the best essay on the following subject. The memoirs to be forwarded to M. Diday, No. 5, Rue des Celestins, Lyons, before October 1, 1859: — "The chronic form of cerebral ramollissement. Dwell upon its diagnosis and etiology. Examine whether it has increased in frequency of late, and if so, point out the conditions which may explain this circumstance in its history. Finally, establish its nature and treatment."—The Imperial Society of Medicine, at Toulouse, offers 300 francs for the best essay on Paralyses without appreciable organic lesions. Essays to be sent to the Secretary before January 1, 1859.

"TRACHEOTOMY well performed and badly treated is invariably fatal; but badly performed and well treated it succeeds in a third of the cases," says M. Trousseau. "The wound," he says, "ought to be defended by plaster, in order to prevent its edges being injured by the borders of the canula. A woollen cravat ought to be passed three or four times loosely around the neck, so as to absorb the heat and moisture requisite for the air entering the lungs; otherwise the mucus in the trachea dries up too rapidly, and so inflammation of it is excited. The edges of the wound ought to be cauterised to prevent them taking on a diphtheritic covering; rub the caustic in well the day after the operation at latest. Children operated on must be made to eat; insist on this. Despite the fever, prescribe milk, eggs, chocolate, cream, etc. As deglutition is very difficult with children, the best thing is to remove the canula as early as possible. In the angina of diphtherite the canula may be removed on the sixth to the ninth day; but sometimes it must be left for months or years. Blisters must never be used in diphtherite; they only add another complication."

"M. JACUBOWICHT," says M. Flourens, "has been enabled to separate the elementary structures of the three orders of nerves in nervous substances prepared by chromic acid. He has shown that the nervous filaments of movement end at last in the stellate nerve cells; that the fusiform cells give off the nerves of sensation; and that the filaments of the great sympathetic proceed from oval cells. Since this demonstration there has been much discussion among anatomists as to whether these elements are or are not enveloped in membranes. M. Jacubowicht has decided the question. When thin layers of nervous matter are soaked in an aqueous solution of carmine, the nervous elements are seen to take a rose tint in a very short space of time; and what is remarkable, is that the cells themselves become coloured, but not the membrane which encloses them. Hence then its existence cannot be doubted. The same preparation applied to nervous filaments shows that they also are contained in a membrane. M. Jacubowicht has also discovered that the fusiform cells—the origin of nerves of sensibility—send small prolongations to the stellate cells of movement."—*Acad. des Sciences.*

TESTIMONIAL TO PROFESSOR HELMHOLTZ.—Some of the most distinguished of the German ophthalmologists have resolved upon an annual meeting to last for a few days, in order to commemorate the results of any discoveries and observations that may have been made during the past year. The second meeting has taken place this year at Heidelberg, lasting for three days; and, on the proposition of Professor von Graefe, of Berlin, it was resolved to invite M. Helmholtz, recently appointed professor of physiology to the Faculty of Medicine at Heidelberg (who was not a member of the society), to be present at the meetings *honoris et scientiarum causâ*, and to take that opportunity of presenting him with a testimonial of their esteem and gratitude as the inventor of the ophthalmoscope. This latter object was carefully kept as a secret from him, and M. Helmholtz took an active part in all the proceedings, little suspecting that the final stage consisted in the presentation to him of a splendid silver vase, bearing a suitable inscription and the names of the fourteen donors, among whom were some of the most celebrated ophthalmologists in Europe, such as Graefe, Donders, H. Müller, Hess, Ohlenschlager, Pagenstecher, etc.

PROSECUTION OF MEDICINE VENDORS IN FRANCE.—The Tribunal of Correctional Police, on Saturday last, tried a man named Deroide, for the illegal exercise of Medicine. It was proved that he had invented a pomatum and a lotion, which he pretended would cure all sorts of maladies, even those which science declares incurable; and that he had for money undertaken the treatment of several sick persons by means of these remedies, some of whom had died under his hands. "But I have really made a most important discovery," cried the man after the charge had been stated; "by means of it I have cured hundreds of persons, and, in order that further good may be done, I am ready to communicate my marvellous secret to the Academy of Medicine!" It was added that various prescriptions for different maladies had been written by the man, and that they were truly burlesque—one, for example, was to burn a hedgehog and to mix the dust with bear's grease; another remedy was made of snails and pounded oyster-shells; and a third of unripe nuts. The tribunal fined the man 216f. A man named Bard, a locksmith, of the Rue Mogador, was afterwards tried for a similar offence, and it was proved that he had sold an ointment which he pretended was an infallible cure for all manner of complaints, and had thereby duped a

Digitized by Google

great number of persons; but that not only was his remedy worth nothing, but it made the sick who applied it worse than they were, and there was even reason to believe that it had hastened the death of a child. He was fined 500f. The tribunal afterwards condemned one Lassouge, of the Rue Buffon, to 100f. fine for a like offence; and an apothecary named Chaule, of the Rue du Commerce at Grenelle, 500f. for having prescribed for various persons, and amongst them two children, who died.

LORD SHAFTESBURY ON PREVENTABLE DISEASES.—"It is a matter for deep and solemn consideration, when we are told that the preventable mortality in this country amounts to no less than 90,000 a-year. Let us say 40,000, that is, four lives an hour. We may be told these things are but in the course of nature, and we ought not to interfere; on such we will turn our backs. We may be told these things are costly; but we may safely answer that it is disease that is expensive, and it is health that is cheap. There is nothing economical but justice and mercy towards all interests, temporal and spiritual, of all the human race. I have also heard it said that we ought to trust a great deal more to spiritual appliances, and that we ought not to think so much of the perishable body. My answer to that is, that spiritual appliances, in the state of things to which I allude, are altogether impossible. Make every effort—push them forward—never desist—lose no moment; but depend upon it that in such a state of things you will, in the end, be utterly baffled. But when people say we should think more of the soul and less of the body, my answer is, that the same God that made the soul also made the body. It is an inferior work, perhaps, but nevertheless His work; and it must be treated and cared for according to the end for which it was created—fitness for his service."

DOCTORS' FEES AT RENNES.—The Doctors at Rennes have in general council decided their price. They argue that all classes cannot pay alike; therefore, society at Rennes must be divided into four parts. 1. The rich class, chefs d'administration and Sous-chefs, bankers, proprietors in a large way, high functionaries. 2. People of easy circumstances, commercial individuals, little proprietors, employés, etc. 3. People less easy in circumstances, of same class as last lot, but less well to do. 4. The labouring classes. The fee for No. 1, during day time, is to be 3 frs.; for No. 2, 2 frs.; for No. 3, 1 fr. 50 c.; for No. 4, 1 fr. Consultations are put at 10 frs. a-head, be the number of doctors ever so great. A night's attendance, 15 frs. Operations are charged for extra. Accouchements of the first order are put at 100 frs., and 3 frs. extra for vaccination. What we are curious to know is, how our honourable *confrères* at Rennes are to sort the individuals who form these classes; how they are to get at the private circumstances of individuals. Also we are surprised that our old friend, L'Ouvrier, is put at so high a figure, 3 frs. fee for Rothschild, and 1 fr. fee for a poor weaver do not seem well arranged.

THE QUEEN'S HOSPITAL, BIRMINGHAM, MEDICAL APPOINTMENTS.—We learn that Mr. Sands Cox, after mature and anxious deliberation, acting on the advice of some of the warmest and steadiest friends of the College and Hospital, and in accordance with suggestions from the highest legal authority, will, in his place as Principal, put on the College books, at their next meeting, the following amended bye-law in reference to the election of the medical and surgical staff:—"Whenever any vacancy occurs in the Medical or Surgical staff of the Queen's Hospital, an advertisement, inviting candidates to supply such vacancy, shall be inserted once at least in each of the following newspapers, namely, ... and such advertisement shall require every candidate to transmit to . . . the originals, and to every member of the Committee of Council of the Queen's Hospital a printed copy of his testimonials, and shall also contain a copy of the following rule:—'Any candidate who, either personally, or by any other person, or by letter, or in any other manner whatsoever, shall solicit the vote or interest of any member of the Committee of Council of the Queen's Hospital, or of the Council of Queen's College, shall be ineligible for election, and if elected, and the fact of such solicitation be proved within . . . . months afterwards, to the satisfaction of the Council, they shall, at a special meeting called for the purpose, rescind such election, and proceed as in the case of a new vacancy. The Committee of Council of the Queen's Hospital shall consider the said testimonials of the candidates, and report to the Council, on the day fixed for the election, the names of such two at least of the candidates who are both qualified and eligible, and who are, in the opinion of the Committee of Council, best fitted to fill the vacancy; and in such report shall specify the grounds of such opinion, particularly as to age, education, and practical experience; and such one of the candidates so reported to be best fitted as shall obtain the votes of the majority of the Council, shall be thereby elected to fill the vacancy."—As a matter of course, the Medical and Surgical staff will be invited to confer with the Hospital Committee on the merits of the respective testimonials.—Should the bye-law be carried in Council, it will come into operation previously to the appointment of a Physician in the place of Dr. Birt Davies, resigned.—*Aris's Birmingham Gazette.*

NORFOLK AND NORWICH MEDICAL REGISTRATION ASSOCIATION.—An important meeting of Medical gentlemen was held at the Norfolk and Norwich Hospital, on Thursday, November 4, convened by circular, "for the purpose of taking into consideration the best mode of aiding the General Council in carrying out the objects of the new Medical Bill with reference to the registration of qualified practitioners." Dr. Ranking was called to the chair, and there were about sixty other professional gentlemen present. On the motion of Mr. Nichols, seconded by Mr. Dix, it was then resolved, "That an Association be formed of the Medical Practitioners in Norwich and the adjoining districts, to be called the Norfolk and Norwich United Medical Registration Association." Dr. Copeman, in moving the next resolution stated what he apprehended would be the effect of the Act—that it would be a death blow to those who practised without diplomas at all and to those who depended solely on diplomas which had been purchased; and care must be taken that none of these got on the register by a side-wind. He moved "That the object of this Association be to render every assistance to the Medical registrar, and to supply him with information respecting the qualification of Medical men practising in this town and neighbourhood." After some resolutions as to details of organisation Mr. Day proposed "That any member of the Profession wishing to become a member of the association shall hereafter be proposed, seconded, and balloted for—the objection of one-fourth of the members present to be fatal to his reception." Mr. Morgan said, that politically, he was an advocate for the ballot, but he thought that a body of gentlemen such as they professed to be, should have the manliness and straightforwardness to exclude any objectionable applicants openly; and he would move as an amendment, that the voting be open. Dr. Ranking expressed an opinion that the best way would be not to mince the matter, but to resolve that no man should be admitted who practised the homœopathic quackery. A gentleman asked whether if they excluded homœopathic practitioners they should not also exclude all who met them, and thus give them the countenance of their assistance. Dr. Ranking replied that that was opening a great question, which it was scarcely for that meeting to decide. Undoubtedly they must limit the association to those legally-qualified men who practised legitimately, to the exclusion of quacks of every kind; but certainly those who countenanced quackery in any way were scarcely fit to associate with. Mr. Morgan's motion was then put and negatived by a large majority, and Mr. Day's motion was declared carried. A vote of thanks to Dr. Ranking for presiding brought the proceedings to a close.

DELIVER YOUR BILLS.—An important Medical case was tried at Westminster, on the 5th inst. before Mr. Justice Crompton and a jury, which so clearly and strongly shows the great imprudence of delay in delivering bills for Medical Professional services, that we are induced specially to call the attention of our readers to a custom which with many persons is not uncommon. The action was brought to recover the specified amount of charges for attendance upon, and medicines furnished to the defendant and his family, between the years 1851 and 1857. The plaintiffs were the executors of a Medical Practitioner named Langley, who had recently died. The defence to the action being that, the bill, which was sent in during Langley's lifetime, had been already paid and receipted. It appeared that the defendant, before the account was presented, had actually paid various sums to Langley, and that he and Langley, after its delivery, had met and come

Digitized by Google

to a settlement of accounts between them, when, as alleged by the defendant, it was found that Langley owed £40 to the defendant. For this sum Langley gave his I O U, and also wrote a receipt at the foot of the bill. The signatures to the above documents were, however, disputed by the plaintiffs; and the material question at issue in the cause was, whether or not Langley had signed the I O U and receipt. On these litigated points the jury, after being confined for several hours, found for the defendant. There were other questions in the cause, relating to attendances subsequent to giving the receipt, and respecting which the defendant had paid £5 14s. into court; but this sum the jury thought insufficient, and gave the plaintiffs a verdict for 20s. damages. This instructive case strongly illustrates the great imprudence of Medical Practitioners unnecessarily delaying to send in their accounts for Professional services. During six years prior to 1857, no bill, it appears, had ever been delivered by Langley. He then died, and the plaintiffs—his executors—had much difficulty in making out their case. The defendant was also greatly to blame for not insisting sooner upon a settlement in reference to the charges made against him by Langley. Now let us briefly consider, for one moment, what the result of all this misplaced delicacy in sending in, or in asking for, the delivery of a note of Professional charges, has actually proved. A learned judge, four counsel, two attorneys, twelve sworn jurymen, besides clerks and other officers of court, and a numerous host of witnesses on both sides, were all severally occupied during many consecutive hours, in carefully investigating matters of law and fact, respecting which, the evidence, from the great lapse of time, was of so much uncertainty that the jury could not agree, and were, therefore, remained locked up for several hours before they were able to settle their differences and deliver a verdict. Witness upon witness were called, who apparently contradicted each other; whereby the different parties litigant became involved in, to say the least, much vexatious trouble, and very considerable expense, all which consequences would have been effectually spared, in the present instance, had Langley only sent in an account immediately after his professional services were rendered. We would, consequently, strongly urge on Medical practitioners the essential importance of always making the early delivery of their accounts an ordinary matter of business. They will find this mode of proceeding invariably promotes the speedy settlement of every professional claim, and instead of occasioning unpleasant dissension among the parties interested, it would have, on the contrary, a strong tendency to draw closer that feeling of good will and confidence which ought always to prevail between a Medical practitioner and his patient.

Coventry Provident Dispensary.—At a late meeting at Coventry, Mr. M'Veagh read the following testimonial signed by himself and the other Medical officers of the Dispensary:—"We, the undersigned Medical officers of the Coventry Provident Dispensary, desire publicly to express our high sense of the self-supporting principle as applied to the wants of the working classes in sickness. We earnestly and confidently recommend this invaluable system to the serious notice of our Medical brethren throughout the country. Wherever it is properly established, it thrives—it must thrive, for it regards the best interests, both of the working classes and the profession; of the former, because it is a great saving of expense, and obviates the temptation to run into debt or into the humiliating alternative of seeking gratuitous Medical aid. Moreover, it is a provision against their falling into the hands of ignorant and unqualified persons. It raises the status of our profession by abolishing the sale of drugs and lapsing the private club practice into a public institution. The fact of the Medical officers having private practices of their own, ought to be sufficient argument against the accusation that ineligible persons are admitted to benefit. The free members comprise clubs, and those who else would resort to the Union or gratuitous advice. Every Practitioner must confess that this latter system is open to great imposition, and that at the present day in our cities and towns it is quite uncalled for, except at the Dispensaries attached to our public Hospitals. Provident or self-supporting Dispensaries are a direct source of emolument to the Surgeon in proportion to the zeal and ability he displays in the exercise of his duties. They command extensive fields for practical experience—the only true road to public success; they lighten the work for our underpaid Union Surgeons, by enrolling many who would otherwise have to resort to the parish; they calmly challenge any valid objection on the part of the public or the profession." The following is a sketch of the progress of the Institution:—"The Coventry Provident Dispensary was established in 1831, the principal persons taking an active part in its formation being the Rev. Dr. Hook, the late Mr. Richard Bury, the late Mr. Wilmot, the late Mr. A. Herbert, Mr. George Eld, Mr. Joseph Cash, and other gentlemen. The free members pay one penny per week each; but threepence a family includes all under seventeen years of age. The amount so received is called the Free Fund, and is divided into three parts; one part is carried to the Honorary Fund, and two parts are divided amongst the surgeons. The Honorary Fund is supplied by the payment from the Free Fund and by the honorary subscriptions. Out of this fund all the expenses of the Institution are paid, including drugs; thus, it will be seen, the surgeons have no interest in not giving expensive medicine. On the establishment of the Institution, it was expected that an honorary subscription of £200 would suffice for the wants of 2,500 members. In the twenty-seventh year of the existence of the Institution, honorary subscriptions to the amount of £66 were found quite sufficient for the support of the institution, which then numbered 5,000 members. In 1857, the honorary subscriptions amounted to £66 15s. 6d., and the contributions of free members to £749 3s. 6d. The sum of £491 18s. 1d. was paid to the surgeons, and the cost of drugs was £151 1s. 1d."

Sanitary Improvement at Ely. — Following the waters of the hills of Buckinghamshire down through the fens we arrive at Ely. Here a remarkable example is found of the salutary effects of simple sanitary measures, of which every town in the kingdom may have the advantage. Ely stands, with its lofty cathedral, on one of the old fen islands. It is a small city of 6176 inhabitants (in 1851), and is in the neighbourhood of the low lands, where the great systems of modern embankments and draining were commenced by Vermuyden, one of Cromwell's colonels of horse. The Bishop of Ely in ancient times went in his boat to Cambridge. And the country around, like all our old marshes, is still imperfectly drained. The atmosphere has therefore no natural advantages. The Public Health Act was introduced in 1851. The Ely Board of Health was founded. They set on foot two great works; one for supplying the town with water, the other for carrying off that water through every house clear out of the town. The public works were completed at the end of 1854; and the houses were gradually connected with the public sewers, leaving, however, at the end of 1857, 200 in 1200 houses out of connexion. Mr. Marshall, the superintendent-registrar of the district, in an able paper shows the result of this great experiment. In the seven years (1843-49) before the Public Health Act was in operation, the mortality was at the rate of 26 deaths annually to every 1000 living; in the seven subsequent years (1851-57), when the sanitary measures were only partially carried out, the mortality fell down to the rate of 19 deaths annually to every 1000 living. The mortality in the last two years (1856-57) was at the rate of 17 in 1000. In the same periods the surrounding rural parishes underwent some improvement; but the improvement of the city has advanced so much more rapidly that its mortality was in the last two years 4 in 1000 less than the mortality of the surrounding country. The young people under the age of 35 have enjoyed remarkable immunities from disease, and the benefit will be transmitted to succeeding generations. The two chief sanitary works which have been completed are the introduction of water taken from the river of inferior quality, and the destruction of 4000 cubic yards of cesspools,—nearly four yards to each house. The surveyor, Mr. Burns, exclaims with justifiable pride, "There is still a number of cesspools remaining, and the sooner they are done away with the better. After this is done, I may truly say that I found Ely a city of cesspools, filth, and sickness; but I shall leave it a city of drains, health, and cleanliness, and that is something to be proud of." Yes, Mr. Burns, you may well be proud of your work. Pau, in the Pyrenees, to which British invalids still resort for health, experienced a mortality of 28 and 23, when you had reduced the mortality of Ely to 17 in 1000.—*Registrar General.*

Digitized by Google

NATURE AND ART IN DISEASE.—The following remarks are from a very able address by Mr. Browne at the first meeting this session of the Belfast Clinical and Pathological Society:—"There cannot be a question that nature uninterfered with by drugs and having fair scope for the exercise of her innate sanative power, will, especially in many acute diseases, overcome the morbid perturbations of the system, restore the normal functions, and bring about that comparative state of the body which we denominate healthy. But how seldom is it that nature has this fair play—this requisite, uninterrupted exercise of the restorative functions! Few, if any of the sick, are so circumstanced that they may not be said to be placed in a condition unsuitable, in many respects, for the wholesome action of the *vix medicatrix naturæ*, and this may arise from necessity, ignorance, or the pseudo-Medical knowledge of the patient or friends. Take, for instance, a case of measles, scarlet, or ordinary fevers, and see how much necessity, ignorance, or pseudo-Medical skill may complicate the complaint, and retard, if not entirely nullify the efforts of nature to shake off the disease. Then it is that the first display of the curative powers of the Medical art comes into operation. The experienced Physician at once sees what it is that interferes with the natural progress of the malady. Necessity in one case compels the unhappy patient to be in a low, damp, badly-ventilated situation, without nourishment or without the means of cleanliness; ignorance, in another case, excludes the light and air, and heaps on loads of bedclothes, and pours down floods of warm drinks; while, in a third case the pseudo-medical knowledge of the patient or his friends employs all the domestic remedies, from a teaspoonful of sulphur to a glass of whiskey punch, or from the hot posset, drugged with saltpetre, to the cold and nauseous draught of Epsom salts. Now, what are the curative means which the experienced physician first employs in the instances I have just related? He merely vindicates the rights of outraged nature. He removes the first case into a pure, dry air, administers proper nutriment, gives a cleansing bath, and supplies fresh linen; in the next, he admits a due supply of light, ventilates the apartment, reduces the clothing, forbids the tepid inundations, and allows the use of pure cold water; while, in the third, he employs similar conditions, and strictly excludes every portion of previous domestic drenching. Having done so, he quietly watches the progress of his cases, and, in almost every instance, he finds that he has done all that art requires him to do; nature accomplishes the rest. Yet, in all these instances, though he never has exhibited a single drug, will any reasonable man say, that by his knowledge of Medical science, he has not accomplished all that could have been done—namely, by having put his patients in the right road to recovery, the disease has been cured? Nay, more, has he not thus simply proved the first principles of the curative power of Medical art, by his having removed the impediment which obstructed nature in her struggle with disease?"

THE PARISIAN CONFRERE, AS DEPUTY-PHYSICIAN.—"To go away and trust your patients to a confrère, is to furnish a dangerous opportunity to one of the crying appetites of the day. I rather would shut my door, and tell the porter to say I was absent, than recommend my patients to a confrère. If the case is not urgent, they will wait till I return; if they will not wait, hazard perhaps will serve them worse than I should by handing them over to a confrère, whom they will appreciate less than they do me. The chosen confrère who supplies my place is sure to make himself very amiable, very attentive, *empressé* and *prévenant*, out of esteem and affection for me. He will discover that he has a conquest to make, and he will use his best means to gain it. An illustrious Doctor, who lived at the beginning of this century, was wiser. He lived in grand style, and every year took two good months' vacation. And what sort of a man did he leave as his substitute? He himself was an 'elegant' man of the world, spiritual, lettered, catholic, or pretending to be so; all his clients were people of the Court, noble dames, and bishops; and he chose for his substitute a very worthy confrère, to whom all the world did justice, but one who was timid, reserved, careless of dress, abrupt in his address, and but little of a Voltairien. The contrast was striking, and we may guess to his profit."—*L'Union Médicale.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 6, 1858.

BIRTHS.

Births of Boys, 890; Girls, 916; Total, 1806.
Average of 10 corresponding weeks, 1848-57, 1685.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	609	608	1217
Average of the ten years 1848-57	520·0	507·7	1027·7
Average corrected to increased population	...	...	1130
Deaths of people above 90	...	...	...
Deaths in 15 General Hospitals	26	15	41

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	8	15	1	3	6
North....	490,396	..	9	40	14	4	7
Central ..	393,256	1	17	18	6	3	6
East	485,522	1	4	29	6	6	12
South	616,685	1	9	36	11	3	9
Total..	2,362,286	3	42	138	38	19	40

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·212 in.
Mean temperature	43·3
Highest point of thermometer	50·45
Lowest point of thermometer	28·2
Mean dew-point temperature	39·2
General direction of wind	N.E.
Whole amount of rain in the week	0·03 in.
Amount of horizontal movement of air in the week ...	345 miles.

BOOKS RECEIVED.

Fragmentary Remains, Literary and Scientific, of Sir Humphry Davy. By John Davy, M.D., F.R.S. London: 1858.

The Microscope, and its Application to Clinical Medicine. By Lionel Beale, M.B., F.R.S. Second Edition. London: 1858.

An Introduction to Clinical Surgery. By Furneaux Jordan. London: 1858.

Syllabus of a Course of Lectures on Medical Logic. By F. Ogston, M.D. Edinburgh: 1858.

Diseases of the Urinary Organs. By W. W. Morland, M.D. Philadelphia: 1858.

Observations on the Report of the Commissioners of Lunatic Asylums, Ireland. By J. Nugent, M.D. Dublin: 1858.

What is Congelation? By R. E. Harrison. London: 1858.

Stricture of the Urethra. By John Harrison, F.R.C.S. Second Edition: London: 1858.

Hints to Craniographers. By J. A. Meigs, M.D. Philadelphia: 1858.

Muspratt's Chemistry. Part 46. Glasgow: 1858.

On Nervous Disorders and Nervousness. By J. T. Banks, M.D. London: 1858.

Lettsomian Lectures on Syphilis. By Victor De Méric. London: 1858. (A Reprint of Lectures delivered at the Medical Society of London.)

Observations on Diphtheritis. By Willoughby F. Wade, B.A., M.B. London: 1858.

Theory of Consumption. By Dr. M'Cormac. London: 1858.

Proceedings of the Dublin University Zoological and Botanical Association. Dublin: 1858.

A Letter on the Hospital and Lunatic Asylum, Kingston. By L. Bowerbank, M.D. Kingston, Jamaica: 1858.

The Tax upon Paper. London: 1858.

The Motor Nerves of the Muscles. By R. Hughes, M.R.C.S. London: 1858.

On the Scientific Vocation. By F. W. Headland, M.D. London: 1858.

Bodily Exercise. By T. Hopley, F.R.S. London: 1858.

Reports on the Sanitary State of the Hackney District. By J. W. Tripe, M.D. London: 1858.

Cholera and Epidemics. By J. M. Honigberger. Calcutta: 1858.

On Chloroform and its Safe Administration. By W. M. Coates, M.R.C.S. London: 1858.

Digitized by Google

TO CORRESPONDENTS.

Mr. Roberts's case of Poisoning by Corrosive Sublimate shall appear.

Mr. Byrne.—Certainly.

Dr. Hillier's letter is unavoidably delayed until next week.

Mr. Hockley's communication arrived too late for insertion this week.

Caution should procure our Student's Number and read the Act.

One who was in the Theatre and saw the Actors.—Many thanks, but we have no wish to continue the subject.

Austriacus should make an application to the Council of the College of Surgeons. In all probability he would be admitted at once to examination.

Mr. Henry Smith's reply to Dr. Gourlay is in type, but is unavoidably postponed until next week.

An Anxious Inquirer, T.H., A Graduate, and several others who have written about the election of the representative of the University of London, are informed that such letters could only be published with the real signatures of the authors.

W.O.M.—A question lately asked by one of our Correspondents, W.O.M., viz. whether the cerebral symptoms which arose in certain cases of cerebral rheumatism treated by large doses of quinine, might not have been caused by the remedy—has been lately brought before the Medical Society at Paris. M. Ottenburgh suggested that cerebral rheumatism was an unknown disease before the days of Quina. He can find no account, he said, of the disease in former times.

Medical Men.—County Magistrates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reply to your notice last week, I beg to state that Dr. Gordon, formerly Physician to the London Hospital, and Sir Benjamin Brodie are magistrates for Surrey, Dr. Carlyon, formerly senior Physician to the Cornwall Infirmary, and Fellow of Pembroke College, Cambridge, and Mr. Coulson, Surgeon to St. Mary's Hospital, are magistrates for Cornwall. Mr. W. Pryce Michell, retired Surgeon, Tavistock, is in the commission of peace for Devon and Cornwall, but acts only for Devon. Dr. Sutton, Greenwich, is a magistrate for Kent. Mr. Propert is magistrate for a Welsh county. I believe that Dr. Bisset Hawkins is magistrate for Wiltshire or Dorsetshire. There are many Medical men in large practice who are borough magistrates, and by their conduct and position elevate our Profession. In the magistracy they rank, however, lower than county magistrates, and have a different jurisdiction. Sometimes the same person is a county and borough magistrate. I know an instance of this kind, but not in a Medical man. I am, &c. F.R.S.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I notice in the Notices to Correspondents you wish to know the names of Medical men in the Commission of the Peace.

In the division of Ormskirk, in the county of Lancaster, of which I am Clerk, there are two,—

Thomas Mather Ashton, M.D., of Ormskirk.
Peter Wood, M.D., of Southport.

Ormskirk, November 6, 1858. I am, &c. W. H. Wisby.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to your Notices to Correspondents, intimating your desire to be made acquainted with the names of Medical men in the Commission of the Peace for counties in this country, I beg to inform you that the only Medical man who is a magistrate for Leicestershire, is Sir A. B. C. Dixie, Bt., of Bosworth-park, Market Bosworth. He is an M.D., but I cannot say whether he has ever practised his Profession.

I am, &c. John Sloane.

The Infirmary, Leicester, November 6, 1858.

Todd's Cyclopædia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On referring to my copy of the Cyclopædia of Anatomy and Physiology for some information on the subject of the Development of the Embryo, I find to my astonishment that the subject is not treated of, because as Dr. Allen Thomson observes (a), it would have been difficult and troublesome to write upon. Now, as the only compensation to those who (like myself) have taken in Dr. Todd's very expensive and tardily published Cyclopædia, is, that they shall possess a *complete* work at last, I beg to ask Dr. Todd whether this sort of non-completion of an article on a most interesting and important Physiological subject contents him. It assuredly does not content me. In fairness to his so long patient subscribers, the omission ought to be supplied in the appendix. I am, &c.

Nov. 6, 1858. M.D.

Etiquette in Consultation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It has been with me an invariable rule for twenty years past not to take up from the table a written prescription by a Physician in consultation, without my initials being placed in a line with his. I read it, plainly tell him of it, and leave it; and in one instance where a M.D., my junior, would not allow me to place my initials or do so himself, I looked it over and then threw it into the fire. In a general sense if Physicians would show General Practitioners more courtesy, they would pocket more fees. I am, &c.

A Country Surgeon.

(a) End of article "Ovum."

The Average Duration of the Treatment of Stricture after Syme's Method.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I find on looking over the table in your last furnished by the Interne of the Edinburgh University Surgical Wards, that the average stay in Hospitals of these cases is forty days. In making this calculation I remove case five, in which evidently two operations have been performed. As no particulars are given, it is impossible to look upon it as equivalent to the others, therefore, in any general deduction it must be removed. The true period of stay in the Hospital ought, however, to be calculated, not from the date of admission, but from that of the operation. For this reason, that from the moment the operation is put in force the case passes from the range of ordinary stricture cases, and the time intervening from that moment to the termination cannot be deemed equivalent to the days passed before the operation under other treatment or none at all. In the case of a stricture which defies all the old methods of cure, and in which, as a last resource, we have recourse to Syme's method, the case statistically should be looked upon and registered as a "dismissal," then readmitted from the day of operation. It is manifestly absurd to calculate the stay in hospital and duration of treatment in Syme's method from any period previous to the day of operation. Yet this has been done by some men and believed in by more. As well estimate the average of days following ligature of the femoral, from massing a number of cases previously submitted to Valsalva's method, compression, etc. etc., with others, in which no depressing or otherwise injurious treatment, second ligature had been tried. Even estimated in this manner, the result of Dr. Gourlay's table is highly satisfactory, for it shows an average stay of less than six weeks. If the calculation be made from the day of operation to the date of cure it will be found that the duration of the treatment does not exceed thirty-one days. The longest stay in hospital after the operation was forty-eight days, the shortest fourteen. I am, &c.

Nov. 9, 1858. L.A.M.

COMMUNICATIONS have been received from—

Professor Simpson; Mr. Wilde, Dublin; Dr. Figg; Dr. Radcliffe, Hull; Mr. Bryant; Dr. Williamson, Aberdeen; Dr. Hillier; Mr. Sampson, Southampton; Mr. Coates; Mr. J. Moore; Mr. Sedgwick; Mr. Blackwood; Mr. Mason; Registrar General; Dr. Devenish; Dr. Baines; Dr. Whyte; Mr. W. Fraser; Dr. E. Wright: Mr. G. Harrison; Mr. Garlike; Mr. C. E. Shaw; Mr. W. Young; Mr. Killick; Mr. Marchant; Registrar General, Edinburgh; Mr. Hockley; Mr. Pope; Mr. Lovegrove; Dr. Junker, Trieste.

APPOINTMENTS FOR THE WEEK.

November 13. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

15. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. R. Barwell, Esq. "On the Hysterical Affection of Joints."

16. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society. Council, 7 p.m.; Meeting 8 p.m.

17. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Hunterian Society, 8 p.m. Mr. Solly "On Partial Amputations of the Hand."

18. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harvеian Society of London, 8 p.m.

19. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m.—Mr. Milton. "On the Treatment of Primary Syphilis."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Lithotomy; Excision of Knee-joint; Hare lip. By Mr. Fergusson. For Necrosis of Tibia; Fistula in Ano. By Mr. Bowman.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock.

For Varicose Tumour of Arm, by Mr. Holt. For Cataract and Varicocele, by Mr. Holthouse.

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; Lecturer on Midwifery at the School; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

Lecture I.

Gentlemen,—To enable you the more readily to understand the changes which the uterus undergoes after impregnation, let me briefly recapitulate some of the points we have previously discussed, and place before you the physiological events connected with commencing pregnancy in the order of their occurrence. You will remember that I have already described to you the structure of the ovary, and pointed out that it is crowded with small closed follicles, termed Graafian vesicles, and that it has many characteristic resemblances to secretory glands in other parts of the body. Unlike other glands, however, it has no constant communication with a mucous or cutaneous surface, by means of a duct; but at certain seasons, termed periods of *ovulation*, which correspond with the ripening and bursting of one or more Graafian vesicles, the Fallopian tube fulfils all the purposes of a gland-duct, by seizing the ovary with the fimbriæ attached to its outer extremity, and completing its continuity with the cavity of the uterus. You could not fail to be impressed with the singularity of this phenomenon, so unlike anything witnessed in other parts of the body. The extremity of the Fallopian tube,—lying as it does loose and apparently useless in the abdominal cavity, in the intervals between the ovular periods,—as these seasons recur, suddenly rouses itself into activity; and with a precision, which seems almost to indicate a separate intelligence, grasps hold of the ovary, as we grasp an orange with the hand, and receives the ova, as they escape from their follicles, safely into its trumpet-shaped infundibulum. I informed you that the apparatus by which this singular process is effected has hitherto been very imfectly understood; but that latterly Mr. Rouget has described a beautiful mechanism, consisting of muscular fibres in the broad ligament, and of erectile tissue in connexion with the ovary itself, which has the power of bringing the ovary and tube together and completing their union. How it is that ova are ripened only at certain regular periods, and what determines the fimbriated extremity of the Fallopian tube to grasp the ovary at those times, I told you we are yet ignorant, beyond the fact that the phenomena are in unison with a general law of periodicity, observed in the performance of other organic processes.

In following the ovum during its progress from the seat of its formation in the ovary, we first found it at the most prominent part of a ripe Graafian vesicle; to make its escape thence, it had to rupture both the special envelopes of the vesicle, and the two proper tunics of the ovary, and was then received into the trumpet-shaped end of the Fallopian tube, to commence its course along the oviduct.

I further explained to you, that when no successful impregnation has taken place, the secreted ova escape from the body of the female,—in the human subject,—probably along with the menstrual discharge; while, on the other hand, when successful coitus has occurred, the ovum lodges itself in the cavity of the uterus, to be developed into the future fœtus, with its appendages of intra-uterine life.

When impregnation has been effected the whole reproductive system assumes a new and increased vigour and development; the ovary itself partakes in this, and the Graafian vesicle or vesicles, which without impregnation collapse, and undergo a retrograde process after emitting their germs,—continue to be developed in such form and manner as to give rise to the structures in the ovary, which are called corpora lutea.

The ovum commences its journey from the ovary towards the uterus as an extremely minute vesicle, surrounded by a microscopic clear ring, called the zona pellucida, and having adhering to it shreds or particles of the tunica granulosa or lining of the follicle, which surrounded it before it quitted the Graafian vesicle. Instances are extremely rare in which the ovum has been detected in the Fallopian tube of the human subject. It is so minute as to need a microscope for its proper definition, even in the Graafian vesicle, and it may be readily overlooked when mixed with the secretion of the canal, and its exact position not known. Observations on this part of its course have, therefore, been chiefly confined to the lower animals; and the celebrated Bischoff, Martin Barry, and others, have here studied it most carefully. In the bitch and rabbit, the ova appear to the naked eye like extremely minute white specks, passing in succession along the tube, propelled apparently by the vermicular contractions of its muscular coat, and assisted probably by the cilia of the epithelium lining the canal, which cause a current in a direction towards the uterus. The time occupied by the passage of ova along the Fallopian tube varies in different animals, and perhaps in different individuals of the same species, influenced by circumstances of which we are not cognisant. In the bitch the ova remain in the tube eight or ten days before entering the uterus; in the guinea-pig they reach the inner termination of the duct in three or four days; in the human female the ovum has been so seldom found in the tube at all, that we have no very accurate data to determine the length of time occupied in its transit. From various collateral circumstances, it is supposed to be present in the tube seven or eight days after fecundation. The passage of the ovum through the Fallopian tube possesses increased interest from the probability which exists, that here it encounters the seminal fluid from the male, and that thus impregnation takes place. Bischoff, Wagner, and Barry, in numerous experiments, found active spermatozoa occupying the Fallopian tube, and Bischoff found them as far as its distal extremity, and even upon the surface of the ovary itself. None of the observers I have mentioned, however, seem to have noticed the penetration of the spermatic animalcules into the Graafian vesicles of the ovary, and, therefore, it is regarded as most probable that the union of the sperm and germ cells, which is necessary for successful impregnation, does not take place until the Graafian vesicle has ruptured and discharged its contents into the Fallopian tube.

Supposing, then, that we have a successfully impregnated ovum passing along the Fallopian tube towards the uterus, before tracing it further, let us look to the preparations which are being made for its reception into the cavity of the womb. Before the fertilised ovum reaches the uterus, the mucous membrane lining its inner surface, partaking of the increased vitality in the entire genital apparatus, becomes more vascular. Consentaneously with the increased supply of blood, all the elements in the mucous tissue become more developed. The quantity of epithelium and other elements are so increased, that the entire mucous membrane of the fundus and body of the uterus forms a thick pulpy layer, and acquires a disposition to shed off from the fibrous structures beneath. This phenomenon is the more remarkable, as you will remember, in the unimpregnated state, the mucous membrane was so closely adherent, as to be almost inseparable from its subtending elements. The pulpy membrane thus formed, by a transformation of the mucous membrane, is intended as a covering for the ovum when it arrives in the uterine cavity, and is known as the *membrana decidua* of Hunter, or the external envelope of the fœtus *in utero*.

Previous to the time of William Hunter, no author seems to have distinguished the decidua from the rest of the coverings of the fœtus, and to this celebrated observer is undoubtedly due the merit of discovering its existence as a special membrane, having its origin in the uterus, and being present there before the arrival of the embryo, with its own special ovular tunics. Since Hunter's time it has received much attention, and many and various have been the names applied to it by different authors. Indeed, the diversified nomenclature of the decidua may considerably embarrass you in reading English and foreign works on midwifery, unless you are acquainted with the variety of synonymes under which this membrane is made to appear. For instance, while Hunter applied to it the term Membrana Decidua, Osiander calls it the Membrana Mucosa; Danz, the Membrana Caduca; Burdach, the Nidamentum; Breschet, the Perione; and

Digitized by Google

Velpeau, the Membrana Anhistè, the last involving the erroneous theory that it is destitute of vessels.

Opinions have differed from time to time as to the origin and nature of the decidua. Millot, a French obstetrician, who flourished fifty years ago, supposed that the union of the male semen with the mucous of the womb, gave rise to a consistent layer, which spread itself over the inner surface of the uterus, and afterwards acquired vessels in its structure. The famous John Hunter at one time described it as an inflammatory product, thrown out upon the inner surface of the uterus, and resembling the membranous exudations of croupy inflammation in the windpipe. In another place he speaks of it as formed of coagulated blood, with blood-vessels penetrating it, after the fashion in which blood-vessels penetrate or seem to penetrate an apoplectic clot in the brain. His elder brother, William, however, held a different opinion, and seems, even at that time, to have comprehended the true nature and origin of the decidua. We give him credit not only for discovering the existence of this membrane, but also of indicating its true source. And while speaking of William Hunter, I cannot refrain from pausing for a moment to pay a just tribute to his genius and sagacity. It is the fashion among scientific men in our own days, to extol the name of John Hunter, as one of the greatest men of his time—and well his name deserves all the eulogiums which can be bestowed upon it; but in looking carefully into the labours of his brother William, one is often tempted to think that, although his pursuits may not have been so varied and extensive as those of his more celebrated brother, yet for profundity of observation and true sagacity, he was in no respect his inferior.

William Hunter's opinion was, that the decidua really consists of the hypertrophied mucous membrane, or "inner lamella of the uterus." In an account of it written about the time he published his magnificent plates of the "Gravid Uterus," he repeats this opinion on more than one occasion. It is the more important to be clear on this point, as we shall see presently, that very important and comparatively recent researches undoubtedly prove William Hunter's account to have been the correct one.

That the decidua is an uterine product, and not brought by the ovum, when it first makes its appearance in the uterus, is proved by a variety of circumstances. In the first place, the researches of Baer and Weber have proved that it is present in the uterus in the first week of conception, before the ovum has quitted the Fallopian tube. Secondly, it has been observed to exist in the uterus in a considerable number of cases, in which the ovum never reached its cavity, as in the instances where it was developed in the Fallopian tube, or in some extra-uterine position. Thirdly, it is supplied with nutrient vessels, arising directly from the uterine parietes, while the fœtus and its immediate dependencies have a circulation peculiar to themselves, and apart from the maternal system. Lastly, the similitude the entire membrane bears to the shape of the uterine cavity, and the histological elements which compose its intimate structure, as ascertained by the microscope, seem definitively to settle the question.

Dr. Robert Lee, who has paid great attention to the subject of ovular development, dissents from this view of the origin of the decidua, on the ground that a decidua is found surrounding the ovum in extra-uterine pregnancies, while it is sometimes at least absent from the uterus in these cases. He doubts, indeed, the evidence adduced to prove that the membrana decidua is ever found in the uterus under such circumstances. His objection, however, seems to me not to affect the proofs of the fact, that the mucous membrane is transformed into a decidua whenever the ovum is developed in the uterine cavity, as in normal pregnancy.

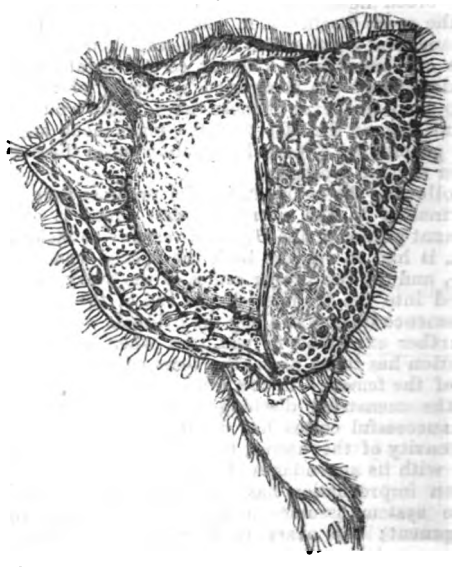
The decidua when first formed is a hollow sac of triangular shape, corresponding to the form of the uterine cavity. It has a little cornu at each of its superior angles, resulting from its prolongation a short distance along each tube of Fallopius. Inferiorly it does not extend lower than the os internum, no portion of it occupying the cavity of the cervix. A plug of thick tenaceous mucus, secreted by the glands peculiar to that situation, fills the canal of the cervix uteri, and acquiring in some cases a firm consistency, when abortion occurs, it becomes covered with coagulated blood, and adheres to the lower angle of the decidua. It thus in the early weeks looks like an appendage or tail to that membrane (see fig. 1). This cervical mucus, however, never acquires the same high organisation as the decidua itself, and subsequently disappears.

The question of the number of openings into the decidua, or whether any are present at all, has been warmly disputed. William Hunter has described and figured it with three, corresponding to a deficiency at each Fallopian tube, and at the cervical canal. Dr. Robert Lee describes only two apertures at the situation of the superior angles or Fallopian apertures. Burns and Carus, again, only admit one orifice, existing occasionally where the cervical canal terminates; and lastly, Lobstein and Moreau contend for no openings at all,—the decidua before the arrival of the ovum being a perfectly shut cavity. The explanation of these discrepancies by Wagner, while it reconciles these various opinions, seems intelligently to decide the matter. This celebrated physiologist tells us, from his own experience, that it depends entirely upon the secretion to form the membrane being sparing or copious, whether one or more openings are readily apparent, and that if the layer is thick and luxuriant no aperture may be detected at all.

If you are fortunate enough to obtain possession of a recently formed decidua, and place it under water, you will find that its outer surface, which has been next to the muscular coat of the uterus, is everywhere uneven and shaggy—small flocculent particles appearing torn and half detached from the lamina itself, and floating out in the fluid in which the preparation is immersed. Since the decidua has been acknowledged to be the altered uterine mucous membrane, these flocculent projections have frequently been described as glandular tubules dragged out of those uterine structures, upon which the decidua had immediately rested. Frequent examination has, however, convinced me, that they only occasionally consist of tubes formed of epithelium, by far the greater number of these filamentous processes being minute shreds of the fibro-cellular structures, which form a large proportion of the deeper layers of the decidua, and which I shall describe more fully presently. The real gland-tubes are most of them broken off close to the surface of the membrane, and may be discerned occupying the centre of little eminences, separated from each other by grooves or shallows. Bisecting one of these eminences the aperture seen upon it externally is observed to lead to a small dilatation or cavity filled with a milky fluid. These cavities were first described by Dr. Montgomery of Dublin, and are known among obstetricians as "Montgomery's cups."

Making an incision now through the entire thickness of the lamina, we expose the decidual cavity, and note its triangular

FIG 1.



An aborted ovum of about fifty days, one-half of the decidua uteri is opened and thrown back to show the decidual cavity, and the decidua ovuli,—dotted over with glandular apertures,—inclosed within it. The tail-like process is a coagulum formed round the cervical mucus, and adhering to the lower angle of the decidua uteri. (After Coste.)

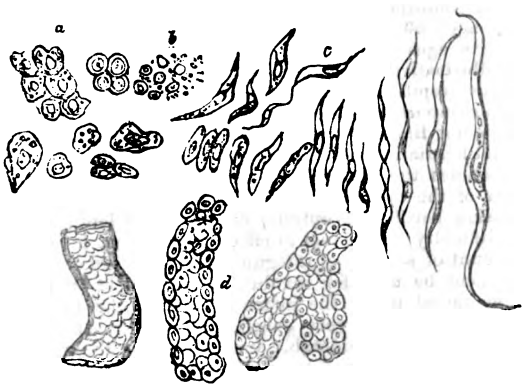
form. The internal surface, unlike the external, is perfectly smooth, like a mucous, or rather like a serous, membrane. It

Digitized by Google

is thrown into slight folds, as though the sac had been somewhat too capacious for its containing limits; and looking at it carefully with the naked eye, or better still with the aid of a common magnifying lens, numerous minute pits or depressions are found, studded over the plane of its surface. These depressions are the secreting orifices of the dilated ducts we saw broken off externally. It is believed that they communicate outwards with the minute sacs described by Dr. Montgomery, being thus glandular tubules with a contracted orifice, and a pouch-like dilatation beyond this. Employing now a higher magnifying power to sections made with a knife or scissors, the tubes are seen to be filled with secretive epithelium, which extends throughout the canals, and so fills the dilated portions as to give rise to the appearance of the milky fluid before mentioned. The epithelial particles on the surface are not of the cylindrical kind, but seem to be at first irregularly spheroidal, and then flattened by pressure from the rapid development beneath (see fig. 2 *a*). The glandules of the uterine mucous membrane, which consist of simple and more tortuous follicles,—by no means easily demonstrated in the unimpregnated uterus,—after conception become so developed and prominent, that the decidua really consists in a great portion of readily discerned gland ducts, united together by interfollicular nucleated cells, cell fibres, and molecular particles.

Taking a portion of a somewhat more advanced decidua, and spreading it out with needles for the microscope, it is observed to be readily separable into irregular portions, or fragments, with clear interspaces, very much in fact like a web or network, formed by the super-position of several layers of a cribriform membrane one upon another. The appearance of wide interspaces, and of a tendency to separate in certain directions, is more marked in the second and third months of pregnancy than in the first month. It probably results from the greater widening of the tortuous glands and the remarkable increase of their epithelial contents. Nucleated cells of a rounded or oval form are found occupying these interspaces, but the tubular canal is seldom retained in distinct outline. The parenchemytous structure in the superficial layers looking towards the inner surface of the decidua consists of flattened epithelial cells of somewhat irregular shape, in superimposed layers, and imbedded in

FIG. 2.



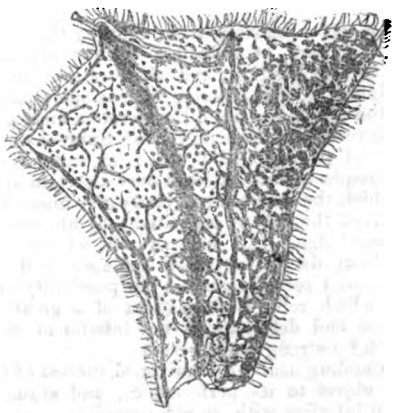
a, epithelial particles forming the smooth inner surface of the decidua; *b*, molecular particles and cells mixed with, *c*, elongated cells and fibres from the deeper layers; *d*, tubular portions of epithelium from enlarged follicles in a decidua of the second month.

an amorphous material; the cylindrical and ciliated kind which lines the interior of the uterus being apparently shed off as soon as impregnation has been effected, and the succession of cells immediately beneath, assuming a rounded or pavement form, probably for the purpose of constituting a membrane firmer in texture. Directly beneath this superficial layer are found caudate cells with molecules and fat granules, and cell fibres undergoing all the transformations from dormant cell forms into genuine fibres, such as are observed in the organisation of plastic lymph. Generally the farther pregnancy is advanced and the nearer we approach the muscular coat of the uterus, the more are these fibres developed and of greater size, until they mix at certain points by insensible gradations with the muscular fibres, and cannot readily be distinguished from them. In the third and fourth months of pregnancy, fibres of various sizes with an elongated nucleus, and often arranged in a linear series, may be found mixed up everywhere with the cellular and molecular element; the fibres in the deeper layers seem to have an irregular disposition around the dilated gland ducts, and may possibly be endowed with some contractility, thus giving rise to the appearance of sinuosities on the dorsal surface of the envelope,—the prominences being a glandular and non-contractile element, the furrows or sinuosities being the situations occupied by the surrounding fibres.

The blood-vessels of the decidua are derived from the uterine walls, and consist in the early weeks of a network of capillaries, forming, according to Prof. Goodsir and M. Coste, polygonal meshes in the inter-follicular substance. In the deeper layers elongated meshes are found, formed chiefly by straight vessels branching dichotomously and anastomosing freely. These may be seen ramifying on the dorsal surface of the membrane, and penetrating its structure, in most very young ova recently expelled. If development be further advanced the blood-vessels are larger, and where they have been torn across in the separation from the uterus, they appear as open-mouthed canals entering the outer surface of the decidua obliquely, among the glandular tubules before described, and distinguished by their thinner coats, and the absence of a glandular lining.

A point of no little interest to the practitioner in connexion with the structure and formation of the decidua is, that a membrane in most respects identical with that membrane, so far as I have yet described it, may be formed and thrown off from the uterus as the product of diseased action, and without any sexual intercourse having ever occurred. Were you ignorant of the fact that substances may be expelled from the uterus, independent of impregnation, which bear a close resemblance to the products of conception, you may be led into the serious error of impugning the character of an innocent person, and perhaps bring discredit on yourselves. False deciduæ, which are called the membranes of dysmenorrhœa, are separated from the uteri of certain patients who suffer from painful menstruation, both before and after marriage. The suffering which accompanies the expulsion of these substances, in a patient I lately attended, was sometimes so intense as to be compared to the pains of labour; and in many cases the pain is not confined to the actual menstrual period, but encroaches more or less on the intervals, and seriously affects the general health of the subject of it. The membranes thus discharged with the menses are most frequently in shreds or fragments, with a rough villous external, and a smooth internal surface. Occasionally, however, they are expelled quite entire, and in shape bear the impress of the triangular form of the uterine cavity, the openings corresponding to the Fallopian tubes, and cervical canal being discernible. Sometimes I

FIG. 3.



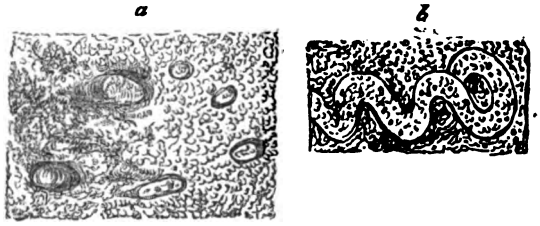
A dysmenorrhœal membrane expelled from the uterus of an unmarried woman, showing the follicular apertures on the internal surface, and the openings corresponding to the Fallopian tubes. (From M. Coste.)

have seen the cavity of the membrane filled with coagulated blood,—layers of fibrin so obscuring its real structur- that it was demonstrated with difficulty. They were lone supposed to consist of the products of inflammation, and tg

Digitized by Google

e formed of coagulable lymph exuded from the uterine internal surface. In 1846, however, Professor Simpson first showed that they consisted of the exfoliated mucous membrane itself, and in all respects were identical with the newly-formed decidua, except in the absence of impregnation as an exciting cause. Later, M. Lebert and Dr. Handfield Jones have furnished additional proofs of the truth of Dr. Simpson's position. I have frequently had opportunities of examining these dysmenorrhœal uterine casts, and have found them in some cases where they were tolerably complete, to consist of a mere film or transparent membranous sac, the structure of which was resolved under the microscope into layers of flattened epithelium, at other times of cylindrical, such as we find on the mucous coat of the unimpregnated uterus. In other instances the triangular pouch extruded, had walls of a line or more in thickness, and of spongy texture. Rounded

FIG. 4.



a. Enlarged glandular apertures visible on the inner surface of a dysmenorrhœal membrane.
b. A contorted duct, lined with epithelium, seen in section, mag. 190 diam.

or oval apertures were scattered over the smooth internal surface, corresponding to a certain number of dilated glandular openings, but these were somewhat less numerous, and wider apart than in the decidua of pregnancy. In sections I was able to demonstrate portions of glandular tubules formed of epithelium, and occasionally an unbroken secreting duct appeared in the field of the microscope, with a corkscrew-like outline, not unlike a sweat-duct. Considerable vessels, according to Virchow, are sometimes found in these preparations.

To be continued.)

ORIGINAL COMMUNICATIONS.

ON THE RADICAL CURE OF REDUCIBLE INGUINAL HERNIA.

ILLUSTRATED BY NINE SUCCESSFUL CASES.

By RICHARD JONES (late of Guy's),
Resident-Surgeon in the Workhouse Hospital, Liverpool.

AMONG the modern innovations in Surgery the new method for the radical cure of reducible oblique inguinal hernia claims a prominent position; and when we take into consideration the almost uniform success of this operation, it is surprising to find that it has not hitherto met a more general and encouraging recognition among British Surgeons.

The relief of strangulated hernia is regarded as one of the brilliant triumphs of surgical skill over a certain approaching death, in which the Surgeon can justly give himself the credit of having saved the life of his patient by his skill and professional knowledge. But an operation which can be performed without danger or much suffering, and which will prove an effectual security against the possibility of strangulation, also which relieves the patient of a great amount of inconvenience and deformity, is not inferior in its merits to the operation for strangulated hernia.

Notwithstanding nearly the universal success of the radical cure some object to its performance, and argue that it is better not to interfere with an old reducible inguinal hernia, except with palliative treatment; and indeed there would be some excuse for advocating this conservatism, if the operation was an experiment that might be attended with danger or place life in peril. The possibility ("not probability") of its causing serious symptoms is one of the speculative objections urged against it; but experience ("which is now sufficiently extensive to satisfy the most timid operator that there is no necessity for entertaining any anxiety or suspicion of danger if skilfully and judiciously performed") will furnish a satisfactory answer to this objection. If we compare the relative danger or safety attending a radical cure and the use of a truss, I think experience will lead us to the conclusion that the latter is much more liable to place life in danger than the former, which will serve as a prophylactic means against the possibility of eventual strangulation, to which old hernias are predisposed from thickening of the sac from the constant pressure of the truss. Mr. Spencer Wells, its principal advocate in England, uses the following eulogistic remarks in his excellent lecture upon radical cure of hernia:—"But the Surgeon who cures hernia radically with certainty and safety is a greater public benefactor than he who saves the life of his patient in strangulated hernia; as he not only relieves a larger number of his fellow creatures from the suffering and inconvenience of wearing a truss, but he averts the danger of strangulation to which they are continually exposed in greater or less degree through every period of life."

The anxious solicitude which has been manifested with regard to the class of cases in which this operation may be judiciously done I think is quite unnecessary, and that most of the rules and restrictions laid down to guide us in our selection are of minor consequence; some of these contra-indications are decidedly disadvantageous, and might retard the progress of the case without frustrating the eventual success of the operation, (*exempli gratia*) old age is an unfavourable condition, and will procrastinate the issue of the case for a few days; but *per se*, it is not a sufficient ground of objection, provided the constitution be tolerably healthy: and if we were asked, what is the most advanced age at which this operation may be safely and prudently done; we are hardly justified in giving a specific answer, inasmuch as it has been successfully performed at the comparative extreme age of 64 (and these cases are not few): nevertheless it has been suggested that unless some urgent or pressing symptoms are present it is more prudent not to interfere if the patient is over forty-five or fifty years old. This suggestion is practically untenable, as will be hereafter demonstrated; and age itself, without collateral contra-indications, should not influence our decision *so much* as the physical condition of the patient; because we *often* see persons of sixty affected with the decrepitude and infirmity generally present at 75 or 80. The case No. 9, aged 64, is in a better condition, and possesses superior physical powers to No. 7, aged 50. The five following successful cases, of the respective ages of 64, 59, 55, 50, 50, averaging 55, will serve as an illustrative evidence in support of the above opinion. And this propitious fact in relation to radical cure is of considerable importance, because the beneficial effects of the operation is not limited to that period of life at which oblique inguinal hernia is proportionately uncommon.

Sometimes the size of the hernia is antagonistic to the success of the operation, for if the hernia is very small, the protrusion hardly perceptible, except on violent coughing, some difficulty will be met in effecting sufficient invagination on account of scarcity of integuments; if too much of scrotal integument be used for involution, the testicle on that side will be raised under the instrument, from the pressure of which it may become very painful and swollen, and this will sometimes cause considerable annoyance. In these cases the invagination should not be carried higher than is absolutely requisite for proper transfixion of the needle. In a case I saw with my friend, Dr. Banning, now of the Gateshead Dispensary (upon which we operated), the hernia was exceedingly small, and the scrotum contracted; it required careful and patient manipulation before the instrument could be adjusted without encroaching upon the testicle. On the contrary, hernia of extraordinary large size and of old standing, in which the normal relations of the rings and canal have been completely destroyed, make this operation impracticable; but fortunately these exceptional cases are exceedingly rare. In cases of old standing hernias, in which the dimensions of the rings are increased and canals shortened from approximation of the inguinal openings, certain alterations will be requisite in the instrument to adapt it to the anatomical changes in the relations of these parts. Rothmond's instrument is specially constructed to meet these impediments, for its size may be changed according to the size and shape of the rings and canal: an occlusion of which must be performed with even pressure on every part. If the

Digitized by Google

ring is relaxed and indistinct, and canal dilated and elastic, the double needle instrument (which consists of the central piece with two of the largest side pieces) is very well adapted to effect a complete obliteration of the canal. In case No. 5, of twenty-four years' standing, the double needle instrument was used, in which the herniary apertures were relaxed, and almost in juxta-position; there is one objection to the use of the two needles, that if the punctures suppurate rather freely the central portion may slough away. I had some apprehension that this would happen in this case once, and transform the punctures into one ulcer. In these somewhat unfavourable cases for radical cure, the instrument should be allowed to remain longer in the canal than in ordinary cases, to give sufficient time for strong adhesion to be formed; this precaution will be an additional security against the eventual retroversion of the sac. In case No. 5 already alluded to, I was going to remove the instrument on the eighth day, but found on slight traction that the adhesions were weak and imperfect; I readjusted the instrument, and left it for two days longer, when I could remove it with impunity. From these general remarks, we find that the mode of procedure must be modified according to the age and condition of the patient, also the anatomical changes at the seat of hernia, and that certain difficulties will be met in individual cases requiring a corresponding variation in the performance of the operation. Taking for granted that these minor obstructions already noticed are not insuperable (which has been proved by facts here recorded), the cases excluded as unfit for radical cure are exceedingly few indeed.

I will take the liberty of recapitulating the admirable description of performing this operation, given by Mr. Spencer Wells, in the 37th volume of the "Medico-Chirurgical Transactions." "The instrument is used in the following manner: —after the hair has been shaved off, the bladder and rectum emptied, the patient lies on his back with the thighs flexed and raised, and the operator stands or sits between them. The intestine is replaced if down. The Surgeon then places the point of his left forefinger upon the scrotum, about an inch below the abdominal ring on the affected side, and by carrying the finger with its palmar surface directed upwards and outwards through the ring into the canal, he pushes the yielding skin of the scrotum into the canal as deep as practicable; at all events, so far that the apex of the cone of the skin thus formed reaches the internal ring. The cylinder having been oiled, it is now introduced by the right hand, withdrawing the finger as the instrument enters. This is not always done without difficulty, and requires some practice. The invaginated skin may return as the finger is withdrawn, and require replacement; or, in cases where the ring is moderately narrow, the cylinder may not be easily introduced by the side of the finger. In this case the finger must be partially withdrawn, to make room for the advance of the end of the instrument. Again, in old herniæ the cellular tissue about the ring is so lax, that the cylinder may be pushed up beneath the skin outside the canal. When this happens the cylinder is found on examination to be much more moveable than when it is within the canal. When convinced that the cylinder properly fills the inguinal canal the needle is passed through the cylinder, the canal and the integuments; the wooden cover plate is placed over it, and pressed against the skin by the screw; the handle of the needle is then unscrewed, and the projecting point is covered by a small piece of cork."

Following their directions, the particulars of these cases are given in the tabular form suggested by Mr. Spencer Wells, in a note in the *Medical Times and Gazette*, in which he requested information as to the results of this operation.

RADICAL CURES OF HERNIA.

Number of Case.	Sex.	Age.	Variety.	Size of Ring and Canal.	Duration.	Date of Operation.	Immediate Effects.	Date of Removal of Instrument.	Result, etc.
1	Male .	22	Oblique inguinal hernia of the right side, about the size of two ordinary fists.	Ring small, and well defined; canal not much dilated.	3 months	June 21 ..	The tenderness about the instruments necessitated a little relaxation of the pressure on the third day. The puncture suppurated rather freely.	June 29 ..	Six weeks from the date the operation was doing perfectly well; and three months from the date of the operation was passed into the army, perfectly free from any deformity or inconvenience.
2	Male .	22	Oblique hernia of the right side of about the size of a goose-egg.	Ring large and relaxed; could introduce two fingers easily; canal shortened.	3 years ..	June 23 ..	Free suppuration from the puncture, with a very small slough; no constitutional disturbance.	June 31 ..	Successful; he was also passed for the army three months from the date of the operation. A small quantity of discharge continued to ooze from the puncture for seven weeks.
3	Male .	59	Large oblique hernia of the right side.	Ring very large and loose; canal elastic and shortened.	12 months	June 30 ..	Very little ulceration of the puncture in this case (plated needle used); complained of tenderness for; two days over the abdomen; "tongue and pulse healthy."	July 11 .	Successful; does not suffer pain or any inconvenience now. He left the hospital three months after the operation was done without any sign of relapse; but ordered to use a truss for six months.
4	Male .	55	Double oblique inguinal hernia of small size.	Ring and canal of normal size and shape.	9 months	July 9 — right side; 19 left do.	Very little pain; the puncture healed up in five weeks.	July 19 & July 30.	Perfectly well: can exert himself without a truss, or any other support. Nine weeks after the operation nothing perceptible but the cicatrices.
5	Male .	50	Large hernia on the right side.	Ring very much increased in size, and relaxed also; canal dilated and shortened.	24 years ..	August 12	Testicle of the affected side very tender and painful; no other bad symptoms.	August 22	Complains of a slight pain in the cord and testicle of the affected side otherwise perfectly well.
6	Male .	28	Oblique inguinal hernia of the left side, middling size.	Short canal and relaxed; ring large enough for the introduction of two fingers.	3 years ..	August 13	No remarkable incidents besides slight abdominal pain occasionally; very small discharge from the puncture.	August 20	Perfectly cured; is able to work without pain or annoyance. Occasionally subject to neuralgic pain in the cord.
7	Male .	50	Inguinal hernia of the left side, of ordinary size.	Ring increased in dimension, and boundaries loose.	9 months	August 14	Small slough from this puncture; great deal of discharge issues from the inverted integuments.	August 24	Complained of some pain and soreness for seven weeks after the operation; now quite well.
8	Male .	18	Inguinal hernia of a very small size, of the left side.	Ring and canal very little modified.	14 years ..	August 15	Had several epileptic fits on the following day; no other remarkable symptoms; this did not cause any serious consequence.	August 22	During a fit, on the second day after the instrument was removed, a little retroversion happened, but no herniary impulse perceptible on coughing.
9	Male .	64	Very small inguinal hernia of the right side, more like "bubonocele."	Ring normal; canal dilated.	6 months	August 16	Great pain over the abdomen; healthy tongue; good deal of discharge from the puncture, with a small slough; more general tumefaction about the instruments than in the other cases.	August 28	No sign of a relapse; feels quite well and comfortable, with the exception of neuralgic pain in the cord and testicle; but this improves daily.

Digitized by Google

Case 1, aged 22, was ruptured on the right side three months previous to his admission into this Hospital by a violent fall. At the time this accident happened he was serving in the militia, but was immediately discharged and ordered to use a truss, the application of which caused him great pain and annoyance, and entirely disabled him from following any occupation requiring physical exertion. Under these distressing circumstances he sought admission here, with the intention of getting his truss changed. A new truss was first tried, but he gained no advantage by the change, and he still remained in *statu quo*. The radical cure was proposed to him by Mr. Leather, as a *dernier ressort*, which he immediately sanctioned. This was a very promising case for radical cure, the ring being small and well defined; canal not much dilated and strong; the size of the hernia equalled an ordinary fist.

He was ordered a dose of castor-oil the previous night, and a glyster was administered in the morning, a few hours before the operation was done. Wützer's instrument was used: no difficulty was met in effecting the invagination or discriminating the boundaries of the ring. After the instrument was properly introduced, the tendon of the external oblique could be tangibly felt under the finger. The needle was next fixed, and the plate screwed over the duplicature of the scrotal integument. The after-treatment consisted in rest in the recumbent position, with fever diet. On the following day there was a little tenderness and redness about the instrument. He feels tolerably easy—slept many hours last night. On the third day a little discharge issues from the puncture and also from the plug. On the fifth day the puncture increased a little in dimensions, with slight tumefaction about the instrument. No constitutional disturbance at all. On the eighth day the instrument was removed. The pressure was daily regulated. On the second day a little relaxation will be requisite from the swelling that generally follows; however, the feelings of the patient will serve as an index for modifying the pressure, the great object being to keep the opposed serous surface of the sac in mutual contact; and if too much pressure is exerted, the proximity of the puncture will be more likely to slough, because this is the spot upon which it is chiefly exerted; consequently the ultimate time required for granulation and cicatrisation will be prolonged. After the instrument is withdrawn, the scrotum should be supported by a figure of T bandage for about fourteen or twenty days, and the puncture dressed with a little ointment, etc.

As a rule the patient should remain in bed for seventeen or eighteen days, to prevent the gravitation of the scrotum and testicle from breaking the adhesions before they are perfectly organised. It will also be advisable to recommend the patient to use a truss for two or three months, until the plug is perfectly secured in the canal.

Case 2 was also the subject of inguinal hernia of the right side, caused eight years previously by undergoing forcible bodily contortion; but he did not suffer much uneasiness from it up to twelve months ago, when it descended, considerably increased, with symptoms of strangulation. He was admitted to one of the Dublin Hospitals, where it was reduced by taxis, and he was ultimately discharged with a truss; but four days after his dismissal the hernia descended in a similar manner, when he sought admission here. The hernia was reduced after long perseverance, and the radical cure was proposed, as the only alternative against the recurrence of the same misfortune.

This was not quite such a favourable case as the preceding, the rings were large and relaxed, and canal shortened and elastic.

The application of the instrument required great care, because the tube, without great caution, would slip above the margin of the ring, consequently render the operation abortive. Before the needle was transfixed, we satisfied ourselves that the tube was properly in the canal.

I think this misapplication of the instrument has been the cause of failure in one case I saw in this Hospital.

The ultimate progress of the case was identical with the one already reported. Both those young men have been passed into the army since the operation was done.

Case 3, aged 59. This case presented more difficulties than those already noticed; he is an attenuated and delicate individual, always suffering under bronchitis. Twelve months ago, he was ruptured on the right side by a fall; he tried to wear a truss, but was finally compelled to leave it off on account of the pain it caused him: for the last three months he has been going about with his hernia hanging down, which incurred great deformity in his bodily appearance, also a great deal of dragging pain.

We thought this serious inconvenience which could not otherwise be relieved, justified trying the radical cure,—his emaciated condition made the application of the instrument easy. The instrument used in the above cases would not suffice to fill the canal and ring, consequently we increased the diameter by covering it with gutta-percha. Contrary to our expectations the suppuration at the puncture was exceedingly small, but the discharge from the plug was more plentiful than in the other cases; the instrument was left in the canal for eleven days, for on the ninth we had some apprehension that the adhesions were not sufficiently secure, the upper plate was kept quite loose after the ninth day.

The after treatment was similar to that adopted in the other cases. The discharge from the plug continued for eight weeks, and at first caused some excoriation over the scrotum, but this was soon cured by astringent lotion; he kept the bandage on for seven weeks, when it was replaced by a truss. There is not at present the slightest sign of a relapse; but he has not however been engaged in exerting himself much.

Case 4, a labourer, aged 55, was admitted into this Hospital four months ago with double inguinal hernia, which was caused five months previously by a violent paroxysm of cough. For the first five months he was confined to his bed with acute bronchitis, consequently did not require any support for his hernia; but as soon as he was convalescent and able to walk about a little, his hernia descended and increased considerably in size: at first he applied a truss, and commenced to follow his ordinary occupation, but the pain consequent on the use of a truss compelled him to give up his work, and his truss was changed several times, but with no benefit. By seeing this serious inaptitude and disqualification for work, caused by using a truss, and no chance of improvement by another change, the radical cure was recommended to him as the only means of compensation, which was performed first on the right side, and ten days afterwards on the left: we thought the application of the instruments to both sides contemporaneously would cause a great deal of pain. This was upon the whole a favourable case, the relation of the ring and canal being not much disturbed, consequently rendered the operations easy; no incidents occurred in the ultimate progress of this case different from those already noticed: this man is now perfectly well, and can toil at his usual work without any pain or inconvenience; he is at present engaged carrying heavy weights at one of the docks, and was exhibited at the Liverpool Medical Society, when the gentlemen present had an opportunity of making an examination, and satisfying themselves by ocular demonstration with the success of the operation.

(To be continued.)

ON DELIVERY OF THE CHILD BY TURNING AS A GENERAL RULE IN LABOUR.

By EDWARD GARLAND FIGG,

Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

"The Aphorisms in Midwifery have all of late been turned topsy-turvy."—Dr. Robert Lee in *Medical Times* of Oct. 2, 1858.

(Concluded from page 495.)

Let me portray another illustration of my theory.

Amputation above the knee averages a mortality of one in seven cases. Traumatic delirium, hectic fever, and general constitutional disturbance, are but incidents in routine toward a favourable recovery. Yet every accoucheur is perfectly conscious that the ordinary detachment of the afterbirth is virtually a natural amputation. The veins and arteries of the womb, which in digitating with the ramifications of the umbilical vessels, constituting the placental mass, are severed, as by the knife of the operator. The surface of the wound is not less extensive than in the case of the limb, while the debilitating influence of pregnancy—the muscular agony of labour—the feeble organisation of woman, would all

Digitized by Google

urge the practitioner to a verdict of evil. Why then does she bid defiance to fate, and rise in perfect convalescence on the fifth day? Simply because the organ immediately concerned is in a great measure defective of nervous sensibility; and the process is undergone with almost as great an impunity as if its structure were timber or stone.

But some opponent exclaims, there is surely some risk from depression of the circulation, on the rapid removal of the fœtus. I candidly acknowledge a little, necessitating a careful surveillance for the hour succeeding delivery; but yet nature affords us many precedents for the rapidity of the extraction. An artificial footling case, and the expulsion of a mammal quadruped, exhibit many points of analogy.

The foal presents by the nose, the level of the mare's gravid uterus is below the level of the pelvis. By a series of oscillations of the organ effected by the contractions of the corporalis muscle she raises it to the pelvic grade, when one contraction of the uterus expels the young animal. Here the actual process of delivery may be designated. The instant production of an animated wedge of which the foal's mouth is the conducting narrow end. If we recognise a parallel of similitudes in the two cases, for instance, that the foal's mouth represents the child's feet, the foal's shoulders the child's hips, the foal's hips with limbs posteriorily extended (decidedly the greatest transverse diameter of its trunk), the shoulders of the child with the arms thrown up into the uterus (equally its broadest part)—we conclude that one process is an imitation of the other, the only particular in which they are contrasted, being, that one is naturally effected, and the other artificially adopted.

Hitherto I have only adverted to the operation in cases where formerly the long or medium forceps would have been recommended. But the arguments proving the absence of danger peculiarly connected with the act of version in such cases could be enlisted in favour of its adoption as a general rule. The results derivable being an abridgment of the agony of the patient, the economy of her mental and physical energy, the prosperity of the infant, and the limitation of your own attendance.

An objector may, however, inquire, if in the average of ninety-nine per cent. of normal cases, Nature accomplishes a delivery, with a viable mother and child, are you warranted in opposing her plan of action?

If the interference proposed be definable as an opposition to Nature, I could exhibit an organised course of opposition in every department of science within her regime. The agriculturist interferes with her when he avails himself of the laws of chemistry in fertilisation of his fields—the merchant in importing the produce of tropical climes to our northern latitudes. Nature is not regnant in the world in such a sense that in all things her modus operandi is to supersede the rule of reason. The Physician confesses that her efforts are generally restorative, but her measures, not sufficiently prompt and applicable, may be judiciously substituted by his own. The Surgeon and Nature are coincident in opinion that amputation is the patient's only alternative. But he prefers the rapid and effectual excision to the exhausting suppuration and gangrene of the latter.

In cases where the observation is obscured by conflicting symptoms, excluding the possibility of an accurate diagnosis, prudence indicates a trust to Nature.

But where all is clearly manifest to our reason, as in an ordinary instance of parturition, we may safely carry out Nature's design by a rapid act, considering ourselves entitled to the gratitude of the patient and the approval of our own conscience.

Perhaps you produce another, and in its superficial aspect, a more formidable objection, viz.: That if the nates presentation were more propitious than that of the opposite extremity, such presentations would constitute the general rule in parturition. Reflection subverts this argument. Nature predisposes the circumstances of labour in consistence with the safety of the mother and her child, always, however, with the expressed consideration that the process take place under her individual superintendence being governed by her independent laws. Her calculation ignores medical alliance or rational interference, and arrangements are made as though her patient dwelt in the solitude of a North American forest, insulated from the sympathies of her species.

If accident or disease superinduce labour in the seventh month of gestation, the nates presentation will predominate over the head. A child weighing four pounds is shot through the pelvic passage with a celerity in strict keeping with that debility and imperfect development incapable of enduring a more tedious exit. But when the normal period of pregnancy has imparted firmness and size to the infant structure, a head in close apposition with the internal circumference of the brim is first expelled. Why? Because the nates presentation would inevitably subject the cord to pressure between the cranium and the pelvic ring, and almost as inevitably effect the strangulation of the child.

Inductive reasoning on the particulars of the case, which I am about to detail, incontrovertibly decided my opinion in favour of the operation in all cases where it could be effected.

The sudden illness of a Medical man, placed me as his substitute, by the bedside of a parturient patient, where for the twenty-four hours previously he had been stationed. The waters had long escaped, the swollen scalp bent low between the sacral promontory and symphisis, above which, notwithstanding vigorous uterine effort, the cranium itself was incarcerated; and to darken the prospect I was informed of her delivery by perforation on three previous occasions. I at once applied the substantial long forceps left by my predecessor, and for twenty minutes the patient's frame vibrated under all the strength I could enlist on the occasion. From a conviction of absolute failure I desisted, and despatching a request for Simpson's attendance, inactively awaited his arrival. *Ad interim* a third party appeared, Dr. P., a gentleman called in by one of the officious relatives, without consulting me or informing him of my possession of the superintendence. We compromised the matter by acting conjointly, that is to say, we postponed all measures till Dr. Simpson's arrival, with whom a deliberation was held as to further procedure. Dr. P., an accomplished midwife, thought the long forceps indicated; I, from the fact of my recent discomfiture, deemed them inadequate to the emergency. Dr. Simpson, without affording a decisive opinion as to the practicability of delivery by the long forceps, preferred turning. However, Dr. P., at the Professor's request, attached the instruments a second time, and worried the patient, secundem artem, for some minutes; when, concluding the resistance insurmountable by that means, he agreed to an attempt by Dr. Simpson's alternative of turning.

The patient was placed under chloroform, the infant was turned and delivered by Dr. Simpson in about four minutes, crying vociferously a minute or two after.

The triumphant termination of this case imperatively demanded a verdict in favour of version, and naturally suggested to me the following query on the following premises,—If delivery could be effected so rapidly, easily, and safely, under such formidable circumstances, how much more easily, safely, and rapidly, could it take place by the same means under normal circumstances?

With so many excellent manuals of midwifery in the hands of the Profession, it would appear almost impertinent of me to offer my observations as to the mode of carrying this measure into execution; however, for the benefit of my junior brethren I will offer a few directions.

Place the patient on her left side transversely in the bed, so that her body form an angle of 45 degrees with the longitude of the bed, over the side of which let her nates nearly protrude, while her knees are drawn up in the direction of the abdomen. Let the covering be a single blanket or sheet; two or three pillows may be placed under the head, while a hot and cold water bath ready for the infant are in close vicinity. Never attempt the operation till the os uteri acquire the diameter of three inches, nor defer it till it ceases to be tangible in its whole circumference to the examining finger. Avoid, if possible, rupturing the membranes, but do not imagine the version impracticable if they be ruptured. Administer chloroform to perfect anæsthesia. Place an assistant sitting in the concavity formed by the flexure of the patient's body, desiring her to elevate the right knee. Throw off your coat, and anoint the arm and back of the right hand, avoiding the palm. Throw the fingers of the right hand into the form of a cone, introduce them in the axis of the pelvic outlet, not being deterred, if in the case of a primipara, this require a little force, pass them internally to the posterior uterine lip, and into the cavity of the uterus. Grasp the feet, cotemporaneously with which you must of necessity rupture the membranes. In doing this the feet

Digitized by Google

must be carefully discerned from the hands of the fœtus, and seized, by passing the heels between your fingers.

Should you by mistake bring down an arm, do not esteem it of any consequence, but repeat your search for the feet; draw them in close vicinity to the child's abdomen, and thus throw up its arms and head tangent to the uterine fundus, while the feet enter the pelvis.

The left hand may be now employed on one leg, while the right acts on the other, drawing the infant's body in the direction of the mother's rectum, in effecting which a towel placed between your hands and the child's limbs will afford a firmer attachment. If the child originally present with its face towards either synchondrosis, which will be the case in seventy per cent. of parturient patients, the evolution will, of course, transform it into a pubic presentation, a circumstance of no material consequence, as you can turn it the quarter circle to the right or left, into the first or second Naegele, when the body is drawn down till the os encircle the axillæ and chest of the infant, its arms being at this stage tangent to the side of the head in the uterine longitudinal axis. Having turned the face posteriorly, when required resume traction till you experience a sense of resistance to a tolerable amount of effort on your part. Now gently draw down two or three inches of the cord; hook the fore-finger of your right hand over the infant's arm lying posteriorly to the right ramus of the maternal pubes, carry it to the bend of the elbow, and press the arm down perpendicularly to the side and external to the vagina.

Repeat the measure with the other arm; encircle the cord without pressure between the thumb and fingers of the left hand; carrying the same hand into the vagina, and placing the fore-finger in the infant's mouth, therewith press the chin close to the sternum, at the same time exercising traction in the direction of the mother's rectum, with the right hand spanning the child's loins. If the resistance require a greater amount of traction than this attachment affords, encircle the neck with a towel, the ends of which grasped opposite the breast, will form a better hold.

When, however, the head has reached the floor of the pelvis, bring the body of the infant directly forward, between the femora of the mother, turning the face downward, and clearing the vagina.

If you experience any difficulty in bringing down the arm next the maternal pubes, at once attempt the extraction of the posterior one.

If that be also immovable, pull the child's body laterally in the direction of the mother's right acetabulum, thus causing a depression of the arm adjoining the sacro-iliac synchondrosis, and placing it within your reach. A relaxed undilatable os uteri, with thickened edges, frequently accompanied with flooding, ante partum is a more serious obstacle than ordinarily contracted pelvic passage. For if you succeed in introducing the hand and turning the child, the os encompasses the neck, and confines the head with almost the same tenacity that the capsular ligament exercises over the head of the femur.

I am not aware of any remedy instantaneously counteracting this evil, which imparts considerable tedium to the delivery, presenting, however, one redeeming trait, viz. if the os and cervix be defective of tone, there is no pressure on the cord, and therefore little risk to the infant.

It may occur that on introduction of the hand into the uterus, one foot only may be within reach, the opposite leg being in all probability ligatured by two or three circles of the cord, and thus maintained perpendicularly parallel to the long axis of the womb, instead of the flexed position favourable for the operation.

The first attempt to secure both feet proving abortive, do not waste your time by further efforts, but proceed in accordance with previous directions with the single foot, when the traction will cause a rotation and version of the fœtal body, and consequently the liberation of the opposite one, which can then be easily extracted.

Perhaps neither feet are tangible; the near leg being encircled with the cord, the distant one is beyond reach. Or the fœtus may present in the third Naegele, forming the curvature of its body anteriorly. The cause of difficulty is immaterial, the mode of rectification being the same, viz. making the fœtus to revolve like a wheel on its own axis, and when the segment of a circle is effected, the feet will fall within reach. The instant the infant is secured, remove the placenta, and press externally over the uterus.

In the greater proportion of cases, I have found it partially detached, and consequently effusing blood from the lacerated vessels, along the line where its uterine adherence remained. It may have been forcibly removed by contact with the child's body in the act of turning. It may have been acted on by the tension of the cord. Whatever the cause, the precaution of early removal obviates the danger.

With regard to the children they are generally still from two to five minutes, and in some cases half an-hour's duration. In many instances the first arm brought down is a little painful when moved for a day or two. I confess with humility that I have even broken four arms, which, though they occurred in cases of great pelvic contraction, were attributable to my own mismanagement in pressing over the shaft of the os humeri instead of following its line to the elbow. Should you commit the same error, with similar result, be not too candid to the relatives, but at once by your dictum transubstantiate the injury into a slight sprain received by the infant striking his shoulder against the backbone of the mother while actively prosecuting his uterine gambols. It will pass current, more especially if you appeal to her experience, when it is sure to be corroborated by a quotation of the day and hour of occurrence. Two slips of pasteboard applied, with a strip of calico a yard long, remedies the evil in ten days.

In establishing a comparison between the advantages derivable from turning in primiparæ and multiparæ, I believe there is a proponderance of argument in favour of the former. In a primipara the os uteri is more in the axis of the pelvic brim, the body of the organ being more inclined to the perpendicular, and not projecting anteriorly, as in the frequent parturient; hence, in the former case, the uterine efforts of the last month previously to labour lodge the os and cervix inclusive of the head low in the cavity of the pelvis, not only assuring the Practitioner by tangible proofs of the perfect capacity of the brim, but also presenting the best arrangement for the co-operation of the uterus with his extractive efforts. In the latter case from the yielding of the abdominal muscles in former labours, the fundus bearing forwards, throws the os in the direction of the spine, rather than the pelvic cavity. Hence until the contraction of these muscles in some measure restore the proper axis, no advance can take place.

The advantage in the second particular is briefly explained, by stating that in a primipara the antagonistic force is directly in line with the extractive. In a multipara it is entrenched round a corner.

Again, in a primiparal case you have good grounds for the conviction that, in obviating the perineal stage, you limit the labour considerably; while in the latter patient an hour's suffering might conclude the case.

Be they right or wrong these are the sentiments which have guided my conduct at a large majority of my cases latterly, experience appearing to justify in happy results what theory dictated on sound reasoning. I hope I shall soon lose all mental impressions of a head lingering on the perineum, or stationary from failing pains for hours. My primiparal patients are up in four days without swelling of the vaginal muscles, nymphæ or labia; and what to me is perfectly unaccountable, with very slight laceration of the perineum.

I have had but one maternal death where the infant was turned, and that occurred five days after the event, by inflammation of the peritoneum of a patient, who, with contracted pelvis, had submitted to the ordeal to produce her sixth full-timed dead child.

If I be entitled to any credit at all, it is for the candid avowal of a practice, that some under fear of professional censure, would have adhered to but concealed.

The operation was ancient, but nearly obsolete, and its revival by Dr. Simpson in particular circumstances, led to my adoption of it in general cases.

P.S. Since writing the above observations some months ago, I have attended sixty labours, three of which alone have been conducted as head presentations. Of the remainder two were breech presentations, and the other fifty-five were conducted according to the principles advocated in the above communication, viz. the children were all delivered by turning.

Borrowstounness.

Digitized by Google

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

NECROSIS OF THE ARTICULAR SURFACE OF THE TIBIA.—PARTIAL EXCISION OF THE ANKLE-JOINT.—RECOVERY.

(Under the care of Mr. WOOD)

Lucy B., aged 25, single, and residing in Holloway, admitted June 15, 1858. The patient states that ten years ago, being previously in good health, she sprained her right ankle very severely, and in consequence was an inmate of Guy's Hospital for three months. When she left the ankle-joint was quite stiff, and she remained unable to walk for twelve months. She was then for two years in the Orthopædic Hospital under the late Mr. Lonsdale; an abscess formed, and opened on the anterior border of the inner malleolus, and after treatment by strapping, bandaging, and poulticing, etc., she left the Hospital with no improvement. After attending for another year occasionally as an out-patient, she sustained a kick on the heel of the affected foot, which set up a great deal of inflammation. She has since been seen by several Surgeons, who have advised the last resort of amputation. She has a brother affected with diseased spine, and abscess in the loins.

The patient has the pale, sallow complexion of a confirmed invalid, with a highly hysterical manner. There is considerable enlargement and abnormality of outline of the right ankle. Three sinuses, which have been left by different abscesses, are found near the joint. The largest is in front of the internal malleolus; a second is placed behind the same process, close to the tendo-Achillis, and passing between the latter and the posterior tibial vessels, nerves, and tendons; the third is placed behind the outer ankle bone. The direction of all is slightly upward, from and not toward the joint; bare bone can readily be detected by the probe. The instrument cannot be made, however, to pass into the joint; complains very much on an attempt being made to move the joint, and as the patient bears the probe with much impatience, a thorough examination is difficult without chloroform. She states that the discharge has sometimes appeared oily upon the poultices.

June 19.—To-day the patient was placed under the influence of chloroform, with a view to the thorough examination of the sinuses, and the removal of any pieces of dead bone which can be got at without opening into the joint; as well as to the making of a free opening for the discharge of matter and necrosed debris. The probe was found to rub extensively over diseased bone, but could not be made to enter the joint, which was tolerably moveable, without grating or roughness. A vertical incision was accordingly made over the middle of the inner malleolus, and the gouge used freely in the same direction. The instrument speedily sunk into a considerable cavity, formed in the interior of the bone, containing matter and several pieces of dead bone. The cavity was cleared out, and its sides scraped and gouged towards the joint, as far as was thought advisable, without risking the integrity of the articulation. Still the probe could not be made to pass into the joint. Wound filled with lint, and water dressing applied. For rather more than a month after this operation the patient was kept in bed, and the wound dressed simply, and freely syringed out with a lotion containing dilute nitric acid, with a view of promoting the separation and disintegration of any portion of the sides of the cavity which might be in a diseased condition. Small pieces of necrosed bone were noticed to come away from time to time. The discharges were usually of the peculiar fœtid odour indicating caries, and at length distinct evidences of the presence of synovia in them were obtained. The patient became low, irritable, and very hysterical. Another abscess formed in front of the outer ankle-bone, which on opening revealed a still more extensive surface of diseased bone close upon the joint. No doubt could now be entertained of the implication of the joint in the disease, and the question became important, how far the astragalus was implicated? Whether excision of the articular surfaces would avail to save the foot? or, failing this, whether Syme's or Pirogoff's operation would with so much disease of the tibia make a creditable substitute for amputation of the leg?

As these points could only be determined by actual inspection of the diseased parts, an exploratory operation was determined on.

July 29.—To-day anæsthesia being produced by chloroform, Mr. Wood enlarged the external sinus in the vertical direction, and then in a similar way, the opening resulting from the last operation. The finger of the left hand being placed in one of these openings and the gouge in the other, the bone was freely removed in the direction of the joint. A large piece of necrosed bone, of the size of a horse chestnut, was speedily met with, and after a little gouging round it, turned out of the wound. On the inferior surface was a concave facet, evidently forming part of the articular surface. After the removal of other smaller pieces of necrosed bone and most of the soft, cancellous bone still retaining vitality, making up the end of the bone, a considerable lamina of the tibial cartilage was found to lie upon the articular surface of the astragalus, admitting the finger only at one point in the middle of the joint. Through this opening the opposing surface of the astragalus could be felt roughened, and with its cartilage partially destroyed. The remains of the tibial cartilage was removed, and the roughened surface of the astragalus gouged away. Only a portion of the inner malleolus, hard and apparently healthy, was left of the end of the tibia. The wound was filled with charpie, and the limb placed on a Macintyre splint, with moveable footboard, to counteract the tendency of the foot to sinking inward.

From this time the patient did well. Granulations straightway sprung up from the exposed surface of the astragalus—as well as from all sides of the cavity in the tibia—and, in a week, the whole surface was covered with bright red, healthy tissue. The patient, under iron and cod-liver oil, looked healthier and more cheerful, with improved appetite, no pain, and stouter in figure. In the latter end of August, the wounds being very nearly closed up and cicatrised, the foot and ankle very little altered in appearance from that of its fellow, and what is curious, moveable to a considerable extent without pain. The patient left the Hospital with instructions to show herself occasionally as an out-patient.

GREAT NORTHERN HOSPITAL.

(Under the care of Mr. GEORGE LAWSON.)

LARGE EPULIS GROWING FROM THE ANGLE AND ASCENDING RAMUS OF THE LOWER JAW. REMOVAL.—RECOVERY.

Margaret H., aged 16, was admitted into the Great Northern Hospital, October 4, 1858, under the care of Mr. Lawson, suffering from a tumour of the lower jaw on the left side. She has always had good health, and up to three months ago was as well as usual.

About that period she suffered from tooth-ache in the lower jaw, and for the first time noticed a small tumour growing from the anterior and inner surface of the lower maxilla on the left side, at the junction of the angle with the ascending ramus.

This was partly excised and treated with caustics, but without giving much relief, as the tumour rapidly increased from that date until her admission into the Hospital. About a fortnight previously she had two molar teeth drawn from the lower jaw, which were producing pain from their pressure on the tumour.

Condition on admission.—The face presents a swollen appearance from a bulging of the upper part near the malar bone. On looking into the mouth, a tumour about the size of a walnut is seen to extend inwards, growing partly from the angle, and partly from the ascending ramus of the jaw; but externally it seems incorporated with the tissues of the cheek, and to ascend as high as the zygoma.

October 15th.—To-day, the girl having been put under the influence of chloroform, Mr. Lawson proceeded to remove it. An incision was made from the angle of the mouth to the commencement of the tumour at the angle of the jaw.

The facial artery, which was cut, was secured at both ends, and the flaps reflected above and below, so as to expose fully

Digitized by Google

the tumour. This was now found to extend upwards and inwards for some distance beneath the zygoma, as far backwards as the internal pterygoid muscle, which was laid bare in course of the operation, and upwards along the ascending ramus of the jaw to near the coronoid process.

After some difficulty, partly by tearing and partly by cutting with bone forceps, the whole mass was separated from its attachments to the jaw, and removed. A pledget of lint was placed between the jaw and the cheek, and the parts were brought into apposition by the aid of hare-lip pins and wire sutures.

After the removal of the tumour, the jaw-bone presented a perfectly normal appearance. On examination the tumour was found to be a fibrous one, not at all vascular, and to have grown from the periosteum of the jaw.

The girl has progressed since the operation most favourably, and has left the Hospital apparently cured.

There is not the slightest paralysis of the muscles of expression, notwithstanding the long incision in the face, which the peculiar seat of the tumour rendered necessary.

HOSPITAL NOTES.

SUCCESSFUL OVARIOTOMY OPERATIONS.

Mr. Spencer Wells's third ovariotomy case in the Samaritan Hospital is still going on well. The tumour removed was of much interest as a specimen of what Virchow calls colloid disease of the ovary: the case will be brought before the Pathological Society at the next meeting. In the so-called "London Home for Surgical Diseases of Women," Mr. Baker Brown has also had a successful case. The operation was performed about a month ago, and the patient is now quite well. The tumour was polycystic and not of very large size; it had extensive adhesions, but none of them were very strong. The patient was a healthy young woman, and had never been tapped. Instead of a ligature for the pedicle Mr. Hutchinson's steel clamp was employed, and Mr. Brown expressed himself as greatly pleased with its ease of application and efficiency for the purpose. The clamp and included end of the pedicle were, of course, retained external to the wound. Mr. Childs has an ovariotomy in prospect on Monday next at the Metropolitan Free Hospital, and intends also, should the condition of the pedicle permit, to employ the clamp.

RETINAL APOPLEXY.

A stout and florid man, aged 50, the father of twenty-three children, and who stated that he had always enjoyed excellent health, was admitted under Mr. Critchett's care at the Ophthalmic on Tuesday last. He complained that he had to a considerable extent lost sight in his left eye, and that the two eyes perplexed each other and made him see double. When the left was covered, he could see clearly. He had continued at his occupation as a bricklayer, but had been obliged to give up ascending ladders, or going into dangerous positions. The affection dated two months back, and had begun suddenly. One Sunday morning he had risen according to custom a few hours later than on other days, but feeling in usual health; and was surprised on taking up a newspaper to find that he could not read easily, and kept losing his place. There had been no pain in the head or giddiness, nor was there any evidence of local paralysis. He went about as usual, but the defect in sight continued. To the Surgeon's unassisted eye nothing whatever abnormal could be detected in the condition of the affected organ. The pupil having been dilated by atropine, the ophthalmoscope was employed. The retina was now seen to be patched over with extravasations of blood, some of large size. These patches were greyish in their centres, and showed their red colour only at their margins. The condition constituted one of the most beautiful examples of retinal apoplexy that we have as yet seen. It is needless to point out how well this revelation coincided with the symptoms present, and with the history of the case. Had the man come under treatment a few years ago, it is very possible that a course of mercury, depletion, and troublesome counter-irritation might have been resorted to, since it would have been impossible to diagnose the purely physical nature of the lesion.

What should the prognosis be in a case like the above? Is it to be expected that the blood will be absorbed, and the part restored to its healthy functions? But few data as yet exist on which to ground a trustworthy answer to these questions. In certain cases great improvement has ensued in the course of time. In one, however, under our own observation, of exceedingly well-marked character, the event has been otherwise. A woman, soon after her confinement, suffered from convulsions, and had double retinal apoplexy; and although the sight was at first not nearly abolished in either organ, yet subsequently, in spite of tonic regimen well suited to her enfeebled state, the process has been retrograde, and one eye has been totally lost.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, NOVEMBER 20.

THE DISPUTED ELECTIONS OF THE UNIVERSITY OF LONDON AND THE COLLEGE OF SURGEONS.

The Order in Council we publish to-day announces the completion of the Medical Council, and the summons for the first meeting for next Tuesday the 23rd, at the College of Physicians. But the election of two Members is disputed, and the first business of the Council will be to examine the title by which Members claim to sit. The Senate of the University of London have elected Dr. Storrar as the representative of the University, and the Graduates question the authority the Senate have assumed. The Council of the College of Surgeons have elected Mr. Green; and a large body of Members deny that the Council have any authority whatever to assume any such power. In both cases the question will have to be settled by the Court of Queen's Bench. In the meantime we offer the following as a simple statement of the question at issue, with the opinion of counsel on either side.

The Senate of the University of London acted upon the following opinion of Messrs. Tomlinson and Jessel:—

"We are of opinion that the choice of a Member of the new Medical Council on the part of the University of London is vested in the Senate. The Senate is the governing body of the University, and, except where otherwise specially provided by the charter, is entitled to exercise all the powers of the University; and where, as in this case, a new power is conferred on the corporation by statute, without any provision being made as to the mode in which such power is to be exercised, we think it follows that it must be exercised by the body which exercises all other powers. "T. Tomlinson,
"G. Jessel."

At the meeting of Convocation, Mr. Jessel considerately expressed his hope that for the future Medical men would not meddle with questions of law; but any one who will read the opinion of Mr. Edward James Q.C.—a lawyer of higher professional standing than Mr. Jessel—will probably be convinced that Medical men have taken a sounder view of a legal question than this self-complacent lawyer. The following is a copy of Mr. James's opinion:—

Digitized by Google

"1. I am of opinion that the choice of the member of the Medical Council is not vested in the Senate.

"This is not in anywise a matter falling under the description of 'affairs, concerns, and property of the said University,' nor does the nominee range under the category of 'Examiners, officers, and servants of the said University.'

"2. I am of opinion also that the choice does not rest with the Convocation.

"At the time when the statute passed, the Charter had already been granted, and by it the 'University of London' is made to consist of the Chancellor, Vice-Chancellor, Fellows, and Graduates. Parliament having such charter before it, as is shown by Clause 53, and knowing, therefore, what the Senate and Convocation were, and what were their respective powers, does not give the choice to either of those bodies by name, as I conceive it would if the intention had been to confer the right of voting on a section of the University; but confers the choice upon the University at large, which it must have known consisted by the very terms of the Charter, of the entire body of Chancellor, Vice-Chancellor, Fellows, and Graduates. In my opinion, therefore, the Senate, in electing a Member of the Medical Council, have done that which they had no power to do, and that the gentleman so elected has no answer to a writ of *quo warranto*, if it shall be determined to question the jurisdiction of the Senate.

"Upon the broad view of the statute I am clearly of opinion that the Legislature intended to give to every one of the bodies named in the 4th Section of the statute the privilege of electing a member to represent the entire body in the Medical Council, and that this could not be effected properly save by giving the right of voting to the entire body of graduates.

"I may add that there are professorships at the University of Oxford to which all graduates (M.A.) are entitled to vote.

"Suppose a statute were now to pass giving an additional member of Parliament *simpliciter* to the University of Oxford, could it be contended for a moment with success that such additional member must be elected by any other body than the graduates at large? I think not.

"3, Paper-buildings, Temple, EDWARD JAMES."
"9th November, 1858."

As it has been decided at a meeting, of which we give a condensed report in another column, to test those opinions in the Queen's Bench, we shall not pursue the argument further at present.

In our number for November 6th we so fully explained the question at issue between the Council of the College of Surgeons and the College itself,—that is to say, the "body corporate and politic of the said College;" that it is only necessary here to repeat our firm opinion, that the right of election is vested in the whole body corporate and not in the Council alone. After long discussion the Council has taken the very decided course of electing Mr. Green, misled, as we believe, by legal opinions of counsel imperfectly instructed by the College solicitor. The *Observer* says on this head:—

"In seeking the opinion of Sir Hugh Cairns, Mr. Beevor, and Mr. James Wilde, the three counsel collectively consulted, advice was sought, not on the clauses of the charter quoted, but as to whether the Fellows, distinct from the Members, according to the fifteenth clause of the charter of 1843, had the right to elect the representative, as that clause gives to the Fellows the power of electing the members of the Council. The opinion of counsel was of course opposed to giving the Fellows any other privilege different to that distinctly stated in the clause; and they further stated that, as the Fellows were never called on to take any other part in the affairs of the College, they were not entitled, under that clause, to vote for the representatives on the Medical Council."

A number of Members who support the election of Mr. Brady have submitted a case to Mr. Headlam, Q.C., and other legal opinions have been obtained to the effect that Mr. Green's election is illegal. A meeting of Fellows and Members is called by advertisement for Monday next, at 2 p.m., to elect a Member for the College, and the following protest has been transmitted to the Privy Council:—

"The Memorial of the undersigned Members of the Royal College of Surgeons in England acting in behalf of a Committee of Members of the said College,

"SHEWETH,—That your Memorialists have been informed that the Council of the Royal College of Surgeons of England have appointed a representative to the General Council about to be instituted under 'The Medical Act,' without enabling the Fellows and Members, who constitute, by Royal Charter, the body corporate of the College, to exercise their right to vote in the election of the said representative—a right which your Memorialists believe to be in accordance with the true intent and legal effect of the fourth clause of the aforesaid Act; and your Memorialists do hereby record their protest against the said appointment."

A copy of the legal opinions has also been sent to Mr. Walpole, and another will be presented with a protest against Mr. Green's sitting as the representative of the College, at the first meeting of the Council on the 23rd. As we stated before, should the Council refuse to admit Mr. Green, he will have to prove his right by *mandamus*. Should the Council admit him, Mr. Brady has expressed his willingness to meet the legal expenses necessary to question the right of Mr. Green by *quo warranto* in the Queen's Bench. The Council of the College have doubtless acted with the best intentions, and have elected a very fit man; but they have beyond all doubt made a great mistake. Had they followed the course we recommended, Mr. Green would have been returned by the *College*. As it is, he will probably be proved to be the illegal representative of the *Council*.

THE WEEK.

The want of Medical Practitioners in the island of Jamaica is now so severely felt that the local newspapers are forcibly drawing attention to the subject. Out of the few Medical men practising there, four or five have lately been removed by death, and no means exist of supplying their places, owing to the apparent impossibility of attracting others to the island. The natural and inevitable consequence is, that quackery and imposture everywhere supply the want of Medical skill; and the peculiar habits and prejudices of the black population encourage, in particular, an absurd delusion that diseases can be cured by some mystic incantation of persons called *myal-men*, who are supposed to possess the power of counteracting the spirit of evil, personified under the name of Obeah. This mummery, which, however, is not more absurd than the pretensions of the so-called homœopathic system in our own country, is, we are happy to find, vigorously denounced by the local press: and the Jamaica journals, with an amount of good sense and of right feeling which reflects upon them infinite credit, urgently demand that the Legislature of the island should take some effective steps to supply the present dearth of qualified Medical practitioners, and by encouraging Medical science, should repress quackery and mysticism. It is recommended that Medical men, possessing legal qualifications to practise, should be invited to settle in the island; that the Legislature should guarantee them a certain annual stipend, in addition to their emoluments from private practice, to encourage them to do so; and that for the benefit of the poorer classes, dispensaries, having qualified Medical men at their head, should be established, especially in the rural districts. It is shown that these dispensaries might become self-supporting, at least after a short time, and that the money spent by the ignorant populace upon the *myal-men* in one year would pay their subscription to a dispensary for ten years. It is also recommended that none should be admitted to practise Medicine and Surgery in the island, except those who have been educated and examined for the Profession, and that a local Board should be established to examine the diplomas and licences of those who present themselves for registration; and, moreover, that this Board should acknowledge only those

Digitized by Google

testimonials which are obtained *from accredited sources*. It is stated that if moderate encouragement were given to Medical men, many officers now serving in the Medical department of the Army and Navy would embrace the offer of private practice in Jamaica; and we believe that many gentlemen in this country would gladly avail themselves of the opportunity of gaining a practice in that beautiful island if there were sufficient inducements held out to them to make the experiment.

More than a year ago we expressed our regret at learning, from an article in the *Freeman's Journal*, that the system of non-restraint in the treatment of Lunatic patients was not carried out to such an extent as might be desired in the Armagh Asylum; and we quoted some cases from the Report of the Commissioners of Lunacy in Ireland, bearing out the views we expressed. We have lately received a communication from Dr. Cuming, the Visiting Physician to the Armagh Asylum, together with some resolutions passed by the Board of Governors, in reference to the cases referred to by the Commissioners; and although the facts appear to be generally in accordance with the statements originally made, yet the explanation now offered puts a different construction upon the motives and the conduct of the Managers of the Asylum, and seems to show that the Report of the Commissioners was not altogether free from exaggeration. It appears that only four cases were subjected to mechanical restraint at the period of the Commissioners' visit, and that these were cases in which temporary control was necessary in consequence of the existence of violent maniacal excitement. It is stated that no padded rooms exist in the Armagh Asylum, and that even if they did exist, they would not be suitable for the cases described: and it is further stated that all the patients found by the Commissioners under restraint were thus alone prevented from inflicting violence on themselves and others, and that as soon as the paroxysm passed away, they were all liberated. We ought to mention further that at a meeting of the Governors of the Asylum, held on October 25 last, his Grace the Lord Primate of Ireland in the chair, some resolutions were passed unanimously to the effect that the management of the Asylum was exceedingly creditable to all persons concerned, and that the observations made by Dr. Cuming in reference to the Report of the Commissioners were a sufficient answer to the charges preferred, and that the Governors adopted Dr. Cuming's sentiments as their own.

A curious case of poisoning has been tried this week. A man named Hippenstall was indicted for administering a certain quantity of croton-oil, with intent to kill and murder. A second count charged that the prisoner intended to inflict grievous bodily harm by giving the poison. It appeared that he was manager in a druggist's shop, and had put croton-oil into the sugar-basin from which he knew the prosecutor would take the sugar. The prisoner's statement was that he did not know the oil was a poison, but was a medicine, and he had intended to give the prosecutor a "scouring" for having told lies of him. The case was tried before Baron Martin, and, the prisoner having been found guilty, his Lordship reserved the point whether strictly this was an offence. Mr. Price, for the prisoner, submitted that no offence had been committed either at common law or under the statute. There must have been some conflict between the parties to make it an offence. Giving poison did not amount to an assault, nor was it a misdemeanour. There might be a civil injury, which was not a crime. The Chief Justice said it was a more serious thing to do bodily injury than to injure property. Death by poison was as much an act of murder as running a sword through the body. Could it be said there was no assault because death did not ensue? Mr. Price said assault must be the essence of the charge. The prisoner did not intend to do more than give great pain. The Chief Justice would ask whether the Court could say that that which was a mischief within the spirit of the Act should be excluded because the preamble did not expressly state it. The argument of counsel was that, although the act might be most dangerous, most aggravated, and most atrocious in intention, endangering life, still there was no law by which the party might be punished. Mr. Price said it was only where the law was found to be inadequate that alterations were made. Mr. Bliss, for the prosecution, said the question was, whether an act of this kind, short of death, could be treated as not punishable. Their Lordships would be afraid to promulgate to the civilised world that a man who might administer poison, but without an intention to kill, could not be punished. The Court took time to consider its judgment.

When a man is beaten, the best thing he can do is to submit to defeat with a good grace and shake hands with his successful rival. Dr. Bennett, of Edinburgh, seems quite incapable of indulging in this hearty old English feeling. His defeat by Dr. Laycock seems to rankle constantly, and he now attributes it to the interest exerted by Dr. Simpson in the election. In reply, Dr. Simpson shows that if Dr. Bennett had not been defeated by Dr. Laycock, he certainly would have been beaten by Dr. Alexander Wood. This is the upshot of a long correspondence in the Edinburgh papers. One lesson, however, taught by Dr. Simpson, is susceptible of wider application, and we extract it for general perusal:—

"During the canvass there was, as I already hinted, in Dr. Bennett's camp a traitor who constantly checkmated all the best efforts of Dr. Bennett's friends in Dr. Bennett's behalf, and ultimately ruined all Dr. Bennett's prospects of success. That traitor to Dr. Bennett's interests was none other than Dr. Bennett himself. For in his personal intercourse with the electors he occasionally spoke with such supercilious and disparaging violence of the claims of his fellow-candidates, and with such painful arrogance and egotism of his own claims, as thoroughly to convince several electors, who were inclined to favour him, of his unfitness for such an appointment. His own temper and tongue blasted all his hopes and prospects on this as on other occasions. Men of Dr. Bennett's stamp, when galled by any reverses or disappointments, are sure to find the cause of them, not in any delinquencies or errors, however plain and patent, committed by themselves, but always in the delinquencies or errors of others. Under such circumstances they themselves are always perfectly right; some other person or persons always perfectly wrong. Looking round in this spirit for whom he could blame for the loss of the Practice of Physic Chair, Dr. Bennett fixed upon me—and hence the vials of wrath and abuse which he has tried to pour out upon me from that time to this."

UNIVERSITY OF LONDON.

A meeting of the Medical Graduates of the University of London was held on Wednesday evening last at the College of Dentists' Theatre, 5, Cavendish-square. The meeting was summoned by advertisement from a preliminary meeting of Graduates held at Mr. Henry Thompson's residence, specially invited, and mustering strong of College of Physicians' Graduates.

Dr. Garrod having been called to the chair, Dr. Ballard and Mr. Thompson acted as Secretaries.

The President made a few introductory remarks, stating the object of the meeting. There was a general feeling for reviewing the proceedings of the Senate and Convocation in the matter of the late election of Dr. Storrar. He himself was quite unbiassed, but thought such a course constitutional.

Digitized by Google

He hoped angry feelings and all personal matters would be entirely discarded.

Dr. Barnes moved the first resolution to the effect, "That it was expedient that the Graduates should express an opinion on the late election of Dr. Storrar by the Senate of the University, and on the conduct of the Graduates' Committee clique at Convocation." The list of nominees included six names, proposed and seconded by each other. This party had nominated only one Graduate in Medicine, and all University College men. This motion was seconded by Dr. Reynolds, and carried *nem. con.*

A second resolution, strongly condemnatory of Dr. Storrar and the late election, was moved by Dr. Brinton. The Profession was, as a body, opposed to it. Heads of the Profession were resigned to it. Dr. Storrar had never written a book. He had no social qualifications. He was industrious, but very polemical. He was a known enemy to the College of Physicians. That body was not antagonistic to the University; but included forty-six Graduates of London. Dr. Storrar was not on a par with the other representatives sent from other bodies. If it was a question of choice, and Dr. Storrar was retained after what Convocation had done, he would throw up his degree as a disgrace, and cleave to the College of Physicians.

Dr. Hewitt, in seconding the resolution, stated he thought Dr. Storrar not the man to represent the University; but that he should have been elected on the Senate.

Dr. Morsley moved an amendment to the effect, that after the vote of Convocation, it was inexpedient to express an opinion now on Dr. Storrar's election.

Dr. Routh, in seconding this resolution, stated that he was in no way opposed to the College of Physicians; on the contrary, he had separated himself from the Graduates' Committee by reason of their hostility to it. Dr. Storrar he thought the best man, because one of the oldest graduates, and because he had saved the University by causing the removal of a clause introduced in the Lords, by which no one could call himself a physician, except a member of the College. Dr. Storrar understood the custom of Medical education thoroughly, and Dr. Storrar's social position was sufficiently honourable to justify him in not noticing Dr. Brinton's observations on this point.

Dr. Savage commented in the strongest manner on the personalities with which Dr. Brinton introduced his resolution. What had the social position of Dr. Storrar to do with his appointment? Convocation had already decided the point by electing him by double the number of votes over the losing candidate. Time should now be given for the result. He differed entirely from Dr. Brinton, and those likely to support his resolution. He objected to the allusions to the College of Physicians, who had nothing to do with the question; but as they had been mentioned, he felt at liberty to remind all who cared about the new Bill that it was mainly to Dr. Storrar's talent that the London University Graduates were emancipated from the control of that body—certainly to his vigilance that their last piece of finesse, which would have essentially spoiled the bill, was discovered and defeated. He had as much gossip to prove Dr. Storrar's admirable fitness for his appointment, as that adduced by Dr. Brinton to prove the contrary.

Dr. Brinton explained, a man was disqualified for a representative, who did not know personally and intimately the dons of the Profession.

Dr. Quain thought the fact that Dr. Storrar's knowledge of what the College of Physicians had done in the matter of the clause, was not a favourable feature in Dr. Storrar's conduct. It was surreptitiously obtained from the printer. (Dr. Quain here was called upon by the Chair to withdraw the charge.) He did so, and then went on to say, Dr. Storrar was not a type of the graduates.

Drs. Edward Smith and Buchanan and Dr. Baines supported the amendment. Drs. Powell and Odling vehemently supported the resolution.

Dr. Conway Evans moved an amendment, seconded by Dr. Watford, that a memorial expressing the favourable and unfavourable opinions of the Medical graduates be presented to the Senate.

After a desultory discussion,

This second amendment was put and lost.

The first amendment was then put and also lost.

The original resolution was carried by a large majority.

Dr. Quain moved, and Dr. Mackenzie seconded, that a deputation do wait upon Mr. Walpole, soliciting him to give two out of the four vacancies in the Senate to Medical Graduates. Carried *nem. con.*

Dr. Sibson moved, that the case be at once brought before the Queen's Bench, and a subscription entered on by the Graduates to defray expenses. Carried by a small majority.

Thanks having been voted to the College of Dentists for the loan of the rooms, and to the Chairman, the meeting adjourned.

REVIEWS.

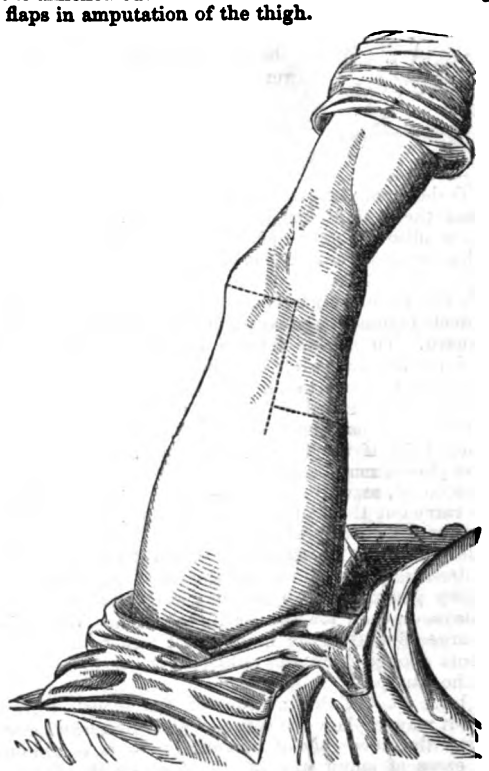
On Amputation by a Long and a Short Rectangular Flap. By T. P. Teale, F.L.S., F.R.C.S., Surgeon to the Leeds General Infirmary. London: 1858. 8vo, pp. 72.

Like most Surgeons of large experience, Mr. Teale after learning to prefer the circular to flap amputations, also learned that after either method the stump is imperfect—it will not bear pressure on its extremity, and it is accordingly unable to support a great part of the weight of the body. His own observations, and the statements of mechanicians led him to conclude: "First, that in stumps formed after the circular and transfixion methods it is extremely rare to find a soft moveable mass of tissues over the end of the bone; secondly, that with very few exceptions the cicatrix is adherent to the end of the bone; and thirdly, that such stumps are generally unable to bear pressure on their extremity."

The general conclusion from the statistical reports of operations in the London and Provincial Hospitals, published during the last five years in this journal, is that of 640 amputations of the thigh and leg, for accident and disease, in these hospitals the mortality has been nearly one in three. These facts have led Mr. Teale to make the praiseworthy attempt to lessen the mortality after amputation, and to make the stump prove perfect. Here we must let Mr. Teale speak for himself.

His description will be better understood by a reference to the following figures, representing the lines of incision in each amputation.

In the annexed cut the lines are marked out of the long and short flaps in amputation of the thigh.



"To procure a more useful stump, and in the hope of somewhat diminishing the mortality of the operation, it is

Digitized by Google

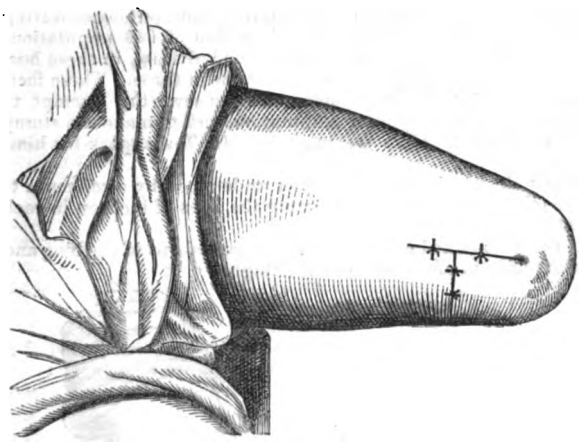
proposed to amputate by a long and a short rectangular flap—the long flap, folding over the end of the bone, being formed of parts generally devoid of large blood-vessels and nerves, while these important structures are contained in the short flap.

"The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and its breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the larger blood-vessels and nerves. A flap so formed will be for the most part anterior in position as far as regards the general aspect of the body, but superior when the patient is in the recumbent posture, as during the after-treatment.

"The short flap, containing the chief vessels and nerves, is in length one-fourth of the other.

"The flaps being formed, the bone sawn, and the arteries tied, the long flap is folded over the end of the bone; each of its free angles is then fixed by suture to the corresponding free angle of the short flap. One or two more sutures complete the transverse line of union of the flaps. At each side the short flap is united to the corresponding portion of the long one by a point of suture, and one suture more unites the reflected portion of the long flap to its unreflected portion. Thus the transverse line of union is bounded at each end by a short lateral line at right angles to it."

We must refer to the work itself for some very necessary practical details, simply giving the annexed cut to show the appearance after the flaps have been united by sutures.



Mr. Teale's mode of dressing a stump is thus described:—

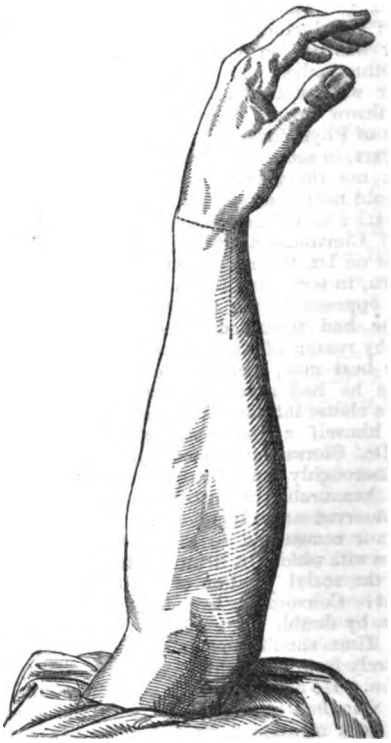
"After the patient has been carried to bed, the stump is laid on a pillow, over which a large sheet of gutta-percha tissue has been spread. *No dressing whatever* is required in the early part of the treatment. A light piece of linen or gauze is thrown loosely over the stump and pillow, and these are protected from the pressure of the bedclothes by a wire-work guard. To relieve tension the lateral sutures may be removed on the following day, but those of the transverse line may be allowed to remain until they are cast off, or appear no longer needed on account of the consolidated union of the parts. When the sutures of the transverse line have lost their hold, if the flaps should gape, a strap or two of adhesive plaster may be applied. Simplicity in the treatment is thus secured, as well as disturbance of the stump avoided.

"To carry out these objects completely, the attendants and nurses must be strictly enjoined not to lift the stump from the pillow without the authority of the Surgeon. As there are no dressings to be soiled, and therefore to require removal, the stump generally need not be raised from the pillow for many days, or even for two or three weeks. When there is a discharge of matter, the nurse must remove it frequently by a soft sponge from the subjacent gutta-percha, without lifting the stump."

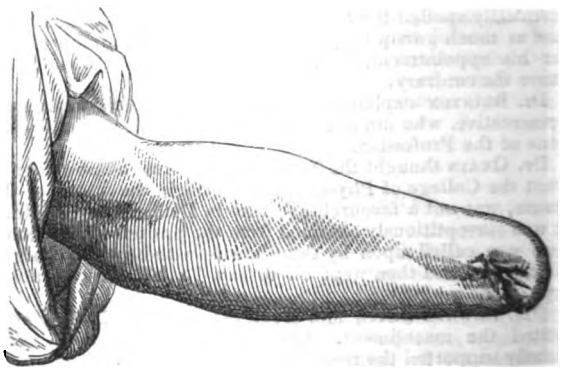
We have quoted this account of the mode of dressing, because it may explain one cause of the diminished mortality following the new mode of operating; for it is diminished. Of 17 cases of amputation of the thigh by Mr. Teale's new method, for disease, there were 3 deaths, or nearly 1 in 6; whereas in the London Hospitals it is about 1 in 4¼, and in the Provincial Hospitals 1 in 4. The amputation of the leg for disease shows a mortality of only 1 in 27, whereas in the London hospitals these amputations give a mortality of 1 in 3¼, and in the Provincial Hospitals of 1 in 4. It is very remarkable that the amputations performed in the Leeds Infirmary by the ordinary circular and flap methods show a mortality very closely approximating to that obtained at the London and Provincial hospitals on a much larger scale.

It is with no slight satisfaction that we find Mr. Teale referring to the facts we have collected at some cost and no little labour, as the most trustworthy *data* to be obtained, as to the results of operations in this country. We have now an immense mass of evidence before us, and with the new year we hope to show how important are its bearings on practice.

In further illustration we append an excellent drawing of the amputation of the forearm,



and a likeness of the stump taken from a photograph of a patient five months after operation.



These samples will serve to convince the reader how admirably the various amputations described by Mr. Teale have been illustrated by the drawings of Mr. Bigg.

It would be unfair to Mr. Teale to indulge in further quotation. His book should be studied by every Surgeon who may have to amputate a limb. The character of the operator will be tested by the character of the stumps he produces. If he follow Mr. Teale, he will have them composed of "a

Digitized by Google

soft mass of tissues, devoid of large nerves, moveable over the sawn end of the bone," and bearing pressure on the extremity. Nothing short of this should satisfy the man who is determined to do all he does as well as it can be done. We may all profit by the lesson Mr. Teale has taught so well.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, NOVEMBER 16, 1858.

THE course of Military Surgery for the Session 1858-59 was opened on Monday, the 15th instant, in the theatre of the Royal College of Surgeons, by the Regius Professor, Mr. Tufnell. Among a crowded audience were the following:—The Right Hon. Lord Seaton, Commanding the Forces; Sir A. Dacres, Commanding the Artillery; Colonel Atwell Lake, of Kars; Colonel Browne; Colonel Rose, Commanding Engineers; Colonel Pack, Adjutant-General; Colonel Dunford; and the principal officers of the Staff.

Mr. TUFNELL, in the commencement of his lecture, stated that on such occasions as the present his object has ever been twofold—the obtaining of a just consideration for the Army Medical Department on the one hand, with a due regard to the soldier's welfare on the other. He pointed out that the very existence of the former, its increase or diminution of strength, depends upon the aspect of political affairs—in other words, that the admission into the service of a greater or lesser number of Students, and the promotion of their predecessors, must be directly influenced by the question of peace or war. He showed that, instructed by the events of the past few years, England has now taken steps for the husbanding of her physical power; that she has been made aware that even regarded merely in a pecuniary point of view, the most wasteful of all expenditure is the expenditure of men; and that she now knows that there is scarcely any conceivable amount that it may be necessary to pay for what is required to preserve the health and efficiency of the soldier, that is not advantageously laid out. He stated that it has been decided by the late and present administrations, under the guidance of Committees and Commissions, that the barracks of the soldier should henceforth be the best that engineers can devise, and that his hospitals shall be in every way calculated to assist in the restoration of his health, and that the medical aid afforded to him shall be the highest the country can procure. Equal attention is to be paid to his clothing, accoutrements, food, and the cultivation of his intellectual powers. In one respect the learned lecturer considered that the recommendations of the Royal Sanitary Commissioners fall short, namely, in reference to recreation and amusement. Mr. Tufnell next dwelt upon the education which will be required of the medical officer both before and after he has received his commission, and showed the importance of a due acquaintance with sanitary science, and of preparation for the practical tests which candidates for admission to the Army Medical Service will henceforward have to undergo. This service, he added, is now the prize of the Profession. The second examination to be submitted to before promotion to the rank of Surgeon, has been added, said Mr. Tufnell, for the double purpose of testing the use which the medical officer has made of the opportunities afforded him after the securing of his first commission, and of obliging every individual to read and study. The best preparation for this examination would be found in a continuance of the system of taking cases taught in our hospitals, as opposed to the absurd system of "Medical book-keeping" at present enjoined, which involves the loss of much valuable time in the chronicling of silly repetitions. "Work then, I say, scientifically in your hospitals; avail yourselves of the grand opportunities which your dead-house will present; continue a regular and regulated daily course of study, and the examination will find you fully prepared." As an example of what an efficient medical officer can accomplish, and of the rewards which await him, the learned lecturer alluded to Dr. Armstrong, of the Royal Navy, through the excellence of whose arrangements, under Providence, the Investigator made the north-west passage without the loss of a man, though her crew suffered privation in its every form; in consequence of which energetic discharge of duty, Dr. Armstrong received from Sir J. Pakington the appointment of Deputy-Inspector of Fleets and Hospitals, at an age less by twenty years than any man before him.

Mr. Tufnell next described the improvements both in rank and emoluments effected by the Royal warrant of the 1st of October last, and entered into a striking comparison of the condition of the Medical with that of the Combatant officer who does not purchase, and also with the position of the practitioner in civil life, showing the great advantages enjoyed by the former; and while he gave to General Peel and the present administration the credit of practically introducing the recent warrant, he showed by the quotation of words addressed on a former occasion by Lord Panmure to himself, that it was the intention of his Lordship and of the late Government "to make the Medical Service of the Army as perfect as means could make it, so that it should be a credit to the country, and an object of desire to the whole Medical Profession." And, said he, the present administration have it in their power to secure for themselves the gratitude of the whole Profession, by placing the Medical department of the Navy upon the same just footing as that of the sister service. The professor concluded his able address with an eloquent panegyric on the present Director-General, Mr. Alexander, at the same time stating that he would not have mentioned his name, had he not done so previously in 1855, and then published his opinion of this gentleman's merits long before he was raised to his present position. He would laud no man because he was in power. Holding a public situation he would act directly for the public good, and would truckle neither to men nor measures. But, with regard to Mr. Alexander, he believed, and he said it conscientiously, that if the whole Medical Department were searched for a man calculated for the office of Director-General, a superior to him could not be found. He was a good Surgeon, an independent man, and one that would do his own duty and see their duty done by others. He urged those preparing for the service to enter it with a feeling of respect for its head, and a determination to support him, as, he felt assured, Mr. Alexander would support them. With reference to the late Director-General, he felt he should be guilty of injustice to his character, if he concluded without mentioning his name. He said that it was not Dr. Smith's fault that these improvements in the condition of the Army Surgeon had not earlier taken place, but that it was his misfortune to be in office at a time when the necessity for this amelioration had not been manifested, and he believed that but for the Russian war, everything at this moment would have been in its pristine state. The letters which had been written by Dr. Smith, and the remonstrances which had been made by him, in reference to the requirements of the soldier upon service, had entirely exonerated him from all the abuse heaped upon him by the London Press, and carefully read, these letters would be wondered at for their correctness of judgment, and for their Cassandra-like foretellings of the evils which occurred.

GENERAL CORRESPONDENCE.

URETHROTOMY.

LETTER FROM HENRY SMITH, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Dr. Gourlay has referred to a statement of mine regarding the cases of external urethrotomy operated on by Mr. Fergusson at King's College Hospital, and wishing to institute a comparison as to the results of the operation in the hands of that surgeon, and of the same proceeding in the practice of Mr. Syme, has favoured us with an account of a like number of cases (thirteen) which have recently been turned out of the wards of the Edinburgh Infirmary. Twelve out of the thirteen are returned as cured, whereas out of the same number detailed by myself, as operated on at King's College Hospital, three died, and half of the remaining ten only were, what is called, cured. The comparison, therefore, is greatly in favour of Mr. Syme; and if Dr. Gourlay had contented himself with simply drawing the comparison, his

Digitized by Google

etter would not have challenged criticism; but before concluding he makes the following statement:—"It must be obvious from these facts that the results at King's College Hospital are due, not to the principle of the operation, but to the mode of its performance."

Now, Sir, I am very well aware that the promoters and admirers of the operation in question have lately had good reasons for believing that they have been propagating a surgical delusion, yet I was not prepared to find such evidence of their discomfiture as is contained in the extraordinary reasoning here employed. It is hardly necessary to demonstrate the absurdity of assuming, as Dr. Gourlay does, that Mr. Fergusson cannot perform the simple operation of slitting open a man's urethra on a grooved conductor, in a proper manner. It is generally the case, that those who advocate some extraordinary and particular kind of operation, and see it fail in the hands of others, place this failure to a want of skill, even on the part of men who—as in the present instance—are distinguished for their surgical ability.

The very best answer, however, I can make to Dr. Gourlay's extraordinary logic is the fact that Mr. Syme himself, according to most reliable information in my possession, has recently within the last few months had results in his private practice far different from those which have apparently occurred in the Edinburgh Infirmary. I have been informed of no less than three cases, where in this period death followed on this operation. It was only on Saturday last a gentleman was lamenting to me the loss of his commander, one of the finest officers in the navy, aged only 30, from this operation in Mr. Syme's hands.

Now, according to Dr. Gourlay's reasoning Mr. Syme must have performed the operation improperly in these three cases; and yet I would hardly suppose he will venture to accuse his chief of the want of skill he imputes to Mr. Fergusson.

No, Sir; the plain matter of fact is, daily experience is telling us that the external division of strictures through the perineum is fraught with danger, and that even if the patients recover the operation, the disease is liable to return as badly, if not worse than before. And I hesitate not to say, that it is a perfect mockery for any man to try and show the safety and efficacy of the operation by the relation of cases occurring within a certain period in Hospital practice, without reference to the evil results following the operation in the hands of the same surgeon. The credulity of the Profession cannot be thus imposed upon; and notwithstanding the utmost efforts on the part of the defenders of this operation, it is being estimated in its proper light. Patients are now going about who have been operated on, and who are as bad, if not worse, than they were previously; and does not this fact agree with what reason and pathology would teach us? But, in order to demonstrate this more clearly, let me place before your readers the brief notes of one of the very last cases I have seen where this operation was done.

A gentleman, aged between 20 and 30, consulted me, Oct. 6, 1858. He was suffering most severely from the symptoms of stricture, having a very irritable bladder, and great difficulty in making water. On examination I discovered that he had a considerable induration in the perineum, and that an opening existed there which discharged urine every few days. On introducing a silver catheter, I found it obstructed at the bulb by a most irritable stricture, and after a careful attempt on this, and on a future occasion, I could not pass anything into the bladder. The symptom, however, which troubled the patient most was a curved state of the penis, which occurred during an erection. This gentleman informed me that he had his urethra divided externally in the latter part of 1856, that he was apparently *cured* for some few months; but gradually symptoms returned, and he had the catheter passed with benefit. Subsequently he became worse, had a great deal of treatment until the early part of the present year, when an abscess and fistulous opening formed in the perineum. He then sought further surgical advice, and had the perineal section performed a second time. After the operation the opening never healed, and although he had been diligent in the employment of instruments which he could pass until latterly every week into his bladder, he came to me in the state mentioned.

Now, here is a pretty specimen of the *cure* after perineal section. Dr. Gourlay will say that the operation was not properly done; but where will he go for refuge when I inform him that Mr. Syme was the surgeon who operated upon this gentleman on the second occasion! He must seek some other excuse for the failure, and where he will get it I know not, for the patient persisted in employing the catheter every week. This one case so forcibly proves the position I hold, that this operation is a failure as a cure for stricture, that I will not relate any other at present, but I will only state that this case and others like it, show how utterly worthless it is to publish a series of cases, and speak of them as cured, where the result is not carried beyond a few weeks from the operation. A careful examination of Mr. Syme's cases shows that in nearly every case the date of the *cure* is about a month after the operation. Any one acquainted with the pathology of stricture, and with the history of cases of cutting operations for the remedy of this disease, will know how utterly useless it is for the correct appreciation of the operation in question, merely to know the results of such cases up to a period of a few weeks after operation. I suppose there is no one who will deny that it is a very easy matter to slit open the urethra with a knife upon a conductor to any extent one wishes; and, of course, if the patient survives, a large catheter can be introduced for some little time afterwards. Our knowledge, however, of the contractile nature of the urethral canal when once diseased, and of the necessary contraction which takes place after a wound made by the knife, plainly tells us not to be content with the results of cases of urethrotomy for a month or two afterwards; but in order to form a correct judgment we must know what condition the patients are in months or years afterwards. That unhappy young gentleman, whose case I have just related, was wonderfully well for some months after the operations, and yet in a little time his old symptoms crept upon him. And so it is and has been with others.

There is one other point before I have done. Dr. Gourlay has given us twelve out of thirteen favourable results; what has become of the thirteenth case we are not informed; the date of the operation is given, and then merely a blank without result. Is that blank space symbolical of what we are to expect in the history of those cases which turn out badly? May I ask, too, whether there have not been some fatal cases of this operation in the Edinburgh Infirmary during the present year, or during the last year? Even twelve cases in succession of this operation, unattended with death, do not invalidate my position, that it is a very dangerous proceeding, assuming that such a number have been performed without a fatal result. Let us have the entire results of Mr. Syme's practice, as well in private as in public, and then the Profession will be able to form a correct appreciation of that which was vaunted as a safe and complete remedy for stricture in its "most inveterate forms." The publication, however, of a few instances of so-called *cures*, without any reference to fatal or unfortunate cases, and the unhandsome and unreasonable imputation of want of skill on the part of others, is merely an attempt at justification which carries with it its own condemnation.

I am, &c.

Caroline-street, November 9. HENRY SMITH.

DEATH FROM CHLOROFORM.

LETTER FROM DR. HILLIER.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your journal of last Saturday there are two communications relating to chloroform, on which, with your permission, I should like to make a few observations. One from Dr. Robert Lee contains a letter received from Scotland, showing that a woman in labour had recently died from inhaling two drams of this substance. No information is given as to the method in which the chloroform was administered, nor what were the symptoms produced. In some cases where death has occurred from the administration of chloroform, less than one dram has been used.

Dr. Snow has clearly shown that the various effects produced by chloroform do not depend on the amount inhaled, but on the degree to which the vapour is diluted by the atmosphere, when it is inhaled.

The other communication to which I have referred is a letter from Mr. Hunter, headed "Apnœa from Chloroform."

Digitized by Google

Dr. Snow maintained that all the deaths from chloroform have occurred from what he calls "cardiac syncope."

It appears to me that great confusion has arisen in relation to this matter, owing to the different meanings attached by different persons to some of our common words, especially syncope and asphyxia.

Mr. Hunter uses the word asphyxia in the sense of sudden stoppage of the heart's action, *i.e.* as syncope is generally used. This use of the word is etymologically quite correct, but is, I think, undesirable, as being liable to mislead. Dr. Snow, on the other hand, speaks of two kinds of syncope, anæmic and cardiac; and under the latter head includes cases which are usually referred to apnœa or asphyxia. He says that "asphyxia by privation of air ends in a kind of cardiac syncope, the stoppage of the heart being partly due to over-distention of its right cavities, and partly to loss of power in its structure, from the want of a supply of oxygenated blood through the coronary arteries." It is quite true that in deaths from privation of air the heart continues to act after respiration has ceased, and that the last sign of somatic life is the heart's continuing to beat; but nevertheless to say that syncope is the mode of death leads to misapprehension. In the same way, I think, that it is straining a point to maintain that all the recorded deaths from chloroform in the human subject have been from cardiac syncope. That the great majority of them have been due to sudden stoppage of the heart's action, I have no doubt; in these instances there has either been previous weakness of the heart, or the vapour has been inhaled not sufficiently diluted with air. The length of time during which the vapour has been given has little or nothing to do with this result, because in some death has occurred very soon after inhalation was begun; in others, not until after it has been continued for a considerable period. Several of these deaths have occurred to persons who were a long time in being brought under the full influence of the anæsthetic. In a few cases, however, chloroform has proved fatal in a manner similar to the action of ordinary narcotics; in these the vapour has been sufficiently diluted, no unfavourable symptoms have been produced for some time; coma has been induced, the breathing has become embarrassed and partially arrested by the action of chloroform on the brain and medulla oblongata, the right side of the heart has been consequently distended, and its action thereby impeded. In addition to this the heart's substance, instead of receiving oxygenated blood through the coronary arteries, has been supplied with imperfectly-aerated blood, containing chloroform, and has consequently been unable to overcome the obstacle offered by the congested capillaries of the lungs. The death has been from neither pure asphyxia nor pure syncope, but a combination of the two.

There is no doubt that death from syncope is most to be feared in administering chloroform, because that may occur at any moment with scarcely any warning. I know of no means in which the degree to which the vapour inhaled is diluted can be estimated so conveniently, and thus this source of danger be provided for as by the use of Snow's inhaler.

Most other methods proceed on the assumption, that so long as the air be not excluded there can be no danger, and that death cannot occur until the various stages of narcotism have been passed through, so that if the symptoms be carefully watched there can be no risk. Whereas if there be too large a proportion of vapour in the air breathed, the patient's heart will suddenly be arrested, and this may take place without previous insensibility, and even after the chloroform has been for a few seconds withdrawn from the face. The other mode of death alluded to can only occur after a number of symptoms which ought to induce caution.

The case recorded by Mr. Hunter, which he ascribes to secondary apnœa, appears to me not clearly dependent on chloroform. I have never seen or read of any instance in which the narcotic effect of chloroform continued so long after its administration. May it not have been that the state of stupor which he describes was due to some idiopathic condition of his patient? The symptom described, of weight in the chest, does not in my mind at all add to the probability that the stupor was due to the chloroform.

I am, &c.

Thomas Hillier, M.D. Lond., L.R.C.P.

21, Upper Gower-street, Nov. 9, 1858.

Letter from Dr. Alfred Sharpe.

[To the Editor of the Medical Times and Gazette.]

Sir,—In last week's *Medical Times* there appeared a letter, communicated by Dr. Lee, giving an account of a death from chloroform, during a natural labour in Scotland. It is the first case of death under such circumstances in Scotland that I can remember, and I believe that it *is* the first. On this account, if on no other, there will doubtless be a strict investigation into the details of the case, and not unnecessarily, —for in its present form it appears to me most unsatisfactory, inasmuch as—1. We are not told whether the chloroform was given by a medical man or not. The unfortunate lady is mentioned both as Mrs. ——— and Mrs. B., while the administrator of chloroform is called Mr. ———. Is this the husband, or any other than a medical man? If so, there is an end of the case as an argument against the use of chloroform in similar instances; for not even its most prejudiced opponents could then call it a death from the use of chloroform; it must appear to every one as a death from its abuse. 2. There is an absence of any medical evidence regarding the condition of the patient, just previous to, and during the administration of chloroform, this being particularly requisite from the fact of her having taken it on six or seven previous occasions successfully.

3. There is a loose, uncertain manner in giving important details, *e. g.* "on giving it (chloroform) *probably* for the fourth time." Again, "the quantity of chloroform given *in all probability*, did not exceed two drachms."

So far as present knowledge carries us, it appears that all known precautions will not in every case insure safety in the administration of chloroform, and anæsthetics of a similar character—whether or not such recognised precautions were adopted in this deplorable case is still to be shown, and till then it should certainly not be quoted as an argument against the use of chloroform in labour. I am, &c.

Alfred Sharpe, M.D.

14, Steyne, Worthing, Nov. 11, 1858.

WHAT IS THE CONVOCATION OF THE UNIVERSITY OF LONDON?

Letter from Dr. Henry Savage.

[To the Editor of the Medical Times and Gazette.]

Sir,—What is convocation? A radical meeting at an Inn is convocation. So is a Hospital committee. So was the Council of Trent. So is a cabal of our University Fellows of the College of Physicians; and so is, we are informed, our meeting at Burlington-house.

Any two or three, if called together, form a convocation; which, as far as I can ascertain, implies neither power, right, nor capacity for doing more than expressing opinions.

It is now many years ago,—more than ten I should say—since I was induced to join a very small medical deputation to the Graduates' committee of those days, for the purpose of urging them to examine our relations with the public in respect to the College of Physicians. I allude to this in this place because if there be anything different between the meetings of those early champions for our rights, and this particular convocation, and we really have gained essentially by the difference, I will at once and for all express my regrets for the obstructions our deputation was then said to have occasioned.

In asking this particular question, What is convocation? I beg to say I am not actuated by any carping spirit of detraction: I am really anxious after these fifteen years' struggle in the cause of independence and common sense (and I could be very easily satisfied), for the least proof of having gained anything. The time is surely arrived for exhibiting in some unmistakeable form what that gain may be; as, of the 200 graduates of the University of London who responded to the summons to Convocation on Wednesday, I do not believe that one left the counsel chamber at Burlington-house with a glimmer of expectation of ever seeing any good whatever come out of it.

The Convocation of Wednesday was to me a grievous disappointment, even though I had reason to know that attempts had been made to check every free expression of opinion.

Digitized by Google

Two days before the meeting of Convocation an anonymous letter was put into my hands, threatening the most violent alternatives against voting for Dr. Smith and Dr. Storrar. Shortly afterwards certain defamatory documents were tendered for the purpose of attacking the alleged authors by way of retaliation, and the Hall of Convocation was considered the suitable place, and the choice of candidates the opportunity, for working out this disgraceful piece of electioneering. But the election of candidates turned out, as it happened, the least objectionable part of the day's proceedings, and we did not consider ourselves justified in denouncing on the strength of these documents the candidate mentioned therein, as not altogether "the proper dish to set before the queen." We may have been wrong in this forbearance; however, it is a source of satisfaction to know he was not elected.

We were delayed by two whole hours of violent and unseemly altercation, before we were allowed to "express our regret!! that the Senate did not consult us on the subject of Dr. Storrar's appointment."

The election of the Clerks by a remnant of 34 graduates seems to have given much dissatisfaction. Whose fault was that? Why of those who wore out the patience of the other 166, and drove them away.

Although no part of the business of the day, Dr. Quain would lug in the poor College of Physicians. They seem to have discovered that they cannot meet the signs of the times without a new Charter; in other words, they must forfeit their identity before they can reform. The new Act has destroyed the prestige which seems to have cheated forty-six of our University Graduates out of their self-respect. A medical Graduate, in gallantly defending the Senate, replied with much spirit and force to Dr. Quain's groundless laudations of that worn-out body corporate.

Will any advantage the College can offer exceed the benefit we can derive from self-organisation on the basis of common sense and Christian charity? What can a London University man ever find to covet in Pall Mall East? What can we hope for in the prospective piece of legislation publicly announced? Why drive one to revert to the life-long misguided opposition of the College of Physicians to everything like professional progress? To what has its policy brought it? Passed over by the State in all sanitary questions without exception, it never exercised the least influence in legislation for public good; and is now nothing. It is for us to see that no new Charter brings another incubus on all that is liberal and progressive in our Profession.

A last word on our University government: all honour, respect, and gratitude to the Senate. It is not after all so long ago when our interference in the government of the University of London would have done more harm than good; when, in fact, such interference would have been mere presumption. The authority was, and is still vested in the Senate. This was the body which fought for our rights, when any participation of ours in University government would have been an absurdity. Will any of the gentlemen who abused the Senate on Wednesday point out what particular feature of our first Convocation could justify any addition to our privilege of strengthening the Senate out of our Graduates? Why pretend thus to fill up the vacancies in the governing body, and grumble at not having at the same time another form of meddling in the government which would render the former nugatory? This is not the least inconsistency I remarked, emanating from the Medical Graduates; and as to any jealousies on the score of the Medical minority among the successful candidates, I have only to observe that until we can dispose of our heroes and their unseemly cabals, and the Medical Graduates permit us to conduct a Convocation with common decorum, I for one shall feel that our chief honour and safety depend on Arts and Laws.

I am, &c.

HENRY SAVAGE, M.D., Lond.

3, Gloucester-place, Nov. 15.

CHLOROFORM IN MIDWIFERY.

LETTER FROM JOHN H. HOOPER, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your impression of the 13th inst. Dr. Williamson, of Aberdeen, says in his letter on this important subject, that he has asked Dr. Lee to state his objections to the use of this remedy in parturition, and that no reply has been made; he also "conceives Dr. Lee is bound either to substantiate the views he has propounded regarding chloroform, or else in some degree to modify them." Now, if he will refer to the *Medical Times* of September 9, 1854, he will see that four years ago, in an "account of seventeen cases of parturition in which chloroform was inhaled with pernicious effects," Dr. Lee fully explains his reasons for objecting to its administration in any case of midwifery.

I am, &c.

JOHN H. HOOPER,

St. George's Hospital, Nov. 16. Obstetric Assistant.

A SECOND DEATH DURING LABOUR FROM CHLOROFORM IN SCOTLAND.

LETTER FROM DR. ROBERT LEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—If coroners' inquests were held in Scotland as they are in England, there can be little doubt that many secrets would be revealed which are now kept in the dark. In a letter which I received from Dr. Mathews Duncan, of Edinburgh, dated November 15, 1858, there is the following P. S.:—"Your case of chloroform death in midwifery is to the best of my belief not the only one in Scotland. I was called, but by some mistake the messenger reached me too late, to a case which died suddenly while taking it in small quantity."

I am, &c.

November 17, 1858. ROBERT LEE.

DR. STORRAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is alleged that Dr. Storrar is not the man to represent the University of London. The reasons to prove this are, First, He is too fond of the Scotch. Has he not good reason to be so, when they so cordially aided him in saving the University? Secondly, He has retired from the practice of his Profession. Well, so do many others, because independent of it; but they are not thereby less able to devote their time to Medical matters. Quite the contrary. Thirdly, He has written no Medical papers or Medical works. What then? Is he worse in this respect than many of our best Physicians and Medical Professors? He is not always the wisest who writes the most.

But Dr. Storrar's degree proves he is a well-informed Physician. He is unshackled in his allegiance to the University, because unconnected with the College of Physicians. It is well to say the University and College are not antagonistic. But what has the College ever done for the University? Did they admit forty-six of the University Graduates as Licentiates because they were University men, or because they passed creditably their examinations? How is it that the Graduates who first threw down the gauntlet to Convocation, and threatened to withdraw from it because the election of the Senate was an insult to the College of Physicians, were members of the College? Have they the same unbiassed affection for their alma-mater as those who opposed them? If so, why this movement?

Convocation saw through it. The candidate so distasteful to the College was elected almost at the head of the poll, a candidate for the selection of the Queen for the Senate. This is a significant vote. It proves that had Convocation elected the Medical representative, Dr. Storrar would have been chosen. In the face of it protests and clamour can do no good; the minority must always succumb to the majority. The College of Physicians has seen better days, but it is still an honourable monopoly. But surely if it would have been wrong on the part of the University of London Graduates to oppose Dr. Watson the other day, when he was chosen by the Fellows of the College, because he was not one of their body, and because they believed the University and College not to be antagonistic, it can be no part of their duty now to dictate to a majority of Convocation.

I am, &c.

London, Nov. 18, 1858. A GRADUATE.

Digitized by Google

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 10, 1858.

Dr. J. A. WILSON, V.P., in the Chair.

A paper by R. HALL BAKEWELL, M.D. was read, entitled

A STATISTICAL INQUIRY INTO THE CAUSES OF EPIDEMICS OF SCARLATINA, MEASLES, SMALL-POX, AND FEVER.

The author was led to frame the calculations on which this communication was based, in attempting the solution of such questions as these:—Why, in any given year, certain places were visited, while others escaped? Why those which escape one year are visited subsequently? And why the average mortality from any one of these diseases, during a period of years, is so much larger in one district than in another? He went on to state that the materials he has used are the published Returns of the Registrar-General, which, since the year 1848, have given the number of deaths from each disease, in each registration county; and also a large mass of unpublished documents relating to town districts, which were placed at his disposal by Dr. Farr. He selected twenty-three of these, comprising seaport, manufacturing, hardware, and county towns, as representing, on the whole, pretty fairly the town districts of England. The period over which the calculations extend includes the seven years ending 1854; and the deaths from the selected diseases are calculated with reference both to the whole mortality, and also to the population as obtained at the census of 1851. With reference to small-pox, the inquiry was not carried far because of the impossibility of ascertaining how far the individuals were protected by vaccination. Ignorance, especially on the part of the mother, being probably the most constant obstacle to the practice of vaccination, it was interesting to observe that, taking the ability to write as the test of education, in the eleven best educated counties, where only thirty or forty per cent. of the females signed the marriage register by mark, the average mortality from small-pox was 13·5; while, in the nine worst-educated counties, where from sixty to seventy females in a hundred signed the marriage register by mark, the average mortality from small-pox was 22·4. The deaths throughout England had fallen from 7320 in 1852, to 2808 in 1854. The visitations of measles are liable to very great variations; and, in this respect, it presents a true epidemic character, the annual deaths varying, in some instances, as much as from 1 to 134 in county districts, and from 2 to 301 in towns. The mean mortality of all England from this disease, during the seven years, was 27 per 10,000; in the registration counties, it ranges from 5 to 55—Rutland being the lowest, and Staffordshire the highest. In towns the averages are higher, ranging from Canterbury 18, to Wolverhampton, 76. From an analysis of the weekly mortality from measles in London, during ten years, and the meteorology of the same and the previous weeks, the author is led to believe that changes in weather have considerable influence over the fatality of measles, and he concludes generally that local causes have but little to do with the mortality from this disease. Scarlatina he also regards as a true epidemic. Its main mortality was as high as 66 per 10,000 inhabitants during the seven years; while of measles it was only 27, and fever did not exceed 70; the latter being a disease which attacks all ages, while scarlatina is very much confined to childhood. Like measles, scarlatina is pre-eminently fatal in towns, and, while this is partly due to over-crowding, the author thinks that another circumstance is even more influential. His attention was first called to the subject by a remark of Mr. Balding, Registrar of Middlesex Hospital, that the worst cases of scarlatina often occurred among the middle classes. Taking the number of persons receiving parish relief as a measure of the wealth of any district, he has found that the mortality from scarlatina was always in an inverse ratio to the pauperism. In eight counties, with a ratio of deaths from scarlatina of 31·5 per 10,000 inhabitants, the pauperism is 45·5 per cent.; in eight counties, with a death-rate of 73·8, the per centage of paupers is only 27·3. Again, in five counties, with a pauperism of only 20·6, the mortality is 71·2; while in five, with a pauperism of 54·6, it is only 37·8. Density of population and geographical position each exercise a very decided influence over the mortality of scarlatina. In the western counties it is highest, and in the southern lowest. No influence could be traced to meteorological changes; the epidemic commencing at very varying periods of the year, extending over several months, and being followed by periods of comparative quiescence, it was extremely improbable that any constant conditions of atmosphere should accompany their progress. Under the general name of fever, he embraces all the varieties of this disease described by authors. As thus understood, he asserts that it is not an epidemic disease. It is endemic in every county and in every district; the number of deaths from year to year do not vary more remarkably than those of phthisis or hydrocephalus, while it differs most strikingly from measles and scarlatina in the absence of those abrupt variations in the annual deaths. The causes of the disease must, therefore, be such as are in constant operation in every locality. The result of the Irish famine leads him to the conclusion that food deficient in quantity and quality, especially as associated with filth and foul air, is one of the circumstances most powerful in giving rise to the disease. With this view he has analysed with much care the ratio of the fever mortality in the different registration counties with reference to the following circumstances—1st, the density of the population; 2nd, the probable amount of ventilation, as shown by the average number of inhabitants in each house; and 3rd, the poverty of the population, as shown by the per centage of paupers. He concludes that the last has a far greater influence than either of the former. The mortality from fever is somewhat influenced by season, the autumn and winter quarters being the most unfavourable. In the northern counties the deaths are very much fewer in proportion than throughout the remainder of England, and the largest mortality occurs in the west-coast counties. With reference to age, while none is exempt, the lowest range is found between the ages of 10 and 15; from this period it steadily increases with advancing years. The paper is illustrated by very elaborate tables and diagrams.

The CHAIRMAN remarked upon the statement of the author, that scarlet fever was less prevalent among the poorer than among the wealthier classes; observing, that in addition to the supposed influence of high feeding, the rather dangerous inference might be drawn that the comparative immunity of the poorer classes might in a measure be attributed to the circumstance that they had less physic. (A laugh.)

Dr. WEBSTER confirmed the statement of the author as to the prevalence of small-pox in Devonshire, adding that he had observed a larger number of blind people in that county than in any other, which he attributed to small-pox, arising from the neglect of vaccination. He could not regard scarlet fever as an aristocratic disease, believing it to be more prevalent and fatal among the poorer classes; though he had no doubt that the high feeding of the upper classes had an unfavourable influence in regard to the disease. In Scotland, especially in the neighbourhood of Arbroath, it had been perfectly epidemic during the last three or four months.

Dr. COPLAND complained that the author had drawn his conclusions from the number of deaths, irrespectively of the number of attacks. When these were taken into consideration, the rate of mortality would be found to be higher at an advanced than at an early period of life. In the Cape of Good Hope, which had not been visited for twenty-three or twenty-five years with scarlet fever, out of the number of persons attacked, many of whom had arrived at adult age, nearly one-third died. Scarlet fever was no doubt more dangerous to the well-fed than to the sparingly-fed child. In a full habit the disease assumed a latent, complicated, and malignant form. He agreed with the author as to the cause of the prevalence of this disease in agricultural districts: the labourers dwelt on mud floors, inhaled the emanations from the soil, and frequently received their water from impure rivulets.

Dr. MURCHISON contended that no conclusion could be drawn as to the prevalence of a disease from the number of deaths resulting. Nothing could vary more than the rate of mortality from the same disease, at different times, in the

Digitized by Google

same place; the rate of mortality from typhus fever was sometimes 6 per cent., and at other times upwards of 20, while the variance in the case of typhoid was still greater. It was well known to Dr. Farr himself, that no conclusion could be drawn from the return of the Registrar-General, as to the causes influencing the prevalence of fevers, since diseases called typhus in the Return, included several distinct forms of disease, the prevalence of which depended upon very different causes. The form of typhoid fever prevalent in country districts was, no doubt, endemic; but the true typhus was essentially an epidemic disease, more so than even scarlatina or measles. It was a remarkable circumstance that true typhus had been almost entirely absent from London during the last six months; not one case having been admitted into the London fever hospitals, or in any hospital he had visited.

Dr. Stewart said that in Scotland, at all events, typhus often assumed an epidemic form, though he believed that typhoid fever was rarely of that character. He had been himself struck with the high rate of mortality among the higher classes from scarlatina, and with the gravity of the cases, even when they did not prove fatal. With regard to Devonshire, the custom still prevailed in that county of inoculating, a practice that produced artificial epidemics of the disease over large districts of the country.

Dr. Burrowes concurred in the observations made by Dr. Copland, and considered that the author should not have drawn his conclusions from the number of deaths merely. All the author's observations with regard to continued fever he believed were imperfect, as he had included several diseases of a very different description under that name. Had he studied the subject closely, he would not have regarded typhus as endemic. He could confirm the statement as to the infrequency of continued fever in the Metropolis during the last nine months.

The Chairman observed that the absence of typhus in London was the more remarkable, considering the state of the Thames during the summer, and the results prophesied by medical men.

THE PATHOLOGICAL SOCIETY.

Tuesday, November 2.

(Continued from p. 511.)

Mr. Fergusson, Vice-President, in the Chair.

Mr. Spencer Wells exhibited a preparation showing a

COMMUNICATION BETWEEN THE AORTA AND LEFT BRONCHUS,

from a patient of Dr. Halford's, who had only complained of dyspeptic symptoms. Dr. Halford had noticed a peculiar thrill in the pulse which led him to suspect a want of elasticity in the aorta; but a very careful examination failed to detect anything abnormal in lungs or heart. The man died very suddenly in bed after throwing up an immense quantity of blood. The preparation showed a diseased condition of the coats of the artery, and a healthy condition of the bronchial mucous membrane, except at the point where the communication was established. The channel of communication had not been laid open.

Dr. Peacock expressed his opinion that a small aneurism existed between the aorta and bronchus, and Dr. Sibson concurred in this opinion.

In reply to a question from Dr. Murchison, Mr. Wells stated that there was no evidence of a diseased bronchial gland in that situation.

Dr. Halford gave some further details of the case, and it was agreed, after some further conversation, to refer the preparation to Dr. Murchison, Dr. Sibson, and Mr. Spencer Wells, for a further report.

Dr. Pollock showed two specimens of

ANEURISM OF THE AORTA.

The subject of the first was a man aged 50, who for about four months had suffered from symptoms of thoracic tumour. There was no external swelling, nor any material dulness, no murmur could be detected, nor was there any abnormal pulsation. Respiration was almost wholly one-sided, being scarcely audible in the left lung. He finally died, after an attack of extreme dyspnœa, which lasted several days. At the autopsy it was found that the sac of the aneurism was on the point of bursting into the right bronchus. The absence of murmur was accounted for by the fact that sac lay out of the line of vessel.

The patient in the second case was a man aged 34. His thoracic symptoms had existed three years. Aneurism had been diagnosed. He had very severe attacks of dyspnœa prior to death. The tumour at the autopsy was found to be the size of an orange. It had proceeded from the ascending aorta, and had pressed upon the trachea. In this, as in the preceding case, no tumour had been perceptible, and no murmur had been heard.

Mr. Bryant showed

HYDATID CYSTS FROM THE SUBCUTANEOUS TISSUE.

The cysts had been removed by Mr. Cock, from a patient in Guy's Hospital. The tumour was in the thigh, and had been known of for two years. An incision was made into it in the supposition that it was a fatty tumour, when numerous beautiful specimens of hydatid cysts escaped. No echinococci had been discovered in any of the cysts. Mr. Bryant added, that he had often failed to find echinococci in hydatid cysts, and believed their presence exceptional rather than otherwise.

DISEASE OF THE SUPRA-RENAL BODIES—BRONZED SKIN.

Mr. Sibley was indebted to the kindness of Dr. Buss for the opportunity of observing this case. The patient was a shoemaker, aged 43, a man of small stature, dark hair and eyes, and formerly of fair complexion. Ten years before his death an abscess appeared on the left wrist, the joint was diseased for several months, but he recovered its use with partial anchylosis. He remained well till five years before he died, when he was attacked with pains in his limbs, angular curvature of the spine, and partial paraplegia. After an illness of twelve months he recovered, and resumed his occupation. Two years after this he was attacked with cough and loss of flesh, the cough continuing more or less up to the time of his death. Twelve months before his decease his wife observed the colour of his face to become darker; this change of colour continued gradually increasing for eight months; after which a more rapid alteration was observed. During this last four months of his life he became subject to frequent fainting on exertion, and subsequently to attacks of sickness. For the last four or five weeks he was unable to leave his bed. The colour of the skin observed a few days before and also after death presented a deep brownish colour. The face and hands resembled, both in tone and in the intensity of the colour, the tint of a half-caste. The rest of the trunk and the extremities exhibited a similar but less intense tint. After death a small amount of tubercular disease was discovered in the lungs. Both supra-renal bodies were converted into scrofulous-looking material, and wholly disorganised.

OBITUARY.

DR. W. A. HARLAND.

(*From a Correspondent.*)

Dr. William Aurelius Harland, Colonial Surgeon, of Hong Kong, died at a quarter past eleven on Sunday night, September 12, 1858, after a few days' suffering from fever; no apprehensions of a fatal termination to his illness having been anticipated until the afternoon of that day. By his decease the colony and the cause of science have sustained a severe loss. As a physician, he deservedly held the highest rank, and no patient can ever forget his kind and sympathising manner, and the happy art he possessed of inspiring confidence. As a man, he was in all respects admirable: large-hearted and catholic in his sympathies, he was tolerant even to the intolerant, and had learnt from the practice of his profession to deal tenderly with the failings of all. Seldom or

Digitized by Google

never was he heard to address an unkind or hasty word to a dependent. His liberality was unbounded, and he was never appealed to in vain for aid, pecuniary or otherwise. Many instances of his delicate and unobtrusive generosity will occur to his friends, and many, very many, more are only known to the recipients, for his left hand knew not what his right hand did.

Dr. Harland was the son of a Physician at Scarborough, who still lives to lament the loss. He entered, as student, University College, London, in 1840, graduated in 1844 at Edinburgh University, where he bore away many honours, was looked on as the foremost Medical Student of the day, and was elected member of various learned societies. Soon after passing the English Royal College of Surgeons, he came out to Hong Kong, in which he spent nearly twelve years, previous to his recent visit to England. While here, he acquired a reading knowledge of Mandarin, and devoted much time to the study of Chinese medicine and physiology, communicating some of the results of his labours to the public through the Journal of the China Branch of the Royal Asiatic Society.

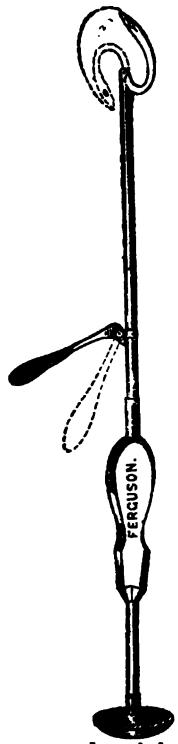
The prospective opening of China by the Treaty of Tien-tsin caused him the liveliest satisfaction, as likely to facilitate the carrying out of a long-cherished project—the scientific exploration of some of the less-known portions of the Empire. There are few who were better fitted to execute such a task. To a remarkable faculty for observation, he added a special taste and aptitude for mechanical art, and a habit of meeting and overcoming obstacles from his own resources. He was well versed in chemistry and mineralogy, was a fair mathematician, and more especially attached to and acquainted with the various branches of Natural History. For some time past he had been carefully and steadily collecting materials for a comparative study of the natural productions of Hong Kong, which he regarded as one of the most important of his self-imposed tasks. But, in the midst of these projects and preparations, he was struck down. No other death has cast such a universal gloom over the community, for he was respected and esteemed by all who knew him; while, to the few whose privilege it was to be united to him by a closer friendship, and to whom he was endeared by his many noble qualities—his unselfish devotion, his modesty, his talents and manly worth,—a blank which can never be filled up has been caused by his lamented death. The presence of such a man—of high intelligence, actuated by no selfish or unworthy aims, and thoroughly acquainted with the wants and failings of the colony,—was itself invaluable; and we trust the community will adopt some means of expressing its respect and affection for him who has been thus sadly and suddenly removed in his manhood's prime.

The *Overland Friend of China*, in announcing the death of Dr. Harland, pays an animated tribute to his memory. That paper says: "No event in Hong Kong since the death of John Robert Morrison in 1843, described by Sir Henry Pottinger as a public calamity, has created such a deep and general sensation as the death of our esteemed friend, Dr. Harland. Dr. Harland was a resident here of fourteen years' standing. For a considerable period after his arrival he devoted himself to the study of the Chinese language, with a view at first to travelling in the interior. But little heed was given to the acquisition of wealth by Medical practice. Not long after his arrival he accepted the post of resident Surgeon at the Seaman's Hospital, and there he spent many happy years, having leisure sufficient to pursue, to some extent, the sciences to which he was so much attached, hardly any branch of them escaping his unwearied ken. But he never allowed these to interfere with his Medical duties, and he acted not only as the Physician, but as the friend wherever it was needed. Dr. Harland may be looked upon as a martyr to his professional zeal. Many years ago he attended a number of Chinamen in the employ of a shipwright here, who lived in a very unhealthy locality, and were dying in numbers of that fearful fever which in those times was so prevalent on this island. With these unfortunate men he sat up night after night, and there he himself was attacked with a severe form of remittent fever, ever since which he has been subject to returns of the disease at longer or shorter intervals. One of these attacks has deprived the colony of the most universally respected and talented practitioner it has ever possessed."

NEW INSTRUMENT.

FERGUSON'S FISSURE NEEDLE.

The annexed woodcut will explain better than any verbal description how Mr. Ferguson has endeavoured to supply the want long felt by operating Surgeons of a convenient needle for passing a ligature easily and rapidly through the opposed surfaces of a fissure, more particularly in the operations for the cure of cleft palate and vaginal fistulæ.



The instrument consists of a handle and staff, both in the same straight line, a needle, curved ellipsoidally being fixed by an hinge-joint at the extremity of the staff. This needle is forced to move in the radius represented in our engraving by a dotted line, when pressure is made upon the projecting handle of a compound lever, which is attached at its furthest extremity to the needle aforesaid. When the edges of the fissure have been brought together in the usual manner, the Surgeon is able to pass his silk or wire ligature through both sides of the opposed edges by a single movement; *i. e.* he thrusts the needle (carrying the silk) upwards, so as to perforate one of the edges of the wound, and then carries it through the other side by simply pressing on the handle of the lever. Having seized the silk or wire with forceps, a removal of the pressure exerted by the thumb on the lever allows the needle to resume its former position, leaving the silk in the desired situation, and the instrument may then be withdrawn, re-threaded, and the same routine observed till the requisite number of stitches have been passed. At the suggestion of Mr. Spencer Wells, who used this needle in a case of vesico-vaginal fistula, Mr. Ferguson now makes the needle with an opening eye, so that the silk or wire may be freed as soon as passed, and the needle more easily withdrawn.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 12th inst. viz.:—

Allanby, John Smeeton, Leamington.
Bell, William Riddall, Dublin.
Casterton, Thomas, Jersey.
Gibbon, Thomas, Seaham Harbour.
Jakins, William Vosper, Osnaburgh-st., Regent's-pk.
Smith, Charles Swaby, Ladbroke-villas, Notting-hill.
Ward, Henry Debord, Blyth, Northumberland.
Williams, William, Holyhead.
Wilson, John, Simcoe, Canada West.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 11th of November:—

Bayliffe, Charles Searle, Chippenham, Wilts.
Gervis, Henry, Tiverton, Devon.
Gooch, James Wyard, Stradbroke, Suffolk.
Harrison, Henry, Carlisle.
Hughes, John Thomas, Woolwich.
Hughes, James, Middlewich, Cheshire.
Mahony, Lawrence Francis, Cashel, Ireland.
Swyer, Robert Edward, Sykes'-terrace, Mile-end.
Weaver, Frederick P., Walton-on-the-Hill, Liverpool.
Wright, Henry John, Sheffield, Yorkshire.

In addition four gentlemen passed their first examination.

Digitized by Google

Also on Tuesday and Wednesday, the 16th and 17th inst.:—

Armstrong, James Hunter, Harmer-street, Gravesend.
Ashwin, Manley, Abergavenny.
Barker, Walter, 205, Fleet-street.
Bingley, W. Philipps, Ecclesfield, near Sheffield.
Brown, Isaac Baker, Connaught-square.
Brown, Samuel S., Lewisham, Kent.
Bryan, Edward, Uppingham, Rutland.
Clapp, W. Pridbaux, Upper Ranelagh-street.
Clarke, Edwd. Geo., Pontarddelrais, Llanelly.
Cocker, William Henry, Queen Anne-street.
Cross, Arthur G., New-street, Spring-gardens.
Edis, Arthur W., High-street, Kensington.
Etheridge, Charles, Stoke Terry, Norfolk.
Gibson, John Chapman, Gloster-place, Brighton.
Goodfellow, Wm. Richard, City Dispensary.
Grabham, Michael C., Lonsdale-square, Islington.
Groves, John, St. Leonard's-place, York.
Harmer, W. Milsted, St. George's Hospital.
Hills, George Henry, Brook-terrace, Kent-road.
Holden, George Herbert, St. Bartholomew's Hospital.
Holman, Thomas, Uckfield, Sussex.
Iles, Daniel, Fairford.
James, Joshua, Bristol.
Lamb, Henry, Lansdown-villas.
Leach, Matthew, Wisbech, Cambridge.
Leigh, Thomas, Turnham Green.
Luck, Henry, Onslow-square.
Matthew, Alfred John, St. John's Wood.
Meenes, Albert, 11, Canonbury-square.
Morley, Lacey John, Newport Pagnal.
Osmond, Thomas, Thorplesoken.
Phillipps, Alfred, Bridgewater, Somerset.
Prosser, Charles H., Margate, Kent.
Richards, Joseph P., 28, Newcastle-street.
Richards, Frederick Wm., Winchester.
Roberts, Edwin, St. John's Wood.
Roberts, Frederick Thomas, Percy-circus.
Scho[illegible]ield, Thomas, Hyde, Cheshire.
Shuttleworth, Geo. Edwd., Bayswater.
Spencer, Lionel, Newcastle-street.
Sutton, Frederick John, Ilminster, Somerset.
Taylor, Shepherd Thomas, St. Giles's, Norwich.
Tidy, Charles M., Cambridge-heath, Hackney.
Vaux, Edward, Bath-place, Kensington.
Ward, Cornelius H., Tollerton, Nottingham.
Watts, William F. East Parade, Leeds.
Whipple, J. H. C., Upper Ranelagh-street.
Wicksteed, Francis W. C., Lewes, Sussex.
Wilford, J. Geo. F., Market Weighton, Brough.
Wright, Charles James, Wakefield, York.

APPOINTMENTS.

Mr. J. A. Ibbetson, of Brook-street, has been appointed Dental Surgeon to University College Hospital, and Lecturer on Dental Surgery at University College.

At the Court at Windsor, the 13th day of November, 1858, present, the Queen's Most Excellent Majesty in Council, Her Majesty, in pursuance of an Act passed in the last session of Parliament, entitled "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery," was this day pleased, with the advice of Her Privy Council, to nominate and appoint Sir James Clark, Bart, M.D.; Sir Charles Hastings, Knight, M.D., of the city of Worcester; William Lawrence, Esq. Surgeon of Whitehall place, in the city of Westminster; and Thomas Pridgen Teale, Esq. Surgeon, of the town of Leeds, to be members of "The General Council of Medical Education and Registration of the United Kingdom," for England; Professor Robert Christison, M.D., of the city of Edinburgh, to be a member of the said General Council for Scotland; and William Stokes, Esq. M.D. of Merion-square, in the city of Dublin, to be a member of the said General Council for Ireland.—"In pursuance of the provisions of the Medical Act, 1858, I, the Right Hon. Spencer Horatio Walpole, one of Her Majesty's Principal Secretaries of State, do hereby appoint that the General Council of Medical Education and Registration of the United Kingdom shall hold their first meeting in the hall of the Royal College of Physicians, on Tuesday, the 23rd day of November, 1858, at 2 o'clock p.m. Given under my hand, at Whitehall, the 13th day of November, 1858. "S. H. Walpole."

DEATH.

Wood.—On the 13th inst., George Wood, M.R.C.S. Eng. 1835, aged 48, of Union-street, Borough.

Cold at Paris.—At six o'clock on the morning of Monday last, the thermometer of M. Chevalier stood at 4 2-10ths below zero of centigrade (24¼ Fahrenheit), and at noon at 5 4-10ths above zero of centigrade (41¼ Fahrenheit).

Medical Registration.—A Medical Registration Association has been formed at Gainsborough. Nineteen members have joined. Dr. Mackinder has been appointed Hon. Secretary and Treasurer.

In the University of Utrecht there are about 400 Students, of whom about 70 are medical. Each medical class costs about £2 10s. for the session; and the professors in addition to these fees receive about £250 per annum from the Dutch Government.—*Ed. Monthly Journal.*

Inoculation for the Distemper in Cattle has been carried on on a very large scale in all the south of Russia, according to M. Jesseu, Professor at Dorssat, and with the greatest success. The liquids inoculated are the tears, the nasal mucus, and the serum of the blood.

According to M. Beauvais, odorous matters are not eliminated from the kidney in Bright's disease. Thus asparagus, turpentine, etc. does not communicate any smell to the urine. M. Beauvais considers this to be a diagnostic sign, pathognomonic of Bright's disease.

Drinking Fountains.—London is behind the leading Provincial towns still in this social movement of establishing fountains for the million. One benevolent gentleman, however, has obtained permission to establish one of these "wells of purity" in the parish of St. Andrew's, Holborn. The rest will of course follow—though it be slowly.

Royal Medical Benevolent College.—Legacies of £100 each have been bequeathed to this useful institution by the late Dr. G. North Robinson, of Leadwell, and the late Dr. Hughes, of Guy's Hospital. Bishop Maltby, who has always been a warm friend of the College, has made it a second donation of £50.

Medical Costume in Japan.—The difference of sex, and even distinction of Profession, is generally exemplified by the mode of dressing the head; the men usually shave the hair from the front and crown, and gather the rest together in a sort of coil on the bald part; priests and physicians shave off all their hair, while Surgeons retain the whole.

Tubage of the Larynx.—M. Crèquy reports a case of croup in which this operation was performed by M. Bouchut—its patron. He says, that he thinks the tubage advanced the asphyxia; the tube acts just like a tight ring on the finger, and creates a congestion around it and above it; a swelling is thus formed which acts like a valve to the tube.

Bishop Maltby's Bounty.—Bishop Maltby, recently retired from the See of Durham, and formerly Bishop of Chichester, has just given the following magnificent donations to our principal Medical charities:—Chichester Infirmary, £100; Hospital for Consumption, £100; Idiot Asylum, £100; Convalescent Institution, £100; University College Hospital, £50; King's College Hospital, £50; St. Mary's Hospital, £50; Royal Free Hospital, £50; Charing-cross Hospital, £50; Medical Benevolent College, £50; Medical Benevolent Fund, £50; Samaritan Hospital for Women, £50; Orthopædic Hospital, £50; Friend of the Clergy, £50.—Total, £900.

M. Caby announces that blennorrhagia and leucorrhœa disappear rapidly in men and women under the influence of injections of nitrate of bismuth, provided only that the discharges are of a chronic nature, and have lost all their inflammatory characters. The injection for the male urethra is composed of 30 parts by weight of subnitrate of bismuth with 200 parts of rose water; it is to be used three times a-day, well shaken. After each injection the patient should remain as long as possible without urinating. In balanites and vaginal

Digitized by Google

leucorrhœa, the powder is sprinkled over the parts, which have been previously well wiped, and then covered with charpie.

VAN DER KOLK.—"Few living physiologists have a wider-spread reputation than Schoeder Van der Kolk, the Professor of Anatomy in Utrecht. Though now an elderly man, he still retains all the enthusiasm of youth for the prosecution of physiological science; and when he is talking of his experiments or speculations, he warms with the subject, his manner becomes very energetic, and his face brightens up with a pleasant smile. In appearance he is a man of about 60 or 65 years, of middle size, with iron-grey hair, and a slight stoop from long study and bending over microscopes." —*Ed. Monthly Journal.*

ROYAL DUBLIN SOCIETY.—At a stated general meeting, held on Thursday, the 11th instant, the Earl of Clancarty, V.P., in the chair, Dr. Edmund William Davy, son of the late Professor of Chemistry, and cousin of the late Sir Humphrey Davy, Bart., was unanimously elected Professor of Agriculture and Agricultural Chemistry to the Society. Dr. Davy has contributed numerous papers of much practical value to chemial science, has been for many years Lecturer on Chemistry in the Carmichael School of Medicine, and has had considerable experience in the working of the Chemico-Agricultural class in the laboratory of the Royal Dublin Society; his appointment to the chair of Agricultural Chemistry is, therefore, likely to stimulate the progress of that important science in the sister kingdom.

PROFESSOR DONDERS is now the man of most hope and promise in Utrecht. He has earned a wide reputation while yet young; and his skill as an oculist attracts thousands of patients yearly to Utrecht. He is about 40 years old—rather tall, well built, and of very dark complexion; he has a quick piercing eye, which seems at once to get at the root of a matter, and he has a frank manner, and a winning smile, which irresistibly inspire complete confidence in his skill. He has given immense stimulus to physiology by his unwearied labours; and his great enthusiasm and his invariable courtesy have rendered him a great favourite with the Utrecht students. The medical literature of Holland is under deep obligations to him.—*Ed. Monthly Journal.*

HEALTH OF THE CHINESE EXPEDITION.—It is said that cholera has made its appearance in the force. "We learn that cholera has also visited Japan, and was carrying off a great number of the inhabitants. We have heard on reliable authority that its first appearance was after the arrival of an American man-of-war at Nagasaki, on board which vessel a case occurred, and in communication with the shore no precautionary quarantine regulations were observed. This happens at an unfortunate moment, and has raised prejudices in the minds of the Japanese against foreigners, and we hear that the Russians and Dutch have since been very ill received in consequence. The Japanese supposed their wells had been poisoned."

EPILEPSY.—Van der Kolk considers that epileptics are divisible into two classes, viz.: those who bite the tongue during the attack, and those who seldom or never do this. Now he has found that in the first class, the capillary vessels of the corpus olivarium are widened in the course of the hypoglossal nerve; and that, in the second, they are enlarged in the tract of the vagus, which may account for more laboured respiration in those who do not bite the tongue. The walls of the enlarged vessels become thickened, exudation occurs, together with softening of the substance of the olivary body; so that he regards epilepsy as a reflex action from the ganglionic cells of the medulla oblongata.—*Ed. Monthly Journal.*

MENSTRUATION IN MONKEYS.—The fact of these animals being subject to a periodical sanguineous flux has long been known; but its exact nature has not hitherto been defined. M. Neubert, of Stuttgart, has lately settled the point. He has had in his possession since 1830 forty monkeys, whose manœuvres he has carefully registered. He found that menstruation was regularly established every four weeks, as in women, and lasted three or four days; and this was observed in several different species. But during the weeks of July and August the flux was absent. There was no difference between the females that lived apart from, and those that lived with males. Menstruation ceased when fecondation existed. The duration of gestation was about four months in the Simia Sabæa. The monkeys of Australia differ; they are in rut only twice in a year, and only permit the male at these periods.

RECOVERY AFTER RUPTURE OF THE UTERUS.—A workwoman, 48 years old, in childbed with her sixth child, in the midst of a pain screamed out and fainted. On recovering, she complained of a continued pain over the pubes passing through the abdomen and up to the stomach. M. Maes at once suspected rupture of the uterus and peritonitis, and delivered the woman by the forceps. The child was dead, and after the placenta came away, a knuckle of intestine presented itself at the vulva. This M. Maes reduced, and found a rupture in the anterior portion of the womb. He retained his hand in the womb until contraction commenced, and then plugged it, in order to excite contractions and prevent the production of a hernia. Four days afterwards pain and fever had ceased, and in four weeks the woman returned to her ordinary labours. The commissioner who reported on this case considered the plugging bad and dangerous; it might have arrested the lochia, distended the uterus, and opened up the rupture.—*Annales de la Soc. de Méd. de Gand.*

ENORMOUS MAMMÆ.—There is at La Charité, at the present time, a young girl, 17 years old, small in size, who has two enormous breasts. They appear as two large pedunculated appendices, weighing, the one about twelve pounds, and the other about eleven pounds, and reaching down to the pubes. The circumference of each pedicle is 0·45 centimetres; that of the breasts at their largest part, 0·70 and 0·68. The mass is made up of hard bodies, more or less separated, which are evidently hypertrophied lobules of the gland. The whole organ, however, is manifestly hypertrophied gland, cellular tissue, and skin. The nipple is extremely large. The menses appeared at her 16th year, then disappeared for eight months, and have never been regularly established. The enlargement began two years ago, without any apparent cause. The breasts will have to be removed—a dangerous operation. Lately in the *Annal. Univers. de Médic.* there was a case of a woman in whom the hypertrophy began with her being with child. In three months the weight of each breast was calculated to be 14 or 15 kilogrammes—about 26 pounds. The young woman was confined. Lactation was abundant; and in five months the breasts were reduced one half in size, but shortly after she died from enteritis.—*Gazette Hebdom.*

PUNCTURE OF THE ABDOMEN.—A labourer, 42 years old, had been for some years subject to constipation. Lately the constipation had become habitual, and on the 19th of January he was suddenly seized with nausea, anorexia, vomitings, with vain attempts to evacuate the bowels. The symptoms continued, and on the 19th the belly was swollen enormously, colicky pains severe, and pulse 80. M. Trincot ordered him sixty grammes of castor-oil and purgative injections. Next day the patient was better, and passed a very small quantity of fæces. Ten leeches were applied to the iliac region over the seat of pain. Loud borborygmata were heard. M. Trincot diagnosed rupture of the intestine. On the 26th the symptoms all became worse, and the patient, being in a desperate state, M. Trincot introduced a small trocar midway between the umbilicus and ilium, where the distention was greatest. Three or four litres of gas escaped with a hissing sound. The operation gave complete ease to the patient, relaxed the lower part of the abdomen, but not the epigastrium. The next day the abdomen was again swollen; but now something gave way, and the patient passed three litres of feculent matter. On the 2nd February three other stools; on the 3rd enormous quantity of flatus, and so on for several days. M. Trincot considered that but for the puncture, death was inevitable.—*Monit. des Hôp.*

UNIVERSITY OF LONDON.—M.B. Second Examination. —1858.—The following is a list of Candidates who passed the recent Second M.B. Examination, and who are accordingly entitled to the Degree of Bachelor of Medicine, which will probably be conferred on them by the Senate at their next meeting. *First Division.*—Rayner Winterbotham Batten, St. Bartholomew's Hospital; Pierre Victor Bazire, University College; William Henry Broadbent, Royal Manchester School of Medicine; John Ward Cousins, St. Thomas's Hospital; Samuel Athanasius Cusack, Dublin School of Medicine; John Langdon Haydon Down, London Hospital;

Digitized by Google

Michael Foster, University College; Robert George Hardwick, Leeds School of Medicine; Edward Evan Meeres, King's College; John James Nason, Guy's Hospital; William Newman, St. Bartholomew's Hospital; Thomas Parker Smith, Royal Manchester School of Medicine; Joshua Harrison Stallard, Queen's College, Birmingham; Edward Wynne Thomas, University College; Morris Tonge, King's College; John Walters, King's College. *Second Division.*—Walter Goodyer Barker, London Hospital; John Henry Bartlet, University College; Charles Watson Kitching, Westminster Hospital; Edward Harford Lloyd, London Hospital; William Skinner, St. Thomas's Hospital; Henry Gawen Sutton, King's College; Richard Unthank Wallace, Guy's Hospital.

EXAMINATIONS AT THE ARMY MEDICAL BOARD.—It may interest gentlemen who think of entering the Army Medical Service, to look over the following example of the style of examination lately undergone by a candidate for an Assistant-Surgeoncy in the Army. *Medicine and Materia Medica*—symptoms, terminations, and treatment of pericarditis, pleuritis, and acute hepatitis. Stethoscopic signs of diseases of heart and lungs. Drugs, knowledge of by sight; pharmacopeal preparations and doses. *Chemistry and Botany*—compounds of oxygen and nitrogen. Methods of preparing sulphuric acid. Class and order, and natural order of atropa belladonna, laurus camphora, their medicinal properties and doses. *Zoology*—mammalia, orders and chief characteristics of each order. *Anatomy, Surgery, and Midwifery*—dissection of superior triangle of the neck. Structures that enter into the formation of the knee-joint. Describe the operation of excision of the head of the humerus. Hospital gangrene, causes of and symptoms, and sanitary measures to be adopted to prevent its appearance. Natural labour; describe the different processes of cases that require turning; causes of suspended animation in the infant, and treatment. Translating portions of the Pharmacopœia, and writing prescriptions for treatment of disease.

RESULTS OF TRACHEOTOMY.—The following statistics of the results of tracheotomy having been given by M. Bouchut,—the names of the operators and the results of their operations :—

	Patients.	Deaths.	Cures.
MM. Gosselin	23	23	0
Brochin	3	3	0
Follin	15	13	2
Broca	10	4	6
Depaul	7	6	1
Ad. Richard	12	10	2
Alph. Guérin	12	11	1
Michon	20	18	2
Deguise	12	12	0
Laugier	8	7	1
Velpeau	13	9	4
Huginer	8	8	0
Jarjavay	12	12	0
Faure	6	6	0
Auzias	2	1	1
Robert	21	18	3
Nélaton	36	33	3
Jobert de Lamballe	60	50	10
Lenoir	20	9	1
Desormeaux	11	9	2
Monod	40	40	0

Three of these Surgeons, he says, have declared that they will never perform the operation again, viz. MM. Jarjavay, Monod, and Lenoir.

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 13, 1858.

BIRTHS.

Births of Boys, 910; Girls, 904; Total, 1814.
Average of 10 corresponding weeks, 1848-57, 1547.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	693	656	1349
Average of the ten years 1848-57	530·2	519·3	1049·5
Average corrected to increased population	...	...	1155
Deaths of people above 90	...	...	...
Deaths in 15 General Hospitals	39	24	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	276,427	..	..	14	8	2	4
North	490,396	8	9	44	12	2	4
Central	393,256	4	11	18	8	2	8
East	485,522	2	6	87	11	2	13
South	616,635	1	12	32	8	4	7
Total	2,362,236	15	38	145	42	12	36

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·062 in.
Mean temperature	39·0
Highest point of thermometer	50·5
Lowest point of thermometer	26·8
Mean dew-point temperature	35·4
General direction of wind	N.E.
Whole amount of rain in the week	0·00 in.
Amount of horizontal movement of air in the week	280 miles.

TO CORRESPONDENTS.

Dr. Arcling's case shall appear next week.

Mr. Hockley.—Many thanks; but our space is so fully occupied this week that we cannot find room for the abstract.

J. T. should read an account of McKinlay's system of Ventilation, published in our last volume.

Old Sub.—Thanks. Derbyshire *Spas*, and Derbyshire *Spars*, are only likely to be confounded by a compositor in a hurry.

Dr. Bozeman's letter arrived too late for insertion this week. It shall appear in our next number.

Mr. Lamb.—Dr. Conolly's next paper has been delayed—firstly, by the illness of an engraver employed on a woodcut, and secondly, by a double illustration which is nearly ready.

Medical County Magistrates.—Mr. Thomas Sankey Cooper is one of Her Majesty's Justices of the Peace, in and for the City and Borough of Canterbury and County of the same, and Dr. H. W. Carter, formerly Physician to the Kent and Canterbury Hospital, is a magistrate for East Kent.

Students.—The South Kensington Museum of Pictures, Sculpture, Education, Architecture, Building Materials, and Products of the Animal Kingdom, is open free on Mondays, Monday evenings, Tuesdays, Tuesday evenings, and Saturdays. The Students' days are Wednesdays, Wednesday evenings, Thursdays, and Fridays, when the public are admitted on payment of 6d. each person. The hours are from ten to four, five, or six, in the daytime, according to the season, and from seven to ten in the evening.

The Registrar.—We are requested to state that in addition to the gentlemen who have already been announced as candidates for the office of General Registrar and Secretary to the Medical Council, Mr. E. D. Moore, formerly Apothecary in ordinary to King William, Queen Adelaide and her household, and also (with J. Nussey, Esq.) joint Apothecary to Her Majesty, and Medical attendant on the Duke of Cambridge, the Princess Augusta, and other members of the Royal family, is in the field as a candidate.

An Annuitant.—The meeting of the Naval Medical Supplemental Fund the on 24th is likely to be an exciting one, as it is called expressly for the purpose of taking measures to maintain the stability of the fund. There is in addition to the order in Council an Act of Parliament which does not expire until the end of the next session, authorising the payment of the annuities at two-thirds of the original amount, with authority to increase it if the funds will admit of it. The capital now amounts to £66,000. The annual income is upwards of £5000, expenses of management £260. There are now 199 widows. In 1851 there were 225; 136 of the widows are over 60 years of age. There must be a great decrease in their numbers in seven years, say 50; 50 at £30 per annum amounts to £1500. The actuary says they could have paid £30 since the 1st April, 1857. It is proposed to obtain authority to invest the capital to better advantage. The fund is now receiving three per cent. for capital, which gives £1980 per annum. Say 4½ per cent. be obtained, it would add £990 to the income. Divide 990 by 200 widows, it would give to each £4 19s., which, added to £30, would raise their annuities at once to £34 19s. The rapid diminution of the numbers of the annuitants will speedily improve the means to increase their income.

MEDICAL BENEVOLENT FUND.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—At the conclusion of your memoir of the late Dr. Hughes, it is stated that "he has left £100 to the Medical Benevolent College." The

Digitized by Google

following extract from Dr. Hughes' will, officially communicated to me by the solicitor to the estate of the late Dr. Hughes, shows that he intended the Medical Benevolent Fund to participate in his bounty equally with the College :—

Extract.—"I also bequeath (should preceding bequests permit of it, but not otherwise) to the Treasurers for the time being of the Medical Benevolent College and the Medical Benevolent Fund, the sum of one hundred pounds, free of legacy duty, to be applied to the benefit of those Charities." I am, &c. JOSEPH TOYNBEE,
Treasurer of the Medical Benevolent Fund.

18, Saville-row, Nov. 17, 1858.

EPIDEMIC VARICELLA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I take an opportunity of informing you of the occurrence of an epidemic vesicular varicella in this town and neighbourhood. Few children have escaped its contagion. The precursory febrile symptoms were in most cases severe, and in infants accompanied with vomiting. The existence of an epidemic varicella in a country where no case of small-pox has yet appeared, may be of some interest to your readers.

I am, &c. EDWARD HULME, M.D.
Surgeon to the Goverment Hospital, Colonial Surgeon.

Dunedin, July 27, 1858.

MEDICAL MAYORS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Under the head of "New Medical Mayors" in your last week's number, I observe the name of my friend Dr. Wilbraham Falconer. I beg to remark that this is the second year of Dr. Falconer's mayoralty, having in consequence "of the dignity, ability, and impartiality" with which he has discharged that office, been re-elected Mayor of Bath.

I am, &c. R. B. COOKE.

Scarboro', November 16.

ETIQUETTE IN CONSULTATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I thank you for your courtesy in giving insertion to a letter from me, signed M.D., in your number for October 30; also for your own comment thereon, including an invitation to further discussion of the subject; but I regret to observe that the real difficulty which I then stated, viz. the case where the Surgeon declines to take a prescription under any circumstances from the Physician called in consultation, can hardly be said to be fully met by your own response, and has been entirely ignored by your subsequent correspondents, who have founded their remarks rather upon your comment than upon the letter which I took the liberty to address to you. The question is not whether the Surgeon will take a prescription without his own initials being appended, as well as the Physician's, or not; but whether he will take any prescription at all, and insist upon only carrying away in his memory the plan of treatment and the prescription agreed upon, interposing when the Physician asks the friends of the patient for paper and ink, with the exclamation that there is no necessity for a prescription at all; is such a course reasonable, or in any sense right on the part of the Surgeon? And what is the course which the Physician can adopt under such circumstances, when several Surgeons in a provincial town would act in a similar manner? For my own part I should consider it unreasonable to offer the slightest objection to the Surgeon also appending his initials, whether he be senior or junior to myself in point of age or standing; that is a question which I should hope most Physicians would be above disputing in common with

Nov. 15, 1858. Yours, &c. M.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—My attention was some time since drawn to the letter signed M.D. in your impression of October 30, but illness has prevented me noticing it at an earlier period. I am, I believe, the General Practitioner alluded to by M.D.; at all events a similar case has lately occurred to myself; and I should, therefore, feel obliged by being permitted to recapitulate, in the columns of your valuable journal, the reasons given by me for declining to receive M.D.'s prescription. I do this because it is a subject of great importance to the General Practitioner, which cannot be too much discussed, and because I perceive that M.D. has omitted all mention of the most important argument used by me, viz. the equality which now exists between *all* Medical men in point of education.

My objections were these :—

1. That it was derogatory to the General Practitioner, as placing him in a secondary position in the eyes of patients and their friends.

2. That, however necessary at a time when the Apothecary was unequal to the Physician both in education and social position, it was quite unnecessary now when the General Practitioner receives as good an education, both practical and theoretical, as any Graduate of Edinburgh.

3. That it was, doubtless, the interest of the Physician to keep up the farce of the "Gold-headed cane," but that it was not the interest of the General Practitioner to help him play the game.

4. That it was unnecessary as an aid to memory in my case, as my memory served me faithfully for all my patients without distinction, and if that alone were necessary the General Practitioner might make a memorandum in his note-book, without the formality of "the Physician asking the friends for paper and ink."

As far as this town is concerned the question is settled, for M.D. is correct in his "understanding that other Surgeons in the same town have resolved to act in a similar manner towards all Physicians;" he has only made one slight error, for "other Surgeons," he must read "all Surgeons." It only remains for the large body of General Practitioners to assert the same claim to equality of position with Physicians. My fourth reason is at once an answer to the only tangible ground for Physicians persisting in the practice.

In conclusion I would ask, whether Physicians would not consult the *dignity* of the Profession better by eschewing partnerships with Druggists, by ceasing to prescribe gratuitously even in Surgical cases (in order to rise into note) for those who can well afford to pay for advice, and by not attending private families for remuneration but little, if at all, above that which is received by General Practitioners in similar cases, than by attempting to assert an obsolete superiority over those who are, in every respect, their fellows? I am, &c.

L. P. TRIPE, a General Practitioner of double M.D.'s standing.

Devonport, November 15, 1858.

OUR CONFRERES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your extract from *L'Union Médicale*, entitled "The Parisian confrère as Deputy-Physician," induces me to send you the following facts by way of illustration.

During the autumn of last year I left London for Wales, on a visit to a friend. Availing myself of the proffered services of Dr. ——, to whom I had rendered professional and pecuniary assistance, I introduced him as my *locum tenens* to a young lady suffering from uterine disease. In less than ten days I returned to town, when I found a letter addressed to me by the young lady's brother, from which I copy the following,—"As before we were very reluctant that a change of Medical men should take place during the progress of such a case, we now consider that it should for the present be left in Dr. ——'s hands." In two days from this period I left London for the Continent, returning at the end of a month, when I learnt that my patient was in the country. Scarcely seven weeks had passed when I heard that she was under ——'s care, to whom I addressed this note :—

"Dear Dr. ——,—Will you have the kindness to let me know at your earliest convenience whether I have been correctly informed that Miss —— is in town, and whether you are in attendance upon her, and if so, under what circumstances you are attending my patient while I am in town. "Faithfully yours, &c."

To which I received the following reply :—

"Dear Dr. ——,—In reply to your letter I beg to say that I am attending Miss ——. To answer your inquiry, 'under what circumstances?' allow me to add, at the request of Miss —— and her mother.

"Yours faithfully, &c."

Having submitted these facts, with correspondence, to several Medical friends, the following note was written and despatched :—

"Dear Dr. ——,—You state you are attending my patient at her own request, and this too, although you have gained access to her through my introduction, and your own voluntary offer of your services to me. Now if you consider this conduct either gentlemanly, or honest, your opinion and your conduct differ from those of most men, and have caused the greatest amazement, not only to me, but also to those of my Medical friends to whom I have already mentioned your proceedings. I regret very much that one whom I formerly regarded as a friend should have fallen into such straitened circumstances as to be constrained to adopt a course from which a man with a particle of honourable feeling would recoil. "I am, yours truly, &c. &c."

I now ask, what course you would recommend for the punishment of such a delinquent, besides reporting his conduct far and wide among your correspondents, Medical and general acquaintances?

Insertion of the above in your valuable Journal will greatly oblige,

Nov. 15, 1858. A CONSTANT SUBSCRIBER.

COMMUNICATIONS have been received from—

Dr. ROBERT LEE; Dr. PRIESTLEY; Dr. SAVAGE; Mr. TOYNBEE; Mr. PROPERT; Dr. BOEKMAN; Dr. HANCOX, Wolverhampton; Dr. AVELING, Sheffield; Mr. GRAVES; Mr. SANGER; Dr. HUMBLE; Mr. HOOPER; Mr. EASTON; Mr. MILNER; Mr. LAMB; Mr. LOWDELL; REGISTRAR GENERAL; Mr. SANSOM; Dr. EVANS; Mr. SANFORD; Mr. COOKE; Mr. RIVERS; Mr. S. WALPOLE; Mr. HUNTER; Mr. BRADY; Mr. FERGUSON.

APPOINTMENTS FOR THE WEEK.

November 20. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

22. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. Cockle "On certain Affections of the Cerebrum and Cerebellum, caused by Otitis, and Simulating Adynamic Fever."

23. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. Markham "On the Uses of Bleeding in Diseases."

24. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

25. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

KING'S COLLEGE MEDICAL SOCIETY. Dr. Buzzard "On the Cause of the Outbreaks of Cholera."

26. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock :—

Excision of Knee-Joint; by Mr. Fergusson. Removal of Tumour from Abdomen; by Mr. Partridge.

Digitized by Google

Notice to the Medical Profession.

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., Ex-Army Medical Staff)

C H L O R O D Y N E.

(*Entered at Stationers' Hall.*)

MEDICAL PROPERTIES—Anodyne, Diaphoretic, Sedative, Astringent, Antispasmodic, Diuretic.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

"The following extract from a letter by Dr. Shorthouse, (late of the Metropolitan Convalescent Hospital) of Carshalton, to a Medical friend in the North of England, is published by permission :—

....."And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases: for I do not mention several others in an incipient stage. Two of the cases were in the last stage,—i.e. cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication,—i.e. irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest *almost instantaneously*; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a *cure-all*, nor did I ever 'puff it off as a universal panacea for all ailments.' It is what is perhaps better—a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. Vesalius Pettigrew, M.D. Hon. F.R.C.S. Eng., formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "Medical Times."

To the Editor of the "Medical Times and Gazette."

"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He only took two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bedtime, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c. THOMAS A. HENDERSON, M.D. L.R.C.P.,
Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm, one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoringt *ae* pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From Dr. Andrew Smith, Director-General, Army Medical Department.

"I have seen it used, and apparently with much advantage."

From F. E. Barrow, Esq., Surgeon, Dover.

"I have now used your Chlorodyne in numerous cases, and have much pleasure in adding my testimony to its very great efficacy as an Anti-spasmodic and Anodyne, having found it especially valuable in those cases in which opium does not agree well with the patient."

From John E. Goulstone, M.D., Knighton.

"I can confidently state that Chlorodyne is an admirable Sedative and Anti-spasmodic, having used it in neuralgia, hysteria, asthma, and consumption with remarkably favourable results. It relieved a fit of asthma in four minutes, where the patient had suffered eleven years in a most distressing manner, no previous remedy having had so immediate and beneficial an effect."

From W. I. Wallstenholme, Esq., Surgeon, Tottenham General Hospital.

"I can speak with much confidence to the good effects of Chlorodyne in harassing cough and consumption, affording relief when all other remedies had failed. I have seen it act with decided and immediate benefit in gout of the stomach, and in asthma; and I sincerely believe that all remedies, certainly within my experience, hitherto used as direct sedatives or diffusible stimulants, must yield to Chlorodyne."

From C. V. Ridout, Esq., M.R.C.S., Egham, Surrey.

"I am much pleased with your new remedy, Chlorodyne. As an Anti-spasmodic it is invaluable; as a Sedative, it is more certain and agreeable in its action than any I have hitherto used; and my experience of its curative effects in asthma, bronchitis, and neuralgia is most satisfactory."

From L. D. Smith, M.D., Bingham, Notts.—July 29th, 1857.

"I am much pleased with the effect produced by your Chlorodyne upon the diseases to which I applied it. It seems to be far superior to any other anti-spasmodic I ever used."

From Charles J. Mason, Esq., Surgeon, Surbiton, Surrey, July 27th, 1857.

"I have much pleasure in bearing testimony to the efficacy of Chlorodyne as an Anodyne and Sedative. I have used it in fever, colic, and rheumatism, with marked benefit."

From William Galway, M.D., Mallow, Ireland.

"Dr. W. Galway begs to inform Mr. Davenport that he has found Chlorodyne most useful in neuralgia, and as an anodyne."

From Dr. Thomas Sandiford, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, etc., finds nothing so prompt and efficacious as Chlorodyne."

From Dr. B. J. Boulton and Co., Horncastle—Sept. 26th.

"We have made pretty extensive use of Chlorodyne in our practise lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

From J. H. Nankiwell, Esq., Surgeon, etc., St. Colombo, Cornwall.

"I have recently tried your Chlorodyne in a case of continued fever, as a diaphoretic; in a case of hysteria as an anti-spasmodic; and in a case of chronic laryngitis as a sedative; and from this short trial I am much gratified with its effects. I am disposed to think it a very important remedy."

From Thomas F. Hale, Esq., Surgeon, Saundersfoot, Pembrokeshire :—

"Sir,—I should be much obliged by your forwarding three bottles of Dr. J. COLLIS BROWNE'S CHLORODYNE, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients, when I see the value of the remedy."

Dr. J. Collis Browne's Chlorodyne.—Caution.—Owing to the frequent complaints made by Physicians and General Practitioners of the distress and disappointment caused by the substitution of fraudulent imitations of Dr. J. Collis Browne's Chlorodyne, when prescribed by them for patients, as also vended to them as the genuine (proofs of which are in possession), it is found necessary to adopt the Government Stamp, having the name of Dr. J. Collis Browne's Chlorodyne engraved thereon. None other genuine. Medical men, Hospitals, and Dispensaries, desirous of obtaining it without stamp, must forward their orders direct, duly authenticated, to the manufactory, where they can be supplied in bulk, a liberal discount being allowed.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative Chemist and Pharmaceutist, 33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE II.

To return to the ovum, which we left passing onwards in the Fallopian tube towards the uterine cavity,—where active changes have in the meantime taken place. At the inner extremity of the tube, it necessarily encounters the new-formed uterine decidua, but what relation it takes to that lamina when it emerges from the oviduct is yet a debated question, and one on which the most discordant opinions have been held. This discrepancy of opinion has arisen from attempts to account for the fact noticed by nearly all observers, that in dissections of ova found in the womb early in pregnancy, the fœtus has been found to be wrapped in *two* deciduous coverings instead of a single one, as might have been expected, if the ovum had dropped simply into the unaltered decidual chamber, as into the mucous cavity of the womb. In the second and third months of gestation, indeed, besides a layer of spongy tissue, which adheres closely to the uterine parietes, and corresponds to the mucous membrane, a second layer interior to this, of almost identical histological structure, closely envelopes the ovum—a cavity or interspace intervening between the two, except at one portion equal to a third of the whole circumference, where they coalesce, and together are united to the uterine walls. The innermost of these two decidual laminæ was first described by William Hunter, and named by him the decidua *reflexa*, in contradistinction to the outer, which he called the decidua *vera*. They are best designated, however, as the parietal or uterine decidua and the ovular or chorial decidua, as suggested by Dr. Baillie, these terms involving no theory, and simply expressing their anatomical relations. To account for the presence of the ovular layer, Burdach, Velpeau, and many other obstetric physiologists, while they believe it to be of uterine origin, hold that the ovum does not enter the sac of the first formed decidua, but encountering some portion of its outer surface when it emerges from the Fallopian tube, that it pushes it before it like a double night-cap, and becomes enveloped in a reflected membrane, exactly as the lung is surrounded by two layers of the pleura, but is yet outside its serous cavity. MM. Coste, Breschet, and Dr. Sharpey, discarding this hypothesis, contend that the ovum enters the cavity of the decidua, sinks into a fold or follicular orifice, and that the decidua ovuli or reflexa is simply a process of the latter developed around the germ to fix it in position, which at last so far grows over it as to envelope it completely. Dr. Robert Lee has published an account of a dissection, the peculiarities of which were such, as to leave no reasonable doubt that the ovum had entered the cavity of the decidua, and had not reflected a portion of the wall before it. In this case the ovum had attached itself to the lower portion of the uterine cavity, where it was closely enveloped in an ovular decidua, and external to this was a parietal lamina which adhered to the uterine walls. A space or deep groove intervened between the attachment of the ovum and fundus uteri, the young placenta being planted over the cervical canal. At the upper angles of the decidual chamber, the orifices of the Fallopian tubes were quite distinct, and not displaced, as they must have been, had the ovum inverted the membrane by pushing it before it. A great objection to the theory adopted by M. Coste and others, who hold modified views of the same kind, exists in the fact pointed out by Professor Weber and M. Robin, that when examined, the decidua ovuli exhibits over its entire outer surface, or at least the greater portion of it, the same pits or depressions which are found on the opposed or inner surface of the decidua uteri, and which there indicate the orifices of glandular tubules (see fig. 1). Moreover, the canals which these depressions lead to, have many of them a direction at right angles to the surface, and they are paved with nucleated epithelium as in the outer decidua. It is quite incomprehensible that the entrance of the canals should have this relation to the surface, and occupy so large an extent of it, did the decidua begin to vegetate round it from a small and localised spot. Besides, so far as I am aware, no one has ever observed the ovum resting in a cup-shaped growth of the primary decidua, or in any of the intermediate stages of growth, short of complete inclusion, if we except a small deficiency described by M. Coste as sometimes found in the decidua ovuli at its most prominent portion, and which may have been produced by the distention from within. I feel disposed therefore to accept as more probable a suggestion thrown out by Weber and adopted by Mr. Goodsir, if I do not misapprehend him, that the decidua reflexa or ovuli may actually be the primary lamina secreted before the ovum enters the uterus, which separates in two-thirds of its extent from the layers immediately beneath it, to adhere to the ovum and retain it in position; the remaining third not separating, but remaining as a centre of nutrition by its union with the womb.

The parietal decidua, therefore, should be regarded as a subsequent formation on the uterine walls, or a deeper layer, secreted after the manner of the previous growth. In support of this view I may adduce what I have just now mentioned, the direct entrance of the glandular apertures on the outside of the decidua ovuli, and their presence over all or most of its surface, as affording a strong presumption of a separation having taken place from a deeper layer. In addition to this we have evidence of the fact that the mucous membrane of the uterus has a tendency to shed off its superficial cells periodically, when they appear as epithelial *débris* in healthy menstrual discharge, or under certain morbid conditions as a continuous layer, called the membrane of dysmenorrhœa. The tendency of the mucous membrance of the uterus to shed off periodically accounts, indeed, in some measure for the known tendency to abortion at the menstrual epochs, and Physicians generally recommend perfect rest to the subjects of early miscarriage as each lunar month approaches, to prevent detachment. Wagner hints at the probability of there being only one decidua in very early pregnancy, and figures an ovum of twenty-one days, but which may have been of an earlier date, which he believed to be perfectly normal and complete, and in which only one decidual envelope existed. I think I have seen on two or three occasions a very early aborted ovum, bearing the triangular form of the uterine cavity, and in which there was apparently only one decidua; but this with care might be separated into two distinct laminæ, with smooth opposed surfaces, showing the first indication of a decidual cavity. It may possibly be objected that the small size of the ovular chamber, in the earliest instances where an ovum has been discovered in the uterus, bears no sort of proportion to the general size of the uterine cavity, and, therefore, it is necessary to suppose in such cases, as the one figured in the beautiful atlas of M. Coste,—where at about the twentieth day of gestation, the decidua ovuli inclosing the embryo was discovered as a small soft tumour, projecting above the surface of the decidua vera, —that a dissepiment must have sprung up to make a partition from the general cavity. M. Cazeau, however, remarks that "on account of the swelling of the mucous membrane its cavity is almost obliterated, and the ovule is consequently supported between two opposite points of the hypertrophied and softened membrane. Therefore it rarely progresses very far and becomes fixed upon the fundus." This statement, while it accounts for the general attachment of the ovum in the upper segment of the uterus, seems to me to dispose of any objection which may be founded on the apparent want of correspondence between the capacity of the ovular chamber, and the cavity of the uterus before impregnation.

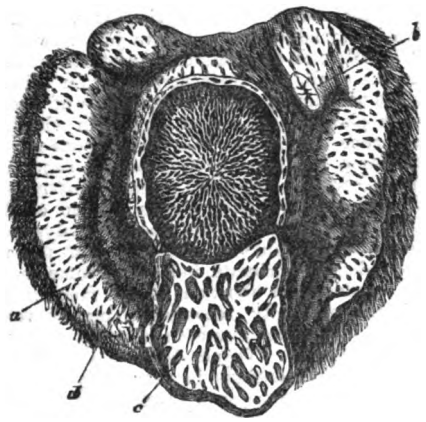
To account for the presence of the decidua ovuli is a subject of acknowledged difficulty, and some facts may yet appear which are irreconcilable with the above hypothesis; but, in the meantime, I am inclined to think it the more probable one. No decidua reflexa exists in the gravid uteri of the lower animals, and, therefore, we can draw no analogical inferences from observations in Comparative Anatomy. The ovum therefore is enveloped in about two-thirds of its circumference by two laminæ of uterine origin, called

Digitized by Google

respectively, the first the parietal or uterine decidua, and the second, the decidua reflexa or ovuli. In the remaining third the two deciduæ coalesce, and forming together a thick intervening layer, between ovum and uterus, bind them mutually and closely to each other. At this spot is formed the *placenta*, and round the circumference of it, as you look into the decidual chamber, the smooth lining of the parietal decidua seems reflected to the ovular layer. By those who look upon the ovular decidua as a reflected membrane, the intervening portion where the placenta is developed, is supposed to be a later secretion than the rest, formed to supply the place of that part of the decidua pushed before the ovum, and of which the uterine parietes had been denuded at the time of reflexion. It is thus called the decidua *serotina*. Adhering to the explanation previously given, the serotina must be looked upon simply as a coeval portion of the original mucous lamina or decidua, which has not separated from the subjacent tissues, but remains to keep up an organic connexion between fœtus and mother.

Laying open now the decidua ovuli by an incision, we come at once upon the ovum (see fig. 5, *d*), wrapped in two special membranes of its own, called the *chorion* and *amnion*. The most external of these, the chorion, is covered externally with

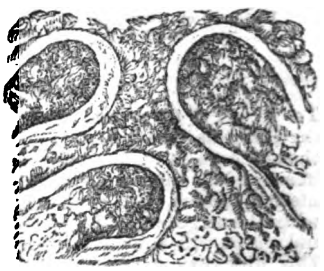
Fig. 5.



An ovum removed from the uterus, and part of the decidua uteri cut away; *a*. decidua uteri showing the follicles opening on its inner surface; *b*. the inner extremity of the Fallopian tube; *c*. a flap of the decidua ovuli thrown down, showing the depressions for the villi on its internal surface, and exposing *d*, the chorion, or first true fœtal envelope. (After Coste.)

little feather-like processes, called *villi*, and under water it reminds one, at a very early stage, of a little ball made of swan's down, with its feathery projections pointing outwards in every direction. The villi serve the purpose of rootlets to the young embryo, and by pushing themselves into the substance of the decidua, fix the ovum and carry on the process of inbibition from the maternal capillaries. If you separate the chorion from the decidua ovuli, by pulling away the villi from the attachments they have formed, the inner aspect of the ovular decidua is observed to be marked with depressions or lacunæ of an irregular form, and these again lead to tortuous canals, deeper in the tissue, which have been occupied by the villi of the chorion, and correspond to their irregular windings. We possess no very acute observations as to how the villi first behave themselves when striking root into the decidua of the human subject. Dr. Sharpey, however, made a most interesting investigation of this stage of development in the bitch, and suggests a similar mode of growth in man. He first points out that the mucous membrane of the bitch's uterus possesses glandular follicles opening on its free surface. At the time of impregnation these enlarge and form little saculi just beneath the surface, with contracted orifices, the whole internal coat becoming highly vascular and greatly increased in thickness. When the ovum arrives in the uterus it throws out the villous processes of the chorion, which enter these apertures, and absorb nourishment for the maintenance and growth of the ovum. The mucous membrane thus becomes the decidua, which is shed off at the time of delivery, and no lamina corresponding to the decidua reflexa is present. Reasoning analogically, we may presume that similar phenomena take place in our own species. We can demonstrate the sacules or reservoirs of nourishment in the decidua, known as Montgomery's cups, which are formed by a dilatation of the follicles in the mucous membrane, and at a later period form wide interspaces in its tissue. Further we know that the villi of the chorion penetrate the decidua, and become imbedded in its substance, but we have no distinct evidence that the chorion sends its rootlets directly into the dilated glandular apertures; and Schroeder van der Kolk, a celebrated Dutch observer, believes from personal observations of his own, that the villi do not enter the dilated gland ducts. In ova of different ages I have repeatedly sought for indications of the different stages of growth of the villi into the glandular follicles; and I have never yet been able to discover one of these offshoots partially projected into a gland duct, as might be expected in the earlier stages of growth. The extremities of the villi have always appeared to me to be imbedded in the parenchymatous substance of the decidua, surrounded by a halo of clear cells, which may be the glandular epithelium of a follicle; but if so, the villi have completely filled the gland duct to its termination, no part of its extent being left unoccupied (see fig. 6).

Fig. 6.



Terminal villi of the chorion imbedded in the substance of the decidua ovuli near the placenta, surrounded by a halo of clear cells, from an ovum at the end of the second month. Mag. 190 diam.

The space between the decidua uteri and ovuli varies at different periods of gestation. If we adopt the view that the decidua ovuli is really the originally formed decidua, the two layers must have been in close approximation in the earliest days after conception. The cavity of the decidua is, however, quite distinct in the latter part of the first month, and perhaps becomes so soon after the ovule enters the uterus. It then contains a small quantity of pink serous fluid, called the *hydroperione* by Breschet. The uterine walls at this time becoming more rapidly developed than the ovum, recede from it, and carrying outwards the deeper layer of the mucous membrane, which thus constitutes the parietal decidua, leave the superficial lamina adhering to the ovum as the d. ovuli, and a space existing between the two. In the fourth or fifth month the two deciduæ again became closely approximated, by the increased growth of the ovum, the cavity which separates them, with its contained hydroperione disappear, and the membranes are so closely united as to be generally inseparable at the time of delivery. As the ovum increases in size, and encroaches on the decidual cavity, it gradually stretches and thins the decidua ovuli, until it erases from its most prominent portion both the glandular apertures and the capillary network, which were visible at a somewhat earlier period. The openings of the gland-ducts may, however, be found later in considerable numbers, and of large size, concentrated, near the point of reflexion to the parietal layer, round the base of attachment to the uterus. At the point of greatest projection, prior to its coming into apposition with the parietal layer, the ovular lamina becomes reduced to a mere film, and a small aperture or breach of continuity is sometimes observable. M. Coste has drawn particular attention to these appearances, as supporting the theory he promulgates concerning the formation of the decidua ovuli. He regards the thin spot in the centre of this lamina as indicating the recent closure of a fold of the decidua round the ovum, and the small aperture sometimes found, which he designates an *umbilicus*, he looks upon as the stage anterior to complete inclusion. He does not, however, describe any intermediate stages, which distinctly prove his position; and it is to be remarked that the thin spot alluded to is largest in the more advanced ovum.

Dr. Robert Lee in his work on midwifery has expressed an opinion that the apertures observed on the two opposed surfaces of the decidua are really open-mouthed blood-vessels communicating with the decidual chamber. He further supposes that blood is poured into the decidual cavity from the apertures in the ovular decidua; and that after bathing the ovum externally, it is returned to the mother's circulation by

Digitized by Google

the openings scattered over the surface of the decidua uteri. Thus, according to Dr. Lee, the ovum is provided in the early weeks of gestation with a peculiar circulation,—the decidual chamber being a reservoir of blood,—which continues until the cavity is obliterated by the development of the fœtus and its appendages. This view of the use of the decidual cavity has not, so far as I am aware, found any supporters; and it seems to me that there are two insuperable objections to its adoption. The first is that the presence of blood in the cavity is generally acknowledged to be the result of accident or disease, and does not occur without some rupture or tearing of the tissues, a clear pinkish fluid being present normally; and the second is, that the lining of the tubes, regarded by Dr. Lee as vessels, is not the delicate inner coat of a vessel, but is composed of well-marked cellules of glandular epithelium, such as lines the mucous follicles. The decidual vessels are no doubt in close relation to the glandular structures as in other situations, and may be made readily continuous by violence, but there is yet no evidence of direct and normal communication.

The function of the decidua ovuli appears to be confined to that of fixing the ovum at some safe anchorage in the uterine cavity, and of affording nourishment to the embryo by bringing its absorbent system into close contact with the maternal capillaries.

The decidua is loosened and thrown off from the uterus at the end of gestation. As pregnancy advances, it loses all the recognised characters of a mucous membrane, and instead of being constituted, as at first, of a spongy, web-like texture, it becomes fibrous and thin. I have distinctly made out the uterine glands in the parietal decidua near the seat of the placenta, at the end of the third month of pregnancy, just before the decidua came into apposition. They were undergoing a granular degeneration into fat, prior to their final disappearance, and instead of being paved with the usual epithelium, they were filled with molecules and granules, from the disintegration of cell-particles. Their contents were sometimes squeezed out by manipulation, and the emptied follicle then appeared as a clear excavation in the parenchyma of the membrane. The temporary structures of intra-uterine growth during gestation, when they have fulfilled their function, obey the same laws as other soft tissues in the body,—they atrophy, and disappear, undergoing first a molecular transformation into oil globules, by which they are rendered more amenable to absorption and removal. Fatty molecules enter into the composition of the early and healthy decidua, and seem to serve the purposes of nutrition, but in the later months of pregnancy, not only do the cellular and fibro-cellular elements, apart from the placenta, undergo molecular transformations into fat, and become freely mixed with compound granule cells, but the vessels themselves which supply the membranes with blood, become atheromatous, and their coats thickly studded with oil globules. Dr. Simpson suggests that it is by this process the decidua gradually loses its cohesion to the uterus, and at the full time entirely separates itself, thus determining the occurrence of labour. From this he deduces an analogy between the spontaneous shedding of the decidua, and the artificial process of separating the membranes to which we have recourse in inducing premature labour. I shall have to show you in a future lecture that this spontaneous separation is in close connexion with the development of a new mucous membrane, which takes the place of the exfoliated decidua after delivery.

Fig. 7.

Mucous follicles filled with granular contents from the decidua uteri, near the placenta, at the end of the third month. The clear flask-shaped space represents a duct from which the contents have been dragged out.

The decidua being composed of so lax a tissue, and being so freely supplied with blood-vessels, is particularly liable during the early part of pregnancy to effusions of blood into its parenchymatous substance, which may be determined by accident or disease. Notwithstanding the uterus is so suspended in the maternal pelvis that it is affected in the least possible degree by ordinary locomotion, and by the various changes in the position of the body, yet the union between the pregnant uterus and its lining membrane is so unstable in some women, that a fall, or leap, or a stumble, may be quite sufficient to detach a portion of the latter, and give rise to sanguineous extravasation. Small and circumscribed clots produced in this way are sometimes found between the uterus and decidua. These if limited may not interrupt the continuance of pregnancy, but if the effusion be more extensive, and separates a larger portion of the decidua, it necessarily interferes with the nutrition of the ovum, produces death of the fœtus, and precipitates abortion. Again, if the escape of blood from the vessels is confined to a limited space at the upper part of the uterus, although it may produce much pain, no external hæmorrhage may be noticed at the time of its occurrence; but when it takes place near the cervix the blood more readily finds exit from the uterus, and is discharged by the vagina. In aborted ova you may frequently observe blood-clots, which have been formed at different times, undergoing various changes in consistence and colour, according to the date of their effusion. Some have a deep purple colour, some a chocolate-brown, others a yellow hue. Generally the recently expelled ovum, if enveloped in the decidua, is covered over with thick layers of fibrin, which need to be removed from the dorsal surface of the latter, before its proper texture can be discerned. Even then the tissues may be so condensed and injured by the pressure to which they were exposed during expulsion, that they may not be readily recognisable, and may need maceration in water for some time before they can be examined with advantage.

Occasionally in the first weeks blood pours directly into the decidual cavity, fills it with a coagulum, and obliterates all trace of the embryo, constituting one of the species of mole, which is thrown off as a triangular cast from the uterus, and has firm layers of fibrine externally, with a soft clot in the centre. A not uncommon appearance is that in which the cavity and both layers of decidua are infiltrated with blood, become firm by coagulation, and nodular concretions, project under the chorion towards the chamber which contains the fœtus. This form is designated by some authors the apoplectic ovum. It is a modification of the same morbid change which produces the other varieties I have described, and caused by the extravasation and hardening of the maternal blood in the substance of the decidua. An embryo is sometimes found attached by its funis to some part of a smooth central cavity; but many times it is absent, a rudimentary umbilicus being the only trace of its previous existence.

In early abortions the decidua uteri is usually detached, not only from the uterus, but from the ovum itself, and is expelled separately, the embryo being wrapped in the ovular decidui, or being contained only in its own chorion. The serotina or placental portion of the decidua is seldom separated until a later period, and comes away as débris in the lochia. The decidua is also said to be subject to inflammation and its results, exudation of lymph, and the formation of pus. Some authors mention calcareous deposits and spicula of bone, as occasionally found in its substance. It also contains, in some cases, a much larger quantity of fat granules than the normal proportion; but what relation this bears to changes taking place in previously extravasated blood or exuded lymph, is not determined. This department of pathology offers a field as yet little explored, and which would well repay a careful investigation. It is well known that some women abort regularly at the same period of pregnancy, and that all treatment is ineffectual to break what is called the habit when once acquired. It is most probably connected in many cases with some abnormal condition of the blood or vessels of the mother, which exhibits itself in changes in the maternal envelopes of the ovum, and we cannot hope to be more successful in treatment, until we have a more intimate knowledge of all the circumstances, and learn what these changes really are.

A Sovereign Curer.—In the Cingalese annals mention is made of a King of Ceylon called Boaddhadasa, who about the middle of the fourth century of our era was a great physician, the author of many books, the founder of numerous hospitals. He established a doctor in every section of his country—each section containing ten villages.

Digitized by Google

ORIGINAL COMMUNICATIONS.

HISTORY OF A CASE IN WHICH

DEATH WAS QUICKLY PRODUCED WITHOUT THE INHALATION OF CHLOROFORM,

IN THE FIRST STAGE OF NATURAL LABOUR.

By JAMES H. AVELING, M.D., M.R.C.S.L.
Honorary Member of the Obstetric Societies of Dublin and Edinburgh.

HAVING heard that an old patient of mine had died suddenly during labour at Charlton Brook, in the parish of Ecclesfield, where I was in practice three years ago, I this morning drove over and learnt the following particulars:—

"My name is Mary K——: I was in the room at the death of Mrs. Ann G——. She sent for me about five o'clock in the evening, and told me she had felt 'crotchety' all day. She was at her full time. I thought the pains sufficiently bad to advise her to send for her Doctor. The Surgeon came, and said it would not be over yet, and went away to see another patient. He returned between six and seven, and said she was still lingering. The pains seemed very severe, and Mrs. G—— was very restless; sometimes she was on the bed, then on the chair, and then on her knees on the floor. She complained now and then of difficulty of breathing, and made a noise like 'croup.' She also felt faint, and had some gruel and brandy. About two o'clock in the morning the Surgeon and husband were suddenly summoned up-stairs, and the latter had only time to put his arm round Mrs. G——, who was upon the floor, to support her, when 'she shot out her legs,' and fell back gasping and died instantly" (a).

Had I been still living in Ecclesfield, I should have had this patient to attend; and as I am a great advocate for the administration of chloroform in labour, I should in all probability have given it in this case. Had I done so, and death had still occurred, chloroform would have been set down as the cause, and Dr. Lee would have had the opportunity of recording the history of a case in which death was quickly produced by the inhalation of chloroform, etc. in England. Neither in this nor in the case which took place in Scotland was any examination of the body made; and how without this it was found possible in the latter case to attribute with certainty the cause of death to chloroform seems rather obscure.

It is not, however, for me here to enter upon what are or may have been the causes of sudden death in labour. My only wish is to place the case of Mrs. G—— on record just now, because of its similarity to the one communicated by Dr. Lee, and also to allay in the minds of those practitioners who have taken fright at Dr. Lee's case, any fear they may have in giving chloroform for the future in labour.

I am so convinced from considerable experience, that women who have taken chloroform during parturition recover so very much better and faster than those who have not, that I should be very sorry to see its administration diminished in frequency, and its beneficial effects unnecessarily curtailed by a case in which the cause of death has been without due examination attributed to chloroform.

I should have been glad to have given a more professional account of the case of Mrs. G——; but the Surgeon who attended her is just now on the Continent, and I have no opportunity of getting information from him.

Sheffield.

P.S.—In your impression of to-day, I learn that Dr. Robert Lee has found out "a second death during labour from chloroform in Scotland," his informant being Dr. Mathews Duncan of Edinburgh.

Dr. Sharpe has to-day, not without reason, complained of the loose and uncertain manner in which the important details of Dr. Robert Lee's first case are given; and the history of this second is still more unsatisfactory. This is it abridged:—Dr. D. told me that he had heard of a case, which he did not see, in which a woman died in labour while taking chloroform "in small quantity." Surely it is not consistent with the character of a man of science to give form and substance to such a vague rumour as this; nor can any one be considered free from prejudice who, if chloroform has been given even in "small quantity," can, besides it, see no other cause of mischief. No good can arise from publishing these phantom dribblets; and I cannot but think if Dr. Mathews Duncan had intended Dr. Robert Lee to publish his P.S., but that he would have taken some pains to have given a better history of the case,

Sheffield, Nov. 20, 1858.

(a) See Dr. Campbell's report, communicated by Dr. Lee in the *Medical Times and Gazette*, November 6, p. 465. His patient dies thus:—"She threw herself violently back, gave a gasp or two, a slight gurgle was heard in her throat, and respiration and the pulse instantly ceased."

ON THE RADICAL CURE OF REDUCIBLE INGUINAL HERNIA.

ILLUSTRATED BY NINE SUCCESSFUL CASES.

By RICHARD JONES (late of Guy's),
Resident-Surgeon in the Workhouse Hospital, Liverpool.

(Concluded from p. 522.)

Case 5, aged 50 years, porter, was admitted about three months ago with varicose ulcers on both legs. On admission his health was very much impaired from over-fatigue and want of proper nourishment: after his legs were improved, and his general health re-established, Mr. Leather proposed to have his hernia cured by Wützer's method. He was rather reluctant at first; but by seeing the success of the other cases, some presenting more unpromising *prima facie* evidence of success than his own, he was induced to give permission: he had been ruptured twenty-four years ago by lifting a heavy weight. In this case the rings were so loose and increased in size, and canal so widened, that the largest-sized instrument would scarcely suffice to effect a complete occlusion. And although the double needle instrument was applied, only one needle was used, which was introduced through the central piece. The instrument was allowed to remain for ten days, the upper place being relaxed on the eighth day, also he was kept in bed for twenty-seven days with the T bandage—(in a case of this kind ample time should be allowed for perfect organisation of the adhesions before weight is allowed to pend upon the plug). One of the immediate effects of the operation in this man was pain and swelling of the cord and testicle, which I think was entirely due to the pressure of the instrument. A slight neuralgic pain continued for about two months to annoy him occasionally, but at present he is able to work with ease, and is free from any pain; he was ordered to use a truss for four or five months; perhaps it is not absolutely necessary to wear the truss quite so long, but these precautionary measures should be adopted in proportion to the probability of retroversion. And, in a case like this, in which the changes in the relations of the parts at the seat of hernia particularly predispose to a relapse, no weight should be allowed to gravitate on the plug until the interior is completely obliterated by granulations.

Case 6, aged 28 years, baker, who is a delicate and sickly-looking individual, with a debilitated constitution, and generally troubled with some pulmonary affection, was ruptured three years ago by a heavy fall. Immediately after this accident, he went to one of the Glasgow Hospitals, where a truss was applied, but in this case, as in nearly all those already mentioned, the employment of the truss was accompanied with so much pain and uneasiness while engaged at any occupation necessitating little physical exertion, that he was often obliged to relax from his work (which was comparatively light) for weeks together. He lingered in this way for nearly three years, but had been able to use a truss with more comfort latterly; yet he felt exceedingly dissatisfied that this important inaptitude for work could not be ameliorated by some means.

The anatomical condition of the ring and canal was not much changed. Canal little dilated and shortened, and rings large enough for the introduction of two fingers. The condition of his general health was not so propitious as in the other cases; but in an operation incurring so little constitutional disturbance as this, we did not think it requisite to be very anxious about the state of the constitution (providing no serious organic disease exists).

Digitized by Google

Rothmond's instrument was used with the two middle-size side pieces, and left in the ring for seven days; this abbreviation in the time from ten to seven days was made on account of some abdominal pains extending up to the umbilicus, which proved to be nothing more than extension of the superficial pain about the instrument, and this was evinced by the superficial redness and tenderness, also by the absence of any positive sign of peritoneal inflammation, and immediate abatement of the pain on removing the instrument. The puncture suppurated somewhat freely; with these exceptions the case progressed as favourably as any of the others; and he is now engaged in very active exercise for about ten hours daily. And he does not feel the slightest pain in the side operated on, even while engaged in heavy work.

Case 7, aged 50 years, railway porter, was ruptured nine years ago, while engaged in some active exercise at the station. He tried to use a truss, but with so much pain and inconvenience that he was compelled to give up his situation. He was admitted four months ago with hernia of the right side, being at that time about the size of a goose egg. The rings and canal were not much changed in size or shape; but the boundaries of the ring felt loose and relaxed. The operation was performed on August 14. Rothmond's instrument was used of the middle size, and a steel needle was introduced instead of the plated one. Among immediate effects of the operation was the separation of a small slough from the puncture, and a more copious discharge from the plug than in the others. I think the steel needle is more apt to cause suppuration and sloughing than the plated one, which resists the action of the discharge. The scrotal integument had been covered with superficial eruption a few weeks previous to his admission, and, perhaps, this will account for the increase of discharge from the interior of the plug, which was obliterated sooner by granulations than in the other cases. He complained of pain and soreness about the plug and scrotum for seven weeks after the operation was done; this has now entirely disappeared, and he feels perfectly well and capable of performing his previous duties with ease.

Case 8, aged 18 years, suffering under congenital epilepsy, was ruptured fourteen years ago by a fall. His mental faculties are considerably impaired, and he is not able to give any account of himself previous to his admission. The rupture is small in size, the ring and canal very little modified. The operation was performed on the 15th August; on the following day had several epileptic seizures, and during a paroxysm he rolled about, and so loosened the instrument, that its re-application was necessary; also he had several fits on the subsequent days; however, the instrument was not much disturbed. On the seventh day the instrument was removed, and a little retroversion happened during a fit; but no herniary impulse is perceptible on cough.

There is some doubt about the ultimate success of this case, because the plug is somewhat loosened in the canal. At present about ten weeks has elapsed and no more retroversion has taken place. If the patient had not been subject to epilepsy, the issue of this case would have been more satisfactory. And providing that no relapse will happen during an epileptic seizure, before another month is over, I think it exceedingly probable that the operation will prove effectual. Should this case turn out a complete failure in future, the fault cannot be attributed to the radical cure, but to other extrinsic causes, which bear no relation to the operation. I think it unjust to bring forward such case of relapse, as this might be, as an objection to Wützer's procedure. Yet I am disposed to think that some who have objected to the operation have, unintentionally, based their argument upon this unjust ground, and bring the total numbers of failures, irrespective of causes, as *bonâ fide* cases of retroversion.

Case 9, aged 64 years, potter. He is an exceedingly intemperate old man, nevertheless possesses very good physical powers, and generally enjoys good health, notwithstanding his profligate habits. His general aspect would lead us to think that he is eight or ten years junior to his real age. He was ruptured six months ago by fighting, when in a state of intoxication. The first remedy was a truss, but this gave him so much pain, that he was forced to give up his ordinary migrations about the country entirely. He came here almost *in forma pauperis*, unable to gain his living on account of his hernia. On admission he had no intention of undergoing any operation, but the advantage of the radical cure was represented to him, to which he willingly conceded. The hernia was small; ring normal size, and canal dilated. The operation was performed on August 16th; and, among other trifling immediate effects, was pain over the lower part of the abdomen for the first two days, without constitutional disturbance, or any positive symptom of inflammation; tongue and pulse being healthy, it would be a great stretch of imagination to refer this anomalous pain to peritoneal inflammation, nor could such a supposition be substantiated in the absence of essential signs of peritonitis.

Also the puncture suppurated very freely in this case, from the circumference of which a small slough separated; but this vexatious effect was soon repaired by granulations. The instrument was removed on the 28th inst., the exudation from the interior of the invagination did not commence until the sixth day, and was not so copious as in the others: if the discharge is very scarce from want of sufficient inflammation, the introduction of a little "empl. lyttæ" inside the plug will assist the other causes in producing more inflammation. In this man, the epidermis covering the interior of the plug was morbidly thick, consequently more able to counteract the irritating action of the discharge issuing from the puncture and the presence of the cylinder; the man is at present quite well, with the exception of neuralgic pain occasionally in the cord and testicle.

I will now review in a cursory manner the principal reasons which have been alleged against the radical cure, and will endeavour to show that most of them are based upon hypothetical notions unsupported by evidence even tantamounting to probability. Among the chief arguments brought forward against the operation is the *probability* of peritoneal inflammation supervening. Without absolutely denying the *possibility* of this taking place, I will unhesitatingly assert, after a careful investigation into the clinical history of sixteen cases, that it is exceedingly improbable. I have not seen the slightest indication of peritoneal inflammation in a single case. The little external redness and tenderness is merely an extension of the pain caused by the pressure exerted upon the duplicature of the integuments by the instruments, and this has been regarded with unnecessary apprehension in some cases, for I have myself seen a case in which it was proposed to prescribe active measures when all positive signs of peritoneal inflammation were absent. I think that there is not one well-authenticated case of peritonitis on record out of sixty-four cases that have been reported. I believe, certainly there were some doubts on one, or even two instances; but even granting that these were genuine cases of peritonitis, I think we are justified in referring such a small proportion to mere chance or coincidence; consequently, if we appeal to statistics, it will furnish a most convincing testimony in contradiction to the apocryphal supposition, that peritonitis might follow.

And out of sixty-nine cases, neither death nor any dangerous symptom followed in a single instance; and upon careful reflection of the *modus operandi* of the radical cure, we should not be prepared to anticipate the extension of the peritoneal inflammation, because the exciting cause is limited to that spot when the serous membrane is kept in mutual contact by the instrument; consequently the immediate results of inflammatory exudation is the fibrillation of lymph, which will unite the opposing serous surfaces, and tend to prevent the diffusion of the inflammation. In conclusion, I will state that it is exceedingly problematical, whether a single case of peritonitis has hitherto happened, depending solely upon the operation; the one or two cases that have been mentioned as claiming some pretensions to depend upon the operation are enveloped in great obscurity, and we are not justified in regarding even these two cases as traumatic peritonitis, because two of the patients were in a debilitated and unhealthy condition at the time, and this circumstance is a strong presumptive evidence negatory to the supposition that the operation was the sole cause of the peritonitis; it might possibly assist and accelerate other predisposing causes.

The next cardinal point which must be taken into consideration is the probability of relapse. This has been urged with great stress as a serious adversity to the future generalisation of the operation. I think this objection has been greatly magnified, as will be found by referring to statistical reports. And most probably in some of those unsuccessful cases recorded the fault rested with the operator and not with the operation, for it requires a little tact and experience to perform this operation successfully. In one case of relapse that happened in this Hospital fault was traced to the manner the

Digitized by Google

instrument was introduced, which had slipped above the margin of the ring. I am disposed to think that some other cases of relapse depend upon similar causes, or the relapse might be occasioned by over officiousness on the part of the Surgeon in disturbing the instrument too often, consequently breaking the adhesions as soon as they are organised. It was proposed once to remove the instrument on the fourth day and cover with ointment; this is a very pernicious practice, and will very likely defeat the operation by rupturing the adhesions, which are at this period very weak. Nor is it productive of any benefit to remove the instrument as soon as the serous discharge issues from the interior of the plug, for in nearly all cases the serous effusion will happen before the fifth day, as the cases are exceedingly rare in which the instrument may be withdrawn at this early period with impunity. Nor should I feel disposed to risk this in any case whatever. Under certain conditions, vesication is excited in the interior of the plug by the third or fourth day. The duration of time that will intervene before serous effusion happens will be proportionate to the delicacy of the patient's skin, and this will range from three to seven days, and should in no way serve as an index for the time the instrument should be allowed undisturbed. Taking all these incidental causes of relapse into consideration we are forced to admit that the number which exclusively depends upon other irremediable causes are very few indeed, nor have I myself seen a single case which could not be traced to some accidental cause, which might be averted by foresight and care. I am disposed to believe that the majority of cases which have not succeeded can be referred either to misapplication of the instrument or removing it before the adhesion was sufficiently strong. Consequently, if we were able to subtract these from the total number of failures, the remainder would be proportionately a very small fraction; perhaps not one in fifty. This point, which has been so earnestly expatiated upon as an insuperable objection, will be satisfactorily answered by referring to statistics, which show that the unsuccessful cases, including those which depend upon accidental causes, are only three in sixteen, "and these cases were purely due to remediable causes." It was mentioned during the discussion on this subject at the Liverpool Medical Society that it is rather premature to pronounce the cases successful three or four months after the operation, and that a relapse might occur after we have lost sight of the patient. In the first place, this argument is a mere hypothesis, destitute of any evidence, and comes in direct collision with facts already registered; for I do not know of a single case of relapse after the expiration of the third month, for the probability of relapse will be in an inverse ratio to the time that intervenes after the removal of the instrument; after three or four months the plug becomes so organised and identified with the adjacent tissue that a relapse is almost impossible at this advanced period.

The two chief objections have been fairly dispensed with, and in both instances statistical reports will serve as the best *onus probandi*. Also it behoves us, in an operation not demanded by urgent and pressing danger, to consider the amount of suffering the operation causes to the patient; this is of such a trivial consequence in the radical cure that it is hardly worthy of consideration—there is scarcely an operation in Surgery accompanied with less suffering and danger. The radical cure has been regarded as officious Surgery by some who have not taken the trouble to test its merits; they argue that it is not intended to answer any other purpose than a mere substitute for a truss, or a surgical experiment to gratify curiosity; this is both *suppressio veri* and *suggestio falsi*, for it is intended to avert peril that may happen at any moment, also release the patient of pain and annoyance that will always be an important hindrance to his aptitude for physical exertion and social enjoyment; and the result of an extensive experience will serve as a proof that the operation is not a surgical experiment that might or might not answer the intended purpose; and it is no presumption to assert, that if the operation is skilfully performed under favourable conditions, and the case properly watched, that the issue will to a moral certainty be successful. It will seem surprising that an operation possessing so many superior advantages has not become more general in its application. I have even heard this and other similar remarks mentioned as reflecting suspicion upon the claims of the radical cure. I cannot help regarding such a subtle objection as an ungenerous wish of opposition, for it seems almost incredible that any one can conscientiously indulge in such an extreme scepticism, and no one would condescend to answer such scrupulous and sophistical course of reasoning if applied to other surgical operations legitimately acknowledged by the Profession, nor would it create doubt or uncertainty respecting their advantages, or impute a slur upon reputation founded upon the intrinsic merits of the operation.

Mr. Higginson proposed a simplification of the instrument at the Liverpool Medical Society, which I think would be a great improvement. The central piece of the "Rothmond" instrument is composed of solid metal, which increases the weight considerably, and this causes unnecessary pain and inconvenience to the patient. This was the case with a patient at the West Derby Hospital, upon whom Mr. Edward Lister had performed the operation a few days previously. He was constantly complaining of a dragging pain caused by the instrument; also it pressed upon the testicle, which was drawn high up. Besides this, there is another evil consequent upon using a heavy instrument, that it increases the tendency in the plug to descend in the canal, consequently incur more weight upon the needle. Wützer's instrument is decidedly superior in this respect, for the cylinder is a simple piece of round wood, with a hole in the interior for the needle. The only imperfection in this instrument is the impossibility of modifying its size according to the size of the canal and rings. Mr. Higginson's suggestion to have the middle piece composed of wood, would remedy the inconvenience caused by the greater weight.

The size of the needle with "Rothmond's" instrument is about an inch too short; for in the case already mentioned at the West Derby Hospital, the needles were too short to penetrate through the integument except with a good deal of pressure; and we were obliged to get new needles made an inch and a half longer. I have seen the same thing in other cases in this Hospital, which caused a good deal of annoyance. And even if the needle has fairly penetrated the integuments, if the piece which is through is very short, it will in all probability slip from the opening in the upper plate when the parts begin to swell a little; and this will necessitate the re-adaptation of the instrument (a).

I think the adoption of these suggestions in the construction of the instrument will materially facilitate the operation.

I must plead indulgence for numerous omissions and defects, which I have not been able to correct from want of time; and I hope that the intense interest and novelty of the subject will compensate to a certain extent for these deficiences and imperfections.

I hope the result of these cases will induce Surgeons to take the superior advantages of this operation into their serious consideration. It has hitherto remained in comparative seclusion; but will, I trust, soon be recognised as one of the most legitimate and successful of Surgical operations.

Liverpool.

ON THE MORTALITY OF LONDON DURING THE PAST SUMMER.

By J. J. FOX, F.S.S.

I. *Total Mortality.*

The summer that has just elapsed has been a tolerably healthy one in the metropolis. The usual mortality in summer, during the previous 18 years, exclusive of the Cholera deaths in 1849 and 1854, is 560 in 100,000 of the population; this year it has been 529, showing an improvement on the average of about 5½ per cent. Out of the previous 18 summers, only 4, viz. 1850, 1855, 1845 and 1853 have been healthier.

II. *Mortality from various Diseases.*

Of the various diseases that make up the total mortality, some have been in excess of the average derived from former summers, viz.

Scarlatina ..	..100	per cent. above.
Measles ..	.. 36	,, ,,
Whooping Cough	.. 28	,, ,,
Croup	.. 23	,, ,,
Diseases of Kidneys	.. 14½	,, ,,
,, Heart	.. 11	,, ,,
Apoplexy ..	.. 9	,, ,,

(a) The fault here is that of the English instrument-maker. The needles as made by the Munich maker Bopp, and those London makers who have taken the trouble to procure correct models, are fully long enough.—Ed.

Digitized by Google

The following on the contrary have been below the average of former summers:—

Bronchitis	.. .. ..	1 per cent. below.
Paralysis	.. .. ..	3½ „ „
Diseases of Nervous System		11 „ „
„ Respiratory Organs		11½ „ „
Hydrocephalus, Cephalitis, and Convulsions	..	12 „ „
Consumption	.. ..	12½ „ „
Teething	.. .. ..	14½ „ „
Pneumonia	.. ..	15 „ „
Erysipelas	.. .. ..	17 „ „
Diarrhœa	.. .. ..	22 „ „
Typhus	.. .. ..	25 „ „
Dysentery	.. .. ..	25 „ „
Small-pox	.. .. ..	75 „ „

The noticeable points in this list are:

1. The large excess of *Scarlatina*, which is about double its average prevalence at this season. Of course the fluctuations among diseases of the zymotic class are very considerable. This summer 46 out of every 100,000 of the population died from scarlatina, and twice during the past eighteen years, viz. in 1844 and 1848, has its mortality at this season been higher. It goes through its cycles of increase and decrease with some approach to regularity; its last maximum having been in the autumn of 1854, from which time it decreased for two years and a half to the spring of 1857. Since the spring of 1857 it has undergone a gradual and steady increase.

It has prevailed this summer in every division of the metropolis, but its great excess has been in the southern and eastern divisions.

It may be said to have become epidemic in June, *i.e.* in that month the deaths from scarlatina rose above the average of former years at the same season. It increased gradually and was still increasing when the quarter of which we are treating terminated. It has since, however, reached a maximum, viz. in the second week of October, and from that point declined.

2. *Measles* is in considerable excess of the average; but it is decreasing, having attained its maximum in the previous winter quarter. The southern division of London, the population of which is about 26 per cent. of the metropolis, has furnished this summer 40 per cent. of the deaths from measles.

3. The deaths from *Diarrhœa* have been considerably below the average. In this case, the average is derived from the previous twelve years. Instead of the deaths being 65 out of 100,000 persons, they were 51. In the series of 13 summers, 4 have presented a lower mortality from diarrhœa, viz.:—

1848	.. .. ..	47 per 100,000
1850	.. .. ..	50 „ „
1853	.. .. ..	50 „ „
1855	.. .. ..	49 „ „

Dysentery has also been below the average, so has erysipelas; and, what might be even less anticipated, so has typhus. This last, instead of being at the rate of 24 per 100,000, which is the average of the previous 9 summers, is only at 18. No summer since 1845 has presented so low a mortality from this cause. It is for sanitary science to reconcile this fact with the circumstances of London this summer—circumstances which are generally supposed to be especially productive of fever.

4. The mortality from Diseases of the Kidneys, and that from Diseases of the Heart, both of which fluctuate very slightly, compared with the zymotic class of diseases, are sensibly above the average.

III. *Meteorology of the Summer.*

Although not so warm a summer as that of last year, yet the temperature has exceeded the average. June and September were both very warm months, the first only exceeded in the course of 87 years, by one year 1846; the second unsurpassed since 1818. July and August did not present much difference from the average temperature; so that we have not had the continuous warmth that so remarkably distinguished the summer of 1857.

The barometer has not differed much from the average, and has ranged with narrower limits than usual.

The rain-fall has been below the average quantity, and so has the humidity of the air, especially in June and August.

Although the mean daily range of temperature has exceeded the average, yet the thermometer on the grass has not fallen to 32° on any night of the four months from June to September. This absence of night-frosts for so long a period is very unusual, and would be likely to have much influence on the public health.

IV. *Relative Mortality of the Divisions of the Metropolis.*

Assuming the same rate of increase since 1851, as existed in the previous ten years, and correcting the deaths for outlying workhouses, Hospitals, prisons, and lunatic asylums, the following numbers represent the mortality in 100,000 of the five great divisions of London:—

Western Division	.. .. ..	464
Northern „	.. .. ..	469
Central „	.. .. ..	496
Southern „	.. .. ..	563
Eastern „	.. .. ..	576

The mortality of the entire metropolis being 529, it will be seen that the southern and eastern were in excess.

The difference between the mortality of the most healthy division and that of the least healthy one, amounts to 112 deaths to a population of 100,000.

Stoke Newington.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

SYMPTOMS OF LARYNGITIS SIMULATED BY THE PRESSURE OF AN AORTIC ANEURISM.

(Under the care of Dr. PEACOCK.)

[Reported by Dr. CLAPTON.]

Emily Merton, aged 35, single, was admitted into Elizabeth's Ward, under the care of Dr. Peacock, August 23, 1858.

She had been ill for about six weeks before admission with cough, pain in the left side, and occasional dyspnœa. During the last week she had been much worse, on account of the severe suffocative attacks. She had lost flesh very considerably.

No distinct cause could be assigned for the origin of the illness, but for a long period she had been leading an irregular life, and two or three years ago she had had syphilis.

There was no family history of phthisis.

On admission she was found suffering from repeated attacks of spasmodic closure of the glottis, inducing intense dyspnœa, and each time leaving her in a state of great exhaustion. In the intervals she had cough, and profuse expectoration of a thin and frothy fluid. Some pain and tenderness in the left side of the chest, but not so great as they had been. Pulse feeble and irritable; somewhat accelerated. Tongue covered with a very thick white fur.

Very little could be heard on auscultation, but it was difficult to apply the stethoscope to the chest on account of the extreme restlessness. Between the paroxysms small crepitation and sibilus were audible here and there, and only faint respiratory murmur. Both sides were dull on percussion, especially the left.

She derived great benefit from a hot bath, into which she was put immediately after admission, and subsequently obtained rapid relief by ether draughts. Two or three days after, however, the paroxysms became more frequent and more severe, each one threatening immediate suffocation. It was, in fact, several times contemplated to have the operation of tracheotomy performed, but this was not had recourse to on account of the strongly marked spasmodic nature of the attacks (whatever might be the diseased state which gave rise to them), and the relief which was always afforded by hot baths and antispasmodics.

By-and-by the dyspnœa and closure of glottis became less and less violent, but almost continuous. In spite of all remedies she continued to get hourly worse, the frothy expectoration became profuse, the lips livid, the skin cold and clammy, face purple and eyes suffused. Soon there supervened extreme exhaustion, an irregular, almost imperceptible

Digitized by Google

pulse and delirium. The patient died on the 28th, five days after admission.

There was found on post-mortem examination, a small aneurism of the aorta, implicating the left pneumogastric nerve—larynx and trachea quite healthy. Left pleura adherent in every part. Bronchial tubes somewhat congested, and containing much thin frothy fluid. The lung tissue quite healthy in every part.

KING'S COLLEGE HOSPITAL.

CASES OF EXCISION OF THE KNEE JOINT.

(Under the care of Mr. FERGUSSON.)

Two cases in which excision of the knee joint has been performed are now under care in King's College Hospital, which present certain features of more than ordinary interest. The subject of the first was a young man who, about three years ago, had been under care in the same Hospital on account of a diseased knee, for which amputation had been advised. His parents refused to consent to the operation, and took him home. Subsequently, anchylosis occurred, but the position of the limb being very bad, and sinuses still continuing to discharge, he at length sought readmission, and desired that amputation should be done. There was now no great amount of swelling, but the tibia was retracted and firmly fixed. The lad was in fair health. It was determined to excise the joint, and on Saturday week chloroform was administered for that purpose. On exposure of the parts it was found that a very large amount of new bone had been thrown out, and that the anchylosis could not be broken through. Mr. Fergusson was therefore obliged to saw through both bones from before backwards, and much difficulty was encountered. A wedge-shaped mass, including the anchylosed extremities of the bones, with the patella, was at length removed without injury to the important structures in the popliteal space. It was found, however, that the bones could not be brought into the straight position, and two other slices had to be sawn off before coaptation was practicable. Mr. Fergusson subsequently described it as one of the most difficult excisions he had ever had to perform. The limb was of course considerably shortened, but it was quite straight; and if, as seems likely, the man make a good recovery, will be a very useful one.

The second case was operated upon on Saturday last. A man of middle age was placed on the operating table, with the history that he had suffered from disease of the right knee for two years. There was but little swelling, and no sinuses. No abscess had ever presented externally. The tibia was a little retracted, and there was also a degree of eversion of the foot of ominous import as to the condition of the crucial ligaments. The history given was of very painful and disorganising inflammation. The usual treatment, including issues in front of the joint, had been tried in vain. On the joint being laid open, a state of disease was disclosed far greater in extent than had been expected by most observers. The cartilages were wholly destroyed, and the bones deeply eroded. The condyles of the femur were indeed almost removed by caries, and a portion of loose bone, the size of a large nut, had been separated from one of them. The section of the femur showed one of those circumscribed patches of yellow induration of bone, which, since the practice of excisions has become general, must have been made familiar to most Surgeons. The yellow patch had a circumference about equal to that of a shilling; it was harder than the surrounding more vascular tissue, and was also margined by a line of deep red. Mr. Fergusson removed with the gouge the part thus affected, but remarked afterwards that he did not consider that this measure was always absolutely necessary, as he had sometimes left portions of bone in this condition, without witnessing any unpleasant results.

In both the above cases Mr. Fergusson made only a single transverse incision. This method of operating, which, as far as we are aware, has not yet been adopted by any one else, appears to be a great improvement. The wound left is very much smaller than when either the H-shaped or the horseshoe incision is practised, while ample room is afforded for the exposure and section of the extremities of the bones. With regard to the patella, Mr. Fergusson, who was formerly an advocate for its being retained when not too extensively diseased, now always removes it. He states that it is not unfrequently the source of much trouble in the after treatment of the case, and that its retention does not serve any useful purpose. With regard to the white hardening of limited portions of bone above alluded to, there can, we should think, be little doubt that it is indicative of a state of inflammation usually destined to end in necrosis. Whether it is safe practice or otherwise to leave such portions ungouged, must depend upon the stage to which the disease has advanced. If the line of separation be, as it often is, already apparent, there can be little doubt that the subsequent exfoliation of the fragment would be likely to retard materially the union of the opposed surfaces of bone. To find loose portions of bone in the interior of diseased joints is by no means infrequent, and one such was present in the case before us.

HOSPITAL NOTES.

RECURRENT FIBROID TUMOURS.

Mr. Paget, in his admirable account of the Recurrent Fibroids, in his Lectures on Surgical Pathology, the result of a case reported at page 189 of this journal for August, 1855, has just come to our knowledge, and is of much interest in relation to this point. A man, aged 30, was under Mr. Stanley's care in St. Bartholomew's for a recurrent fibroid growth in front of the left patella. It had been excised seven times; and had always returned very quickly, and grown rapidly. At the last excision, Mr. Stanley made a very careful dissection, and removed the growth very widely. It was, indeed, with difficulty that wounding of the synovial membrane of the joint was avoided. The wound healed, and the man left the Hospital. Mr. J. Morris, who was House Surgeon at the time, informs us that he accidentally met the man in the street the other day, who informed him, with great delight, that he had remained quite free from any sign of the return of his old enemy. He is now in excellent health, and the scar quite sound. Here, then, we have a period of more than three years passed over by a tumour which had before recurred seven times at intervals varying from two to five months.

CASES OF OVARIOTOMY.

We mentioned last week an ovariotomy case which was in prospect under the care of Mr. Childs in the Metropolitan Free Hospital. The patient was a woman, aged 58, in whom the disease had existed two years. She had never been tapped, but it was evident, from the circumstance that the fluctuation wave could only be made to pass over limited areas, that the disease was polycystic. Such it proved to be at the operation; and an incision from midway between the epigastrium and umbilicus to just above the pubes was necessary to admit of its removal. The peduncle was broad, but thin; it was secured in a metal clamp, and left external to the wound. The adhesions of the tumour were not very extensive, but at one spot it was so closely united to a coil of small intestine, that it was judged safest to cut a portion of the cyst wall away and leave it attached. No great amount of blood was lost. We regret to have learnt that the patient died on the following Thursday, the operation having been performed on Monday.

At University College Hospital, on Wednesday, Mr. Erichsen also performed ovariotomy. The case was one which had previously been treated by the injection of iodine by Mr. Teale, of Leeds. A tumour, consisting in large part of colloid material, was removed. At a future time we shall bring the details of both these cases before our readers.

UNHEALED ULCERS AFTER A BURN.

An interesting case of unhealed burn was submitted to a plastic operation by Mr. Lee, at King's College Hospital, about three months ago. The patient, a man of middle age, had been severely burnt on the outer part of the left thigh ten years before. The sore had healed with the exception of three or four places of the size of five-shilling pieces, which extended in a line down the limb. There was a good deal of tension on the integuments in front of the groin, and to this the intractability of the ulcers alluded to appeared to be due. The operation adopted consisted in dissecting up from the abdomen a very large flap, the apex of which was from a

Digitized by Google

little below, and to the left of the umbilicus, and its base in a line with Poupart's ligament. Having been perfectly freed, the apex of this flap was brought nearly six inches lower down, and there fixed by harelip pins. The incision was, therefore, that known as the V.Y. In such cases, however, the direction of the flap is usually the reverse of what it here was, its apex being the most distant from the heart in order to provide for its due vascular supply. The difference is, however, only apparent, since it must be remembered that the integument of the lower part of the abdomen is chiefly supplied by vessels which run upwards from the groin. In this case, the end of the operation has been well secured, and already the ulcers which had been unhealed for ten years are nearly closed.

AMPUTATION BY LONG AND SHORT RECTANGULAR FLAPS.

On Thursday week Mr. Pollock, at St. George's Hospital, performed an amputation of the thigh by rectangular long and short flaps, after the manner recommended by Mr. Teale. It is, we believe, the first instance in which this mode of operating has been adopted in our London Hospitals. The ligatures all came away within the week, and to large extent union was by first intention. The operation has given great satisfaction in this instance, and from the opinions which we hear expressed, Mr. Teale may confidently anticipate that his plan will have had, before long, a very extensive trial. Most surgeons who have seen his work have, we believe, been led to entertain a favourable estimate of the procedure. The operation itself was so fully described and illustrated in our last week's journal that we need not here advert to it in further detail.

SCIRRHOUS TUMOUR IN THE ORBIT.

An old woman, of thin and emaciated appearance, was admitted the other day under Mr. Critchett's care at the Ophthalmic Hospital, on account of a tumour in the orbit, of unusual nature. She stated that it had been growing for not more than six months, and that it had caused her no material pain. It consisted of a very hard mass, which extended along the lower margin of the right orbit and somewhat displaced the eye upwards. The skin of the lower lip was quite moveable upon it, and it appeared clear that it had no close adhesion either to the globe or the bone. How deeply it might extend backwards it was impossible to say. The age of the patient and her cachectic condition were suggestive of a malignant growth. Its excision was effected with less difficulty than had been anticipated. After removal, its surface on section exactly resembled a portion of scirrhous cancer from the mammary gland. Under the microscope, however, but few characteristic cells were seen, the field being occupied by fibrous struma and free nuclei.

CASE OF RUPTURE OF THE SMALL INTESTINE.

Alfred Henley, aged 8, was admitted into St. Thomas's Hospital, September 28, 1858, at half-past seven p.m. One wheel of a light cart had passed over his body. He got up after the injury and ran away so fast that a policeman overtook him with difficulty, and when admitted half-an-hour subsequently had only slight pain across the belly. There was no tenderness, and no external sign of injury; the face was pale and wore a terrified look, but there was no other sign of collapse. About eleven p.m. pain had increased, and there was tenderness in the hypogastric region. Breathing thoracic; pulse 108. Slept but little during the night; pulse became slower and more feeble towards morning; the extremities became cold, and he died seventeen hours after the accident. He took some arrowroot and bread and butter early in the morning, and a little wine. At the post-mortem examination the small intestine was found to be ruptured completely across about the point where the duodenum passes into jejunum. About two pints of brown fluid containing food were extravasated into the abdominal cavity. The small intestine and mesentery in the neighbourhood were glued together by peritonitic exudation; the other viscera healthy.

MEDICAL REGISTRATION SOCIETIES have been formed at Stockport and Wrexham. Mr. Pitman is secretary and treasurer at Stockport. At Wrexham, Mr. Griffith is president; Mr. Eyton Jones treasurer and secretary.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. JAMES LUCAS, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, NOVEMBER 27.

MEDICAL REGISTRATION.

THE General Council of Medical Education and Registration being now complete, it will shortly become the duty of all Medical Practitioners to register their respective qualifications. Production to the Registrar of the document conferring or proving the qualifications in respect of which the party seeks to be registered, or transmitting by post to the Registrar sufficient information of his name, address, and evidence of his qualification, will be all that is required to secure registration. The Members of the Royal College of Physicians will have to produce the stamped deed of their admission or licence. The Members of every other Professional and Educational Institution will also have to furnish analogous evidence to establish their qualifications. From these documents it will be the Registrar's duty to frame the Register required by the Act, which is directed to be kept as nearly in accordance with the form set forth in the schedule as may be convenient. From a reference to the schedule itself, it will be seen that the Register is to contain the name, residence, qualification, and professional title or addition of the person registered. The Registrar will thus have a very easy task to perform, since he cannot travel out of the document or legal evidence furnished to him by the applying Practitioner. His duty, strictly speaking, will be purely ministerial; neither he nor the applicant can in any way add to or subtract from the qualifications and title which the documents produced evidence. Medical titles, or additions, and qualifications, are entirely created by the law. The Sovereign confers the one, Parliament grants or confirms the other. The manner in which Medical titles, or additions, and qualifications are created is well illustrated by the case of the Medical graduates of the University of London, whose proceedings are at present exciting so much attention in the Profession. That body was originally constituted by Royal Charter, with power "to confer the several degrees of Batchelor and Doctor of Medicine;" but it was an Act of Parliament (17 & 18 Vict. c. 94) which declared that every Bachelor and Doctor of Medicine of the University of London should, through his degree, be entitled to practise Physic. Before the legislative Act just referred to came into operation, all graduates of Medicine in that University, who had previously practised Physic, were exposed or liable "to *divers forfeitures, pains, or penalties,*" but against which they were indemnified by the Act in question. It is solely by virtue of this measure that London Medical graduates are entitled legally to practise Physic; but the same Act also expressly declares that the special right thus conferred shall not extend either to the practice of "*Surgery, Pharmacy, or Midwifery.*" Any registered

Digitized by Google

graduate of the Metropolitan University will, therefore, only be privileged to practise Physic in the same manner as qualified Medical graduates of the Universities of Oxford and Cambridge are entitled by their diplomas or licence. He will not, however, by virtue of this qualification be virtually authorised to practise either "*Surgery, Pharmacy, or Midwifery.*" To enable such graduate legally to follow these branches of his Profession, he must also register some other Medical qualification. The formation of the register will not, consequently, we anticipate, occasion to members of the Profession much trouble or great inconvenience. The momentous question of Medical titles or professional additions may create difficulties and perhaps cause some discussion; but these points it will remain for the Council or their legal advisers to arrange and settle. Care will, no doubt, be especially taken that none but legally-conferred Medical titles or any future addenda are inserted in the published register. When that official list has finally been completed, a question of great moment, in reference to existing rights, will doubtless arise, as to what may ultimately be the effect of registration on Medical Practitioners; but at present we need not here enter upon so interesting and important a discussion, reserving it for some future occasion.

THE WEEK.

The great event of the week has been the first meeting of the Medical Council. We publish in another column a copy of the official minutes of the first and second day's proceedings, and are happy to be able to announce that the minutes of all meetings will be printed, so that the Profession may be kept fully acquainted with all proceedings. Sir B. Brodie has taken his seat as President, and we may congratulate our readers most heartily that we have escaped the infliction of a layman as our head. The two members whose seats are contested, Mr. Green and Dr. Storrar, will sit until the case has been argued in the Court of Queen's Bench. Just as members returned to the House of Commons retain their seats until unseated after petition, Mr. Green and Dr. Storrar sit until it can be shown that their election is illegal. The motion for a writ *quo warranto* would have been moved by Mr. Edward James in the Court of Queen's Bench on Thursday, but it could not be done without legal proof that Mr. Green and Dr. Storrar had actually taken their seats, and this proof could not be afforded, as the Council on Wednesday had refused to say whether these gentlemen were admitted or not. The case of the Fellows and Members of the College of Surgeons against the Council has been submitted to four eminent Counsel, three of whom have given their opinion that the Council have acted illegally; while the fourth believes that the same clause under which the Council is empowered to appoint the examiners in midwifery and the officers of the College may be interpreted to give the Council the power also to elect the representative of the College on the General Council. As Thursday was the last day this term on which the rule could be obtained, the question cannot be argued in Court until the end of January. We must wait until then for the result of the effort to maintain inviolate the rights and privileges of the Fellows and Members of the College of Surgeons of England, and the Graduates of the University of London. Dr. Francis Hawkins was elected Registrar on Thursday by a large majority, and the salary was fixed at £500 per annum. Dr. Watson (London), and Mr. Green were appointed Treasurers.

We give immediate insertion to the following correspondence, as it will show one of the possible effects of the New Act, and may help to put the Council and the various examining bodies on their guard against attempts to impose on them and on the public:—

"Sir,—About the end of September, an advertisement appeared in your journal for professional assistance during the month of October, which was to be very liberally remunerated. A friend of mine, supposing it to be some professional man wishing a person to take charge of his practice, replied to it. The advertisement was signed 'M.D.' He received several mysterious letters, all of which I have, about the extremely confidential nature of the transaction, and was told in reply, that if it was anything which a gentleman or professional man could maintain secrecy about, it would be obtained. I send you the last received, which speaks for itself. I think at the present time it is of the utmost consequence that the different Boards should have some way of proving the identity of individuals presenting themselves for examination, as I have no doubt fraud of that sort will be attempted. About nine years ago, a thing of the sort happened in Edinburgh. A person who had already passed the College of Surgeons went up and passed for another person. The fraud was detected; the person was tried, and I think got two years' imprisonment. I think it my duty to forward this, which you can make any use you choose of.

"M.D. Edin."

"'I will forward you, *in strict confidence*, the kind of engagement that I offered you in my last.

"'I am an M.D. of a foreign University, and am desirous of obtaining a Medical and Surgical Degree of the Universities, entitling to register on the 1st of January next; and having corresponded with the Boards, I find they will, in consideration of my having been in practice, allow a modified examination. I am, therefore, being an exceedingly nervous man, desirous of giving a gentleman 500*l.* to obtain the same for me by going through the necessary examination, &c. for me. I can give first-class references and security, and purchased my present practice in January, 1857, for 1000*l.* Should you feel disposed to assist me in this matter, I will forward you my name and address. I am, &c. 'M.D.'"

Dr. Bristowe, Medical Officer to the parish of Camberwell, has applied to Mr. Norton for advice respecting the system of conveying bodies in cabs to cemeteries. He had received many complaints on this score, and thought the practice very dangerous, especially at the present time, when so many children were dying of scarlet fever. Mr. Norton did not see how he could help it, but advised Dr. Bristowe to apply at the cemeteries for the numbers of the cabs which conveyed the coffins. Publication would, perhaps, prevent cabmen from taking such fares.

The attention of Medical men has been lately so much engrossed by the recent measure of Medical Reform, that the question of Poor-Law Medical Reform has been comparatively neglected; but Mr. Griffin is again at his post, carrying on his useful labours on behalf of himself and his ill-used brethren of the Poor-Law Medical Service, and preparing for the approaching Parliamentary Session. It appears that Mr. Estcourt, the President of the Poor-Law Board, has not yet forwarded his draft bill for consideration, but the delay arises from the fact that the Return moved for by Lord Elcho on the subject of Medical Relief is still in the hands of the printer, and will not be published until the end of next month. This Return contains an immense number of figures, and will require to be carefully calculated, condensed and arranged; a task quite beyond the powers of a single individual to accomplish. It is therefore necessary that Mr. Griffin should employ others to assist him in this laborious work, and money will be required to defray the cost of printing, postage, and the distribution of letters throughout the country. Mr. Griffin states that his balance in hand consists only of a little more than seventy pounds, and he earnestly begs his brethren of the Poor-Law service and the Profession generally to aid him by their contributions at the

Digitized by Google

present period, when success seems likely soon to attend the vigorous prosecution of the good cause.

Trials in the different County Courts sometimes exhibit curious pictures of Medical social economy. At the Marylebone County Court this week, for instance, it was decided that the Medical officer of a Club of "Foresters" was not bound to attend members of the Club affected with venereal disease. The judge thought such a course would hold out a premium for immorality, and endanger the safety of any benefit society; so he gave a Surgeon, who proceeded against a member for attendance in a case of "gleet," his full charges and costs. Then, at the Brompton Court, a Surgeon proceeded against a Druggist for two guineas for extracting a cherry-stone from his child's nose, and five shillings for extracting a tooth. The judge awarded half-a-crown for the tooth, and seven and sixpence for the cherry-stone!

In one of our numbers a case of pericarditis is related, which was treated by Dr. Todd and recovered. It was regarded as a very proper specimen of the success of the stimulant treatment; but our French friends see the matter otherwise. "As for ourselves," says the *Gazette Médicale*, "we draw a very different interpretation from this fact. We see, here, the gravity of the pericarditis increase, and a double pneumonia arise during the use of the stimulant treatment; and we are as much inclined to impute the aggravation of the morbid state to it, as to attribute the honour of the cure to it. *Vérité en deçà, erreur au delà.* The same fact, which is considered a triumph at London, at Paris is an object of energetic blame. After all, the patient recovered, it is true; but was not the recovery rather in spite of, than through, the alcohol; and ought we not as much to admire the heroic resistance of the organism of the patient, as the intrepidity of the Physician?"

In a leading article in the *Friend of India*, published last September, we find that the writer represents in a very forcible light the hardships to which the Medical service in India is subjected by the existing regulations. Although the Medical Officers have been exposed to murder equally with others in the late mutinies, they have been wholly deprived of the compensations which have been liberally bestowed upon all but themselves. The civilians have obtained promotion, and the Army has received five hundred new Staff appointments, while the Medical Officers have received hardly any rewards at all; and even the distinctions which are due to their sufferings and their merits are unjustly denied to them. "As for the quiet and security," the article goes on to say, "which once redeemed some of these drawbacks, they have disappeared. Dozens of Surgeons have lost their stations. Dozens more are trotting about in charge of detachments, paid less than Calcutta clerks, and not half so much as Portuguese Registrars. There is no acceleration of promotion. There is no hope of improved prospects; and the Service, overlooked, slighted, and ill-paid, is thoroughly discontented." We hope that under the new system of Government now in operation in our Indian possessions, and under the improved regulations affecting the Medical branch of the public service, both as to pay and rank, the complaints of our Medical Officers in India may be speedily redressed; and, indeed, we cannot but believe, that as soon as the detail of the grievances, of which our Indian brethren so justly complain, is forwarded to the proper quarters, measures of justice will at once be adopted so as to place the different divisions of the public service on the same equitable foundation.

In some very sensible letters on Medical Reform, which have lately appeared in one of the cheap daily journals, the writer points out that the cause of quackery is to be found in the credulity and ignorance of the public, and for these qualities he expresses pity rather than considering them as objects of censure. Credulity he regards as an amiable weakness, and ignorance may be a misfortune, not a fault. It is, therefore, he argues, the duty of the members of the Profession to make the public acquainted with the general laws of sanitary science, and thus render people less liable to be deceived by the specious promises of the impostor. The writer of the letters seems to recommend that the confidential Medical adviser of each family should be paid a certain annual stipend for watching over the general health of the patients whom he attends; and that in cases where a consultation is deemed necessary, this family Medical attendant should always be present, in order to guide the gentleman called in as to the true features of the disease for which he is to prescribe. On the delicate question of consulting with quacks, homœopathic and otherwise, the views of the writer are somewhat novel, but are not heterodox, when taken with the explanation by which they are accompanied. He thinks that a family Medical attendant, who derives no pecuniary gain or loss from the consultation required, may assent to, though he may not recommend, an application to a quack; and that by watching the conduct of the empiric, both at the consultation itself, and in the course of the treatment, he may be able to explain quackery in its true light to the patient, and thus undeceive him as to the arrogant and mendacious pretensions of quackery in general. He relates two cases in point, in which his own conduct appears to have been strictly correct and professional, and in which he was enabled, by observing the conduct of the empiric, to expose his trickery and to open the eyes of his patients. We ought to mention that the writer of the letters does not propose that the Medical adviser should *consult* with the quack; but merely that he should accompany his patient to the consultation as a friend, and should afterwards make such remarks upon the plans proposed, as to show either their utter worthlessness, or that they do not differ from those adopted by the legitimate members of the Profession. This is very dangerous ground, however, as the quack might gain some credit from the mere fact of seeing the patient with the regular Practitioner. If a quack and a Medical man see a patient together, the public look upon it as a consultation, in spite of all explanatory refinements.

The statistics relating to the mortality after tracheotomy in croup, given by M. Bouchut—see our last number—are, according to MM. Roger and Lee, full of erroneous import. This they explain, at length, to the Academy of Sciences. The exact statistics of tracheotomy practised at the Hôpital des Enfants during the last twenty years is a complete refutation of M. Bouchut's assertions. The operation was at first only performed in desperate cases, and then success was very rare; but as the number of admissions increased, so also did the number of operations. Between 1840 and 1849 there were 15 to 25 operations per annum; but previously only from 5 to 6. In 1850, 6 out of 20 operations succeeded; and from this period the proportion of successful cases gradually increased. Thus, from 1851 to 1858, we find 562 cases of croup, 466 operations, and 126 cures, that is to say, 27 per cent. And of this total of 466 operations, if those patients were selected whose ages were between 6 and 12, the number of cures would be still greater, being nearly one half, 44 per cent. Such is the actual number of children saved from certain death by this operation, which is now accused of increasing the mortality from croup. M. Bouchut proposes, in place of tracheotomy, tubage of the larynx; and tubage of

Digitized by Google

the larynx practised on seven children has failed seven times; and in four of these was followed by tracheotomy—one infant only being saved, and that one by tracheotomy.

THE MEDICAL COUNCIL.

At London, on the 23rd day of November, and within the Hall of the Royal College of Physicians there, the members of the General Council of Medical Education and Registration of the United Kingdom having met, pursuant to a summons by the Secretary of State, there appeared for

The Royal College of Physicians of London	Dr. Thomas Watson.
The Royal College of Surgeons of England	Joseph Henry Green, Esq.
The Apothecaries Society of London	John Nussey, Esq.
The University of Oxford ..	Dr. H. W. Acland.
The University of Cambridge .	Dr. H. J. H. Bond.
The University of Durham ..	Dr. Dennis Embleton.
The University of London ..	Dr. John Storrar.
The Royal College of Physicians, Edinburgh	Dr. Alexander Wood.
The Royal College of Surgeons, Edinburgh	Dr. Andrew Wood.
The Faculty of Physicians and Surgeons, Glasgow	Dr. James Watson.
The Universities of Aberdeen and Edinburgh	James Syme, Esq.
The Universities of Glasgow and St. Andrew's	Dr. J. A. Lawrie.
The King's and Queen's College of Physicians in Ireland	Dr. Aquilla Smith.
The Royal College of Surgeons of Ireland	Dr. Robert Carliale Williams.
The Apothecaries' Hall of Ireland	Dr. Charles H. Leet.
The University of Dublin ..	Dr. James Apjohn.
The Queen's University of Ireland	Dr. John D. Corrigan.
Sir James Clark, Bart. Sir Charles Hastings. William Lawrence, Esq. Thomas Pridgin Teale, Esq. Dr. Robert Christison. Dr. William Stokes.	Nominated by her Majesty, with advice of her Privy Council.

Dr. Thomas Watson was elected Chairman *ad interim*; Dr. Alexander Wood was elected Secretary *ad interim*; and Sir Benjamin Brodie, Bart., was elected President of the Council on the motion of Dr. Acland, seconded by Dr. Apjohn.

The committee adjourned at 3.15 till 4 p.m.

At the adjourned meeting at 4 p.m. Sir Benjamin Brodie took the chair, and returned thanks.

On the motion of Dr. Alexander Wood, seconded by Dr. James Watson, the following gentlemen were appointed a committee to examine and classify the letters addressed to the Council:—Dr. Alexander Wood, *chairman*; Dr. James Watson, and Mr. Teale.

On the motion of Dr. Andrew Wood, seconded by Dr. Williams, the following gentlemen were appointed a committee to estimate the amount of revenue likely to accrue under the Medical Act, and also the expenditure necessary to carry out its provisions, and to report to the Council at next meeting:—

Dr. Andrew Wood, Chairman.	Dr. Storrar
Dr. Williams.	Dr. Aquilla Smith.
Dr. Christison.	Dr. Lawrie.
Dr. Alexander Wood.	Dr. Embleton.

On the motion of Dr. Alexander Wood, seconded by Dr. Bond, the Committee last appointed were requested to prepare an outline of the order of business to come before the Council.

On the motion of Dr. Christison, seconded by Sir Charles Hastings, the following gentlemen were appointed a Committee to report to next meeting as to the recommendation of a Committee for preparing the *National Pharmacopœia*, and the powers to be conferred on that Committee:—Dr. Christison, Chairman, Sir James Clark, and Dr. Apjohn.

On the motion of Sir Charles Hastings, seconded by Sir James Clark, it was agreed,—

"That the minutes of each meeting of the Council, as well as all notices of motions, be printed and transmitted to each member of the Council."

Sir Benjamin Brodie having been obliged to vacate the chair, on the suggestion of Mr. Green Dr. Thomas Watson was requested to take it.

Dr. Watson intimated that Dr. Mayo, the President of the College of Physicians, had requested him to inform the Council that the rooms of the College were fully placed at the disposal of the Council until they acquired more permanent accommodation.

Dr. Stokes, seconded by Dr. Storrar, moved that the thanks of the Council be given to the College of Physicians for their courtesy.

The interim Chairman and interim Secretary were appointed to intimate to the Secretary of State for the Home Department the election of Sir Benjamin Brodie, Bart., as President of the Council.

The committees nominated this day were appointed to meet at 11 a.m. on the 24th.

The Council at half-past six o'clock then adjourned till three p.m. on the 24th of November.

James Clark, Chairman.

minutes of 24th november.

At London, and within the Hall of the College of Physicians there, the General Council of Medical Examination and Registration having met—on the 24th day of November, 1858.

Present—

Sir James Clark, Bart.	Dr. A. Smith.
Dr. Watson (London).	Dr. R. C. Williams.
Mr. Nussey.	Dr. C. H. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alex. Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Dr. Watson (Glasgow).	Dr. Christison.
Mr. Syme.	Dr. Stokes.
Dr. Lawrie.	

In the absence of Sir Benjamin Brodie, the President, Sir James Clark, Bart. was called to the Chair on the motion of Mr. Green, seconded by Dr. Stokes.

1. Roll called, and sederunt taken.

2. Minutes of last meeting read, approved of, and ordered to be printed.

3. Moved by Dr. Corrigan, seconded by Dr. Stokes, that the minutes of the several meetings of the Council shall contain simply such resolutions and amendments as have been proposed and adopted or negatived, with the name of the proposer and seconder, and without any comment or observation of members annexed.—Agreed to.

4. For reasons assigned, the report of the Committee on the Pharmacopœia was allowed to take precedence of the other reports, and was read, as follows, by Professor Christison:—

The Committee beg to suggest—

1st. That the following gentlemen be appointed a Committee to prepare and publish the National Pharmacopœia with all convenient speed.

Dr. Christison.	Dr. Thomas Watson.
Sir James Clark, Bart.	Mr. Green.
Dr. Apjohn	Mr. Syme.
Dr. Williams.	Dr. Andrew Wood.
Mr. Nussey.	Dr. Leet.

With power to add to their number. Dr. Christison to be convener.

2nd. That this Committee shall have full powers to communicate with the three Colleges of Physicians, and to request their co-operation in preparing the Pharmacopœia, and to beg them, for that purpose, to appoint Fellows of the several Colleges to be associated with the Committee of the General Medical Council.

3rd. That the Committee shall have powers to communicate with the Pharmaceutic Society for the same purpose.

4th. That the Committee shall have power to appoint a

Digitized by Google

chemist, or chemists, to carry on such chemical and pharmaceutic researches as may be found necessary, and to pay these gentlemen such remuneration as the Committee of the General Council may think advisable.

5th. That a sum of £500 be voted by the General Council from the registration fees of existing practitioners, in order to defray the cost of preparing the Pharmacopœia for printing.

Moved by Sir CHARLES HASTINGS, seconded by Dr. APJOHN—That the report be adopted.—Agreed to.

Moved by Mr. LAWRENCE, seconded by Mr. TEALE—That it be an instruction to the Pharmacopœia Committee that the Pharmacopœia be published in the English language, with the list of the Materia Medica and compounds in the Latin language.—Agreed to.

5. The committee on the order of business gave in their report.

Moved by Mr. GREEN, seconded by Professor SYME—That the order of business suggested by the committee be adopted, and that the committee have power to sit again and to report on the remaining business.—Agreed to.

6. The Council then took up the first business on the committee's list, viz. the fees to be paid for registration.

Moved by Sir CHARLES HASTINGS, seconded by Dr. APJOHN—That the fee to be paid by all those qualified before the 1st of January, 1859, be £2 sterling.—Agreed to.

Moved by Sir CHARLES HASTINGS, seconded by Mr. LAWRENCE—That the fee for registration of persons qualified after the 1st of January, 1859, be £5 sterling.—Agreed to.

Moved by Dr. ALEXANDER WOOD, seconded by Dr. JAMES WATSON—That the registration fee for those in practice before 1815, be £2 sterling.—Agreed to.

Moved by Dr. AQUILLA SMITH, seconded by Dr. WILLIAMS—That the fee for inserting additional qualifications be five shillings sterling.

Moved, as an amendment, by Dr. APJOHN, seconded by Dr. CORRIGAN—That the fee for inserting additional qualifications be one pound sterling.

Vote taken, and the motion carried by a majority.

In regard to the practitioners in the colonies (Clause xlvi.) it was

Moved by Dr. CHRISTISON, seconded by Dr. ALEXANDER WOOD—That the Committee on business be requested to report in regard to them.—Agreed to.

7. The report of the Finance Committee was brought up by Dr. Storrar.

Moved by Dr. ALEXANDER WOOD, seconded by Dr. BOND—That the thanks of the Council be given to the Committee, and that the report remain in the hands of the Secretary for the use of members.—Agreed to.

8. The report of the Committee on letters of application was brought up by Dr. Alexander Wood.

The Committee appointed on the 23rd of November to examine the papers addressed to the President and Council beg to report, that they have classified them under three heads:—

1. Applications for Registrarship.
2. Applications for Clerkships.
3. Miscellaneous Applications.

The subjoined lists contain the names classified under these heads:—

I. APPLICATIONS FOR REGISTRARSHIP.

1. Dr. John Rose Cormack, London.
2. Dr. Edward Smith, London.
3. Mr. James Edward Matthew, London.
4. Dr. Henry Holmes, Staffordshire.
5. Mr. Booth Eddison, Nottingham.
6. Mr. James Bird, London.
7. Mr. Charles Shaw, London.
8. Dr. Francis Hawkins, London.
9. Mr. John Bradley, Medical Agency Office, London.
10. Mr. Edward Duke Moore, Market Drayton.
11. Dr. C. Black, Chesterfield.
12. Dr. R. M. Glover.
13. Dr. Whitley.
14. Dr. Greenhill.
15. Dr. Latham.
16. Mr. Jabez Hogg.
17. Mr. R. S. Pittard.

II. APPLICATIONS FOR CLERKSHIPS.

1. Mr. William Henry Hardy, Secretary University College, London.
2. Mr. George Simpson, M.R.C.S.E.
3. Mr. T. M. Stone, Librarian Royal College of Surgeons, London.
4. Dr. Edward Vaughan, Keynsham, near Bristol.
5. Mr. Henry Green, London.
6. Mr. Thomas Noble, Charing-cross.
7. Dr. Alexander Henry.
8. Mr. Henry Searle.

III. MISCELLANEOUS APPLICATIONS.

1. Mr. John Cæsar Burgess Budget, Paris and London, L.A.S.
2. Mr. W. Thomson, London.
3. Mr. John Cope, 29, Robert-street, Bedford-row.

Your Committee venture respectfully to suggest that it is unnecessary to occupy the time of the Council with reading the testimonials of all the candidates, and recommend the reading of the testimonials of such candidates only as shall be proposed and seconded.

Moved by Dr. STOKES, seconded by Sir C. HASTINGS—That the report be approved of, and that as all the candidates for the Registrarship, who have applied privately to the members of Council, have not formally written to the President and Council, their names be added to the list.—Agreed to.

N.B.—This has been done in the foregoing list.

Moved by Mr. SYME, seconded by Dr. STOKES—That the office of Registrar and Treasurer be united in the same person.

Moved, as an amendment, by Sir CHARLES HASTINGS, seconded by Dr. ANDREW WOOD—That the Registrar be not Treasurer.

Vote taken, and amendment carried by a majority.

The names of Sir Charles Hastings and Dr. Acland were added to the Committee of Business.

At 6 p.m. the Council adjourned till 2 p.m. on the 25th.

B. BRODIE, President.

DEPUTATION OF

MEDICAL GRADUATES OF THE UNIVERSITY OF LONDON TO THE HOME SECRETARY.

ON November 18, a deputation of Medical graduates of the University of London had an audience of the Right Hon. Spencer Walpole, at the Home Office, for the purpose of "pointing out to him the importance of placing for the future, in the Senate, as vacancies permitted, members of the Medical Profession eminent for their scientific attainments, who, by their character and standing, would be likely to maintain the position of the university." The following gentlemen formed the deputation:—Dr. Garrod, Dr. Quain, Dr. Sibson, Dr. Brinton, Dr. Barnes, Dr. H. Hyde Salter, Dr. Graily Hewitt, Dr. Russell Reynolds, Dr. F. H. Mackenzie, Dr. J. Hall Davis, Dr. Headland, Dr. Stevens, Dr. Ballard, and Mr. Henry Thompson, M.B.

Dr. QUAIN, after stating that the course taken by the deputation arose from no other feeling than a sense of duty, proceeded to say that he and his fellow graduates were desirous, in the first instance, of acknowledging the wisdom which had guided the Senate in all their arrangements for advancing Medical education, and thereby elevating the character of the Medical Profession. Recently, however, a change had been made in the constitution of the University—Convocation had been created, with power to recommend members for nomination on the Senate, and to express opinions on various matters. Scarcely had this new power come into action when an act of the Senate in making an objectionable appointment to the Medical Council directed the attention of the Medical graduates to the present constitution of this body. The result of this inquiry has shown that the Medical element in the Senate requires strengthening, and this was the point to which the deputation particularly requested the attention of the Home Secretary. When the University of London was first established, there were eighteen members of the Medical Profession on the Senate; of these eight have since died or resigned. Their places have been occupied by states-

Digitized by Google

men, lawyers, and others—gentlemen of the highest eminence, it is true, but still not likely to be acquainted with the feelings and the requirements of the Medical Profession. During the last twenty years, only one Medical man had received an appointment, and this in a University the reputation of which was almost wholly Medical. It was not at all likely that the evil complained of would be remedied through the agency of Convocation. The graduates in Arts and Law were to the Medical graduates as three to one; and at the very first meeting of Convocation the former elected a gentleman who was so objectionable to the Medical graduates, that at a meeting called specially to consider the question, the votes were as sixteen to one against him (sixty graduates out of the entire number existing being present). Dr. Quain submitted that the remedy lay in the hands of the right hon. gentleman, who had the power of filling up the larger number of the vacancies on the Senate. There existed two at the present moment. If the Medical element were allowed to get weaker, the best interests of the University must suffer, and he therefore begged to place in his hands a copy of a resolution passed at a meeting of Medical graduates, embodying their wishes on the subject.

Mr. Walpole inquired the names of the Medical members of the Senate—(a list was handed to him containing the names of the original members, of those who had ceased to be so, and of the present members, also in reference to an observation which had been made a copy of a resolution on the subject of Dr. Storrar's appointment to the Medical Council), and said he had been told that the reason why Dr. Storrar had been chosen by the Senate was, that he was one of the persons who took an active part in bringing about the contemplated reforms in Medical education and registration; and it was in consequence of his interest in these matters, and his acquaintance with them, that he had been put on the Council. At least, that was what he had been told.

Dr. Brinton said that the Senate had been misled in believing that the appointment of Dr. Storrar was acceptable to the Medical graduates. The right hon. gentleman had an opportunity, even in the list submitted by Convocation, of choosing between two Medical men. The one, using the simplest and truest language, was without reputation. The other, Dr. Miller, a Vice-president of the Royal Society, was distinguished as a chemist and eminent as a man of science. His appointment would be most acceptable to the graduates.

Dr. Sibson and Dr. Odling followed with some very clear and pertinent observations to the like effect.

Mr. Walpole admitted the importance of maintaining the Medical element in the University in its full efficiency, and said that this was the first time the Crown had been called upon to make a selection from among the gentlemen nominated by Convocation. It was only by seeing the members of the Senate that the sentiment of the Senate could be rightly arrived at; and should the gentleman who stood at the head of the list be selected, the Crown in making that selection, would be acting purely out of compliment and deference to the wishes of the University. He saw some little difficulty in complying with the desires of the deputation on this point, but still he promised them that he would give the subject his best consideration.

Dr. Barnes then made some remarks on the necessity of the University having Medical men of scientific attainments in the Senate; and instanced the entire absence of any representation of the important subject of natural history. It was proposed to establish degrees in science. Hence arose a special necessity for the appointment of men of scientific attainments.

Mr. Walpole observed that he could not separate the Medical members from the members of the arts and the law.

The deputation then withdrew, thanking the right hon. gentleman for his courteous attention.

A Conversazione.—We have been requested by some of the Medical Officers of St. Mary's Hospital, to publish the following expression of opinion:—We hereby express our disapproval of the introduction of patients from public institutions at private conversaziones, and of the publication in non-Professional journals of the proceedings at such conversaziones:—Jas. Alderson, Thos. K. Chambers, Francis Sibson, W. Tyler Smith, W. O. Markham, William Coulson, Saml. A. Lane, Alexander Ure, H. Spencer Smith, James R. Lane, W. White Cooper, Joseph Toynbee.

REVIEWS.

Ophthalmiatrik. Nach den neuesten Forschungen für das Studium und die Praxis bearbeitet von Carl Herman Schauenburg. Zweite Auflage. Lahr: 1858.

Eye-Medicine. Elaborated by Carl Herman Schauenburg, for Study and Practice, after the most recent Researches. Second Edition. Pp. 278, 8vo. With woodcuts and two lithographic plates. Lahr, Baden: 1858.

Dr. Schauenburg's Ophthalmiatrik is an account of the diseases of the eye, written in a compressed and methodical manner; and so much to the purpose that an edition of 2000 copies has been exhausted in Germany within eighteen months.

After a few pages on the methods of examining diseased eyes, Dr. Schauenburg discusses the pathology under fourteen heads, viz.—1. Orbit; 2. Eyelids; 3. Conjunctiva; 4. Sclerotica; 5. Cornea; 6. Iris; 7. Crystalline; 8. Vitreous body; 9. Retina; 10. Nerves of the Eye; 11. Choroid; 12. Muscles of the Eye; 13. Lacrymal organs; 14. Eyeball. To each of these divisions is prefixed a short anatomico-physiological introduction, while, along with the diseases, the most remarkable congenital malformations are noticed. The diseases are well described, their causes carefully traced, and the treatment recommended is minute and judicious.

The second portion of the work is devoted to the various applications of the science of optics, and the art of the optician, to the diagnosis or relief of eye-diseases. Under this head come the lens, the catoptical tests of Purkinje and Cramer, the examination of the surface and internal parts of one's own eye by means of minute apertures and other contrivances, or what is styled entoptics, spectacles, the optometer, the ophthalmoscope, eye-prisms, and stenopic goggles, or goggles with a minute aperture,—a means of cure in strabismus, and of palliation in certain cases of specks of the cornea, conical cornea, dilated pupil, etc.; the term stenopic signifying sight-contracting, from στενὸς, narrow, and ὄψις, sight.

The next division is the Surgical. After an enumeration of the instruments essential in eye-practice, and some remarks on the use of chloroform, Dr. Schauenburg takes up in alphabetical order the different affections which demand surgical interference for their relief, and describes the various methods of operating.

Some remarks follow on the different forms in which medicines for the eyes are administered, with sixteen formulæ, chiefly for lotions and salves.

The whole is terminated with an alphabetical index, which is made to serve also as a glossary.

We have no hesitation in stating, that Dr. Schauenburg's Ophthalmiatrik is one of the very best manuals we have ever seen. It is evident that he is thoroughly acquainted with the subject in hand, and that he has bestowed the utmost care in the compilation of his work.

It is proper to mention, that the present volume is one of a series, a cyclopædia, in fact, of the Medical sciences, now publishing by a society of German specialists, under the title of Cyclus organisch verbundener Lehrbücher sämmtlicher medicinischen Wissenschaften, each volume of which, such as the present on Eye Diseases, that of Dr. Reil on Toxicology, that of Dr. Homburger on Skin Diseases, etc. is sold separately at 5s., the whole being comprised in forty-one volumes.

Practical Midwifery, comprising an account of 13,748 *Deliveries which occurred in the Dublin Lying-in Hospital.* By E. B. Sinclair, A.B., T.C.D., and George Johnston, M.D. London: 1858.

The Irish capital as a school of midwifery has greatly the advantage over London and Edinburgh. Being possessed of a large lying-in Hospital which is open to all applicants, and in which the greatest care is bestowed to ward off as much as possible the evils which are considered inseparable to such institutions, it furnishes an excellent field for making extensive observations, and for the education of students; and may be looked upon as a great British school of practical midwifery.

Digitized by Google

The Dublin Lying-in Hospital contains 103 beds for obstetric cases, distributed over eleven wards, and controlled by a Master or superintendent Physician, and two assistants. The term of office of each Master lasts seven years; and we are informed that since the opening of the Hospital in 1757, to the termination of Dr. Johnston's mastership in 1847, there were no less than 156,100 women delivered within its walls—fourteen masters having held office during that period. Students are admitted as pupils to the institution, and two courses of lectures on the theory and practice of midwifery, and the diseases of women and children, are delivered each year. Besides the facilities thus offered to teaching, it may well be conceived that most valuable information may be elicited from the general statistical results of so great a number of cases, if they are carefully and faithfully recorded, and the reports which have been published of the Dublin Hospital from time to time are really the only ones of sufficient magnitude in this country to be of great service in obscure obstetric investigations.

Dr. Clark first published a report of the cases which occurred during his mastership from 1787 to 1793 in the "Transactions of the King's and Queen's College of Physicians, Ireland." In 1835 Dr. Collins published the result of 16,654 births occurring during the period he occupied a like position, with practical observations on the treatment adopted. This work was felt at the time to be a most important acquisition to the science of Obstetrics, and even now occupies a place in the library of every one who specially cultivates this department of practice. Dr. Collins's example was followed in 1848 by Drs. M'Clintock and Hardy, ex-assistants to the Hospital, who embodied in their "practical observations" the report of the institution from 1842 to 1845, during which period there were 6634 deliveries. The volume now before us consists of an account of 13,748 deliveries, which occurred in the Dublin Lying-in Hospital during the seven years of Dr. Shekleton's mastership, which commenced in 1847. Drs. Sinclair and Johnston, whose names are on the title-page, were Assistant-Physicians during the greater part of that period, and enjoyed the rare opportunities afforded by this extensive field of practice.

Although the work modestly claims to be no more than a simple clinical record of all that occurred during Dr. Shekleton's mastership, yet too high a mead of praise cannot be bestowed on its authors for the careful manner in which each individual case has been recorded, and for the elaborate way in which the general results have been arranged and tabulated. It has long been felt that only by accurately noting the particulars of each single case in a large numerical aggregate, and taking the average of the general results, could we arrive at any definite and reliable data for solving difficult questions, and for correcting impressions which are likely to be erroneous when founded on too limited an experience. The statistics in this volume have the advantage of presenting to us on a large scale not only the results of special and individual complications; but the patients having been admitted indiscriminately into the Hospital, and the circumstances of each delivery, natural or otherwise, having been carefully chronicled, they supply us with calculations for determining the comparative frequency of deviations from the normal standard, as they occur in the ordinary run of cases among the poorer classes of the community. They also furnish us with much valuable information, which could scarcely have been arrived at inferentially, concerning the duration and results of those cases which are termed purely natural. A marked contrast thus exists in the range and diversity of information offered in the volume to such productions as Dr. Lee's Clinical Midwifery. In the latter we have the histories of hundreds of cases of difficult and instrumental parturition, without mention of the happier cases in which no interference was needed; and the fact of the former occurring entirely in the practice of one individual, who sees more complications than falls to the lot of most persons, might appal the younger practitioner by giving him an impression of their greater proportionate frequency than really happens in actual practice.

Our authors preface their work by an interesting account of the origin, progress, and management of the Dublin Lying-in Hospital; and a description is also given of the general routine treatment which patients undergo from the time of their entrance to their discharge when convalescent.

The classification adopted is that of Dr. Denman, all labours being arranged under four principal classes—1, Natural—2, Difficult—3, Preternatural—4, Anomalous. These are again separated into divisions and subdivisions, according to the nature of the cases. The chapters open, where necessary, with a definition of the instances which are included under the different classes or sub-classes, and the rules of treatment which were laid down respectively for each. Then follows a summary under the various heads, setting forth the number of cases, the relative frequency to the whole number of deliveries, and the results to mothers and children. The causes of mortality are most elaborately tabulated; and a short explanatory history is added of each case which ended fatally, as well also of every instrumental and anomalous delivery, whether it terminated fatally or otherwise.

We remark, in the first place, that the proportion of male to female births approaches nearly to the generally recognised standard of 105 boys to every 100 girls, the boys slightly indeed exceeding that proportion. The total number of still-born children was 968, or about 1 in every 14 of those born. Of these, however, 487 were putrid at the time of birth (their death, therefore, unconnected with the process of labour), which being deducted, gives us 481, or nearly 1 in every 28 children, whose deaths were either the result of actual labour, or took place immediately before it. Analysing this 481 non-putrid children, 284 were males and 197 females, thus bearing out Dr. Simpson's proposition, that male children are exposed to greater risks immediately before and during birth than females.

The total number of maternal deaths from all causes was about 1 in 84; deducting, however, 17, which were admitted dying into the Hospital, the mortality was 1 in 94. Of the 163 women dying from all causes, 40 died from other than puerperal ones, leaving thus 123 deaths out of 13,748 deliveries directly traceable to the labour, or about 1 in every 111 women delivered died from puerperal causes.

It seems evident from the report, that the mortality is influenced by the period of the year at which the deliveries take place, being attributable perhaps to meteorological causes. In the months of December in each year, the greatest mortality was found to prevail, the ratio being 1 in 46; and the lowest in May, the ratio being 1 in 184.

In the division of natural labour, we find what appears somewhat problematical, and also warns us not to form conclusions too hastily,—that the speediest terminated deliveries included in this report were not those which were attended by the lowest rate of mortality. Of those which terminated within the first hour 1 in 110 mothers died; while of those women who were delivered during the second and third hours, only 1 in 243 died. Taking, however, the long table comprising the twenty-four hours, within which natural deliveries are defined, and dividing it into three periods, the danger to mothers clearly increases in direct ratio to the duration of labour. In the first six hours the proportion of maternal deaths is 1 in every 178; from 7 to 12 hours, 1 in every 144; and from 13 to 24 hours, 1 in every 124. Again, turning over to those collected under the head of tedious labour, where the delivery was prolonged beyond twenty-four hours, but in which there was no interference, the mortality reaches as high as 1 in every 20½. Looking into the causes of mortality in those cases where death resulted after a labour of only one hour, we find that of the three, one died from puerperal fever, a second from typhus, and the third from phthisis. Two of the deaths being not traceable to the labours, and the third being possibly accidental; the labours under one hour cannot therefore be said to run counter to the general conclusion concerning the duration of labour and maternal mortality. On the other hand we find that the puerperal complications, peritonitis, with inflammation and sloughing, were present in a large ratio of those deliveries which were protracted beyond twenty-four hours.

The forceps deliveries, excluding those of twins, amounted to 200, and the craniotomy cases to 130. The mortality in the forceps cases amounted to 11 mothers or about 1 in 18; and 17 children, two of the latter being putrid at birth. Of the craniotomy cases 26 mothers died, or 1 in every 5; the children of course being all sacrificed. The forceps used were always the same, and capable of being used for what are called long and short cases. We observe that in using them, traction was made during a pain only, in the direction of the axes of the pelvis; and no motion whatever was permitted in a lateral direction, such as is recommended by

Digitized by Google

some authors. It is especially insisted upon in doubtful cases, that craniotomy should never be performed when the child is alive, until repeated attempts have been made to apply and use the forceps in different positions; the same recommendation holds good if any doubt exists as to the death of the child. Craniotomy was never had recourse to when the forceps could be applied, even if the child's heart had never been heard during labour.

The diagnosis of twins before the occurrence of labour was not found by any means certain. A distinct sulcus sometimes indicated the presence of two children, and occasionally two fœtal hearts could be heard; but these were exceptional cases. In prolapse of the funis we find that considerably more than one-half of the children were lost. Among the means employed for replacing the cord, no mention is made of placing the woman on her hands and knees, allowing the fundus of the uterus to depend, and the cord thus to slip back into the uterine cavity. This simple plan has lately been asserted by one of our American brethren to be the most efficacious mode of reducing the prolapse, and we are informed that Mr. Bloxam in his lectures at the Grosvenor-place School has annually taught this for years past, before the appearance of the American pamphlet in which the method is first published.

Accidental hæmorrhage occurred in 81 labours, 4 mothers dying and 27 children being dead born; instrumental interference was needed in 8 cases. Of that grave complication, placenta previa, only 24 instances occurred in the entire number of deliveries. Of these, however, 6 mothers died, exhibiting a mortality of 1 in 4. Of the 8 cases of complete placental presentation, only 3 recovered and only 3 children were born alive. The treatment adopted was elective, according to the circumstances of each particular case. In two patients the placenta was detached completely; but this practice was not considered to have had a sufficiently fair trial.

An objection still remains in the minds of some practitioners to the plan of throwing a stream of cold water into the uterus in cases of post-partum hæmorrhage. In the Dublin Hospital we read that this treatment was adopted in all cases, and that the uterus was shortly afterwards found firmly contracted and the hæmorrhage stayed.

The induction of premature labour in cases of pelvic deformity we may augur to be a safe operation so far as the mother is concerned. Of 4 instances all recovered, but only one child was saved. In two cases, where it was induced on account of general dropsy, both mothers died.

In these days of chloroform administration, we naturally look for unbiassed conclusions concerning its effects during childbirth to those who may fairly be regarded as out of the sphere of those violent controversies which have agitated us on this side the Channel. "During the seven years," our reporters tell us, "not a single accident took place that could be attributed to the use of chloroform." It was given in nearly all cases before operation, and most beneficially when version was required. In natural cases it was concluded that where "complete anæsthesia" was produced the effects of the pains were lessened and the intervals lengthened. Subsequently, therefore, its indiscriminate use was not deemed advisable. We would here remind our authors, that few of those who administer chloroform in natural labour, push its administration to complete insensibility until the head is passing the perineum, and that its great utility in turning, arises from the fact, that uterine action may be in a great measure suspended by its deep anæsthesia. Our own experience clearly teaches us that the acute pain attending uterine contractions may be in a great measure annulled, without that deep insensibility which produces suspension of the expulsive powers, and in the large majority of cases the intervals are not prolonged, if the inhalation is suspended at the moment each pain ceases, and commenced again only when the next begins; a disregard for this rule has constantly brought discredit on the use of chloroform in natural labour.

Puerperal fever, that pest of large Lying-in Hospitals, which is supposed by some persons to be a great objection to the existence of such institutions, was never entirely absent for a year during the period of the report. There was no severe epidemic; but the scattered cases over the seven years amounted in all to 129, or about 1 in every 106 of the whole; by no means a large proportion, compared with its general prevalence in the Hospitals of Paris and Vienna. In the Hospital of the latter city, from 1840 to 1846, the mortality reached the frightful figure of 1 in every 10 delivered. The recognition of its great contagiousness in this country, and the means employed to combat it, are no doubt the reasons of the comparative immunity. We would lastly call attention to that singular epidemic trismus affecting new-born infants, which has occasionally broken out in Hospitals, and is probably connected with some preventible cause, such as over-crowding of wards or imperfect ventilation. It is almost unknown in private dwellings. During the early part of Dr. Clark's mastership, we are informed that every sixth child died within a fortnight of its birth, and nearly all from this cause. When ventilation was properly secured, the mortality fell at once to *1 in 19*. Eighteen cases are present in the report before us, and all died within ten days.

In conclusion, we cordially recommend the volume to the careful study of our Professional brethren. They may deduce from the data here offered practical lessons far more important and reliable than can be learned from the perusal of the dogmatic rules and opinions laid down by authors who may be simply guided by their own opinions, or by the results of impressions formed upon their own individua and narrow experience. The regulations laid down for treatment in the Hospital are intelligently drawn up and explained, and the labour bestowed in producing so large an amount of statistics in so available a form, deserves the highest commendation.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON HYSTERICAL MUSCULAR HYPERÆSTHESIA.

By M. BRIQUET.

The following is a continuation of M. Briquet's interesting papers on Hysteria (a):—

Under the term hyperæsthesia, or increased sensibility, may be comprised various conditions formerly designated as pains, neuroses, neuralgias, or nervous phenomena. Writers upon hysteria have passed very lightly over this condition, although it is so constant an accompaniment of the disease, that there is not a woman subject to hysteria that does not manifest it in one or more parts. In the present article M. Briquet confines himself to the consideration of *hyperæsthesia as it affects the muscles*, this being its form which has excited least attention. It is, however, of very common occurrence, and the ignorance that has prevailed concerning it has given rise to numerous and disastrous errors in diagnosis. It may excite surprise to learn that this hyperæsthesia not only constitutes a means of recognising the nature of hysteria, but a positive criterion in the decision on doubtful cases.

The muscular system must, indeed, be naturally expected to play a great part in hysteria, for the voluntary muscles are a common theatre for its manifestation, whether in the form of convulsive paroxysms, paralysis or debility, anæsthesia, or hyperæsthesia. The pains felt in the walls of the splanchnic cavities are of such common occurrence in hysteria that no observers have omitted to notice them, although failing to recognise their true seat. They have been usually designated "nervous pains" without farther explanation; and even the few authors who have recognised them as muscular have failed to appreciate the part that hyperæsthesia of muscles plays in hysteria. Yet from among 400 hysterical women examined on this point there were not more than 20 who did not exhibit such muscular pain. This hyperæsthesia is so easily recognised by the following signs that it is surprising it has not been sooner appreciated:—1. The pain is always located in places occupied by the fleshy portions of muscles. 2. As the superficial muscles are those usually affected, it is felt immediately beneath the skin. 3. Slight pressure or scratching with the end of the finger over the muscle induces or aggravates the pain. 4. The pain thus induced is very severe, causing cries or contortions on the part

(a) Medical Times and Gazette, vols. xxxv. p. 19, and xxxvi. pp. 458, 635.

Digitized by Google

of the patient, or even a hysterical paroxysm. 5. Movement, and especially distension of the fibres of these muscles, produces or exasperates the pain, while rest abates or relieves it. 6. Feeble electrical currents, which scarcely produce a disagreeable sensation when traversing the length of a muscle in a normal condition, induce an amount of pain difficult to bear while traversing the hyperæsthetic muscle, and become quite intolerable when they are rendered a little stronger. 7. Under the influence of Faradisation non-inflammatory muscular pains, such as rheumatoid, those of lead colic, and especially those arising from hyperæsthesia of muscles, are rapidly dispelled. This hyperæsthesia, which may be termed *hysterical myosalgia*, does not affect all muscles alike, the superficial muscles, and especially those of the trunk, being most liable to it. In the trunk itself it has its places of preference, observed with so much constancy and regularity as to serve for one of the signs of hysteria. The following are its various seats.

1. *Cephalalgia.*—When the hyperæsthesia affects the muscles of the head it constitutes what has been termed cephalalgia. So common is it in hysterical patients, that among 356 of these it prevailed habitually, or very frequently, in 300, affecting especially the frontal and temporal regions of the head, and in at least nine-tenths of the cases having its seat in the fleshy portions of the muscles. It is frequently pulsatile, and at other times lancinating, continuing even during rest in bed, which distinguishes it from the chlorotic headache, which is hardly felt except during motion.

2. *Epigastralgia.*—Hyperæsthesia of the muscles of the epigastric region plays a far more important part than has been suspected. It frequently occurs, having been noted in 317 out of 358 hysterical subjects. In 130 of these there was no accompanying derangement of the digestive functions, while in 187 such disturbance existed. In answer to the question, why there should be so constantly pain in parts which seem to have no relation to the moral emotions of the patient, it may be observed:—(1.) Epigastralgia may be met with in the childhood of girls who are subject to ill-treatment, or who have a hereditary predisposition to hysteria, and in such it becomes associated with disorder of the digestive organs, and a disposition to migraine. (2.) In others it appears either at the period of the establishment of the menses, or later, during difficult menstruation. (3.) In a certain number of cases it arises amid the disturbances produced by chlorosis. (4.) In a few cases it arises during the evolution of the hysteria, without the aid of any special cause. The above-named circumstances explain the origin of one half the cases of epigastralgia, and the other half is due to the two following order of causes. (5.) The hysterical paroxysms. These are usually preceded and accompanied by a feeling of compression, distension, or tearing of the epigastric region; and for twenty-four hours after the fit is over the patient often complains of epigastric pains. In proportion to the repetition of the paroxysms does the epigastralgia become established. (6.) Depressing moral emotions. These when at all intense produce painful constriction of the epigastrium. To sum up: this hyperæsthesia is due to two orders of physiological causes, the direct influence of the nervous centres on the muscles, and the reaction of the disordered stomach on the same muscles.

Epigastralgia especially extends towards the left side, mounting up as high as the middle of the sternum, and rarely descending below the umbilicus. The pain is severe and continuous, and exasperated by emotion, the hysterical fit, progression, or compression. The attitude is constrained, and sometimes the respiration is influenced, but the process of digestion does not aggravate the suffering. The ignorance that prevails as to the seat of epigastralgia has led to most serious errors in medical practice—these muscular pains having sometimes been thought to be localised in the solar plexus, and at others in the stomach; and, according to the doctrine of the day, have been treated as neuroses, gastralgia, or gastritis. Now, if we bear in mind that in somewhat less than half of the persons suffering from pains in the epigastrium the pain is only muscular, it is evident that that number has been treated for a gastralgia that had no existence. Moreover, in patients suffering simultaneously from epigastralgia and derangement of the digestive functions, the former may exist independently of the latter, and be easily relieved by means addressed specially to it; and yet the stomach has been needlessly tormented by treatment that should have been directed to the muscles. It is not meant to be said that the stomach itself may not be the seat of severe suffering, such as pyrosis, tearing pain, or distension, from indigestion; but such pains are intermittent and temporary, and should not be confounded with the continuous pains of the epigastric muscles. The writers on gastralgia never allude to this muscular pain; and as amidst the author's 358 cases of hysteria, there were not above 10 in which gastralgia existed unaccompanied with epigastralgia, it is easy to see how often the stomach has been rendered responsible for ills that did not attach to it. Hysterical epigastralgia may continue as long as the hysteria itself, and persist to a very advanced age. When it prevails with intensity, the constant pain wears out the patient, and renders all movement insupportable. She becomes melancholic and emaciated, and presents all the appearance of premature old age. Fortunately, nothing is easier than the relief of the affection when appropriate means are resorted to.

3. *Rachialgia.*—Hyperæsthesia affecting the muscles of the back has been long recognised; and so common is it indeed in hysterical patients, that M. Briquet found it absent in only 5 of 311 cases. According to the details he gives, it is found 5½ times more frequently at the lower than at the upper part of the back, and is 5 times more common on the left than on the right side of the spinal column. It occupies in general a space corresponding to about 4 or 6 vertebræ. It usually appears subsequently to the epigastralgia, and may exist in various degrees, from a mere uneasiness, scarcely perceptible, unless pressure be made at the side of the spine, to the severest suffering, and consequent disturbance of important functions. When intense it becomes very fixed, and is one of the symptoms of hysteria most difficult to remove, the pain recurring from the slightest cause. Its diagnosis is easy by means of pressure made on the muscles at the side of the spine, and by observing its usual connexion with epigastralgia and other symptoms of hysteria. In spite of this, however, its presence has frequently given rise to the most serious errors, and a frequent one among these has been the mistaking it for an early sign of phthisis. What authors have described as tabes dorsalis has often been but this rachialgia reacting on the viscera and vitally affecting nutrition. But the most serious of all these errors is the mistaking it for disease of the spine, an error M. Briquet believes to be even more common than Sir B. Brodie has represented it to be.

4. *Pleuralgia.*—Pains at the side of the thorax are so common that they have been noticed by almost all observers, but they have always been considered as neuralgic. In hysteria they are very common, having been found by M. Briquet in 223 of 300 patients in whom they were sought for. The seat is rather fixed, extending usually as a semicircle corresponding to the 5th, 6th, 7th, or even the 8th ribs, sometimes following their direction, and at others being still more oblique. It is 6 or 7 times more frequent on the left side; and M. Briquet found it bi-lateral in only 19 of his cases. It usually comes on subsequently to the hyperæsthesiæ that have been mentioned, forming but an extension of them. Hysterical pleuralgia can only be confounded with pleurodynia, or the pain of pleurisy; and it suffices to be aware of the possibility of the former and the usual co-existence of epigastralgia and rachialgia to prevent any error. It is more easily confounded with intercostal neuralgia, by which name many cases of hysterical pleuralgia have been erroneously indicated. The distinction is established between these as follows: (1.) Hysterical hyperæsthesia does not follow the direction of the nerves and their branches, and invariably is found at the 5th, 6th, and 7th ribs, while the accompanying rachialgia and epigastralgia are situated above the points they would be observed at, if dependent upon neuralgia. (2.) The pain bears no resemblance to that of neuralgia, being excited at any point that is compressed, without radiating along the course of the nervous tracts. (3.) Neuralgia setting out either from its point of origin or termination, soon extends to all the divisions of the affected nerve. Hysterical pleuralgia only shows itself after epigastralgia, and then rachialgia, have already long existed. Pleuralgia usually constitutes only a more or less considerable inconvenience, and however long it may persist is at last dissipated without having induced phlegmasia of the contents of the thorax.

5. *Cælialgia.*—The hyperæsthesia is so termed when it has its seat in the walls of the abdomen. The pains produced

Digitized by Google

have long been known to authors, but have usually been attributed to lesions of the sympathetic system. The author met with it in 196 of 400 cases of hysteria. In 42 it affected both sides, in 76 the left side alone, and in 34 the right side. The pain usually engages a considerable portion of the muscles affected, and is continuous while in the erect posture, being much increased by movement and pressure, and relieved by lying down. In many instances this affection has been mistaken for painful affections of the ovary, and it is such mistake that has given rise to the supposition that ovaritis is of more frequent occurrence on the left than on the right side. The superficial character of the pain ought to prevent this error being committed; and if we first relieve the mere muscular pain, we can then press over the ovary without inconvenience. The duration of this hyperæsthesia is very variable, the amount of exertion or repose taken by the patient, and the condition of the genital organs, much influencing this. The patients are often much distressed by the pain, fearing it to be indicative of uterine disease.

6. *Thoracalgia.*—Among the 400 cases only 27 complained of pain at the anterior part of the thorax. In 12 of these it occupied only the left, and in 2 the right side; while in 13 all the anterior portion of the chest was affected. This form of hyperæsthesia is usually one of the last that appears; and its rarity is probably due to the slight part which the pectoral muscles (wherein it is seated) take in the expression of depressing emotions. It is not very persistent, and rarely disturbs respiration; but gives cause to much anxiety from the patients' fearing that they are the subjects of disease of the heart. Its independence of neuralgia may be judged of by the fact, that of 150 hysterical patients with rachialgia at the level of the first six dorsal vertebræ, only 27 complained of pain at the anterior part of the thorax.

7. *Melyalgia* (from Μελος, a limb,) is the term applied to the hyperæsthesia of the superficial, and perhaps the deep-seated muscles of the extremities. The existence of such pain in hysterical women has only been noticed by authors in a vague manner. Among the 400 cases only 58 examples occurred—both upper and lower extremities being affected in 13 of these, the upper alone in 21, and the lower alone in 24. It varies in degree from a mere disagreeable sensation to severe suffering, destroying all repose, and giving rise to fever. In spite of the most unfavourable appearances, however, it disappears sooner or later, either spontaneously or under the influence of treatment. It cannot often be confounded with neuralgia, seeing that in two-thirds of the cases the locality of the pains does not correspond with that of the origins of the nerves distributed to the muscles affected; while from the pains arising from affections of the nervous centres, it may be distinguished by its aggravation through pressure. The distinction from rheumatic myosalgia is more difficult. It must be drawn from the nature of the pain and the concomitant circumstances. The pain in hyperæsthesia is usually excessively intense, the slightest contact causing very severe suffering, while rheumatic pain is much less increased by pressure, and this requires to be firmer. The hysterical pain is manifested in women who have already presented other symptoms of hysteria, and almost always coincides with other myosalgias. The emotions exert great influence upon it. Rheumatic pain usually appears in women who have already suffered from muscular rheumatism, and is less exasperated under the influence of emotion. The difficulty of the diagnosis would be increased if the patient were both hysterical and rheumatic; but then the inefficacy of the means which usually succeed in the hysterical myosalgia, would suffice to determine the rheumatic character of the affection.

Two points still remain in respect to melyalgia. (1.) Does it arise from inflammatory action, or from mere perversion of sensibility? The question is of importance, inasmuch as hysterical hyperæsthesia also affects the muscles of the splanchnic viscera, giving rise to accidents, the nature of which has been the subject of dispute, and which may be more easily determined by observations of muscles more superficially placed. There is none of the tension, pulsation, or heat observed in inflammatory pain, and this hysterical pain may reach an incomparable intensity. It is sudden in its appearance and disappearance, obstinately tenacious in some cases, while in others it is instability itself; and it is under the direct and immediate influence of moral emotion. It is no wise influenced by antiphlogistic remedies, only yields capriciously to narcotics, and can usually only be relieved by special means that have no effect upon inflammation. (2.) Is this pain a neuralgia? This at first is a natural supposition, but it is unfounded. True neuralgias, comporting themselves exactly as do the pains of nervous trunks, are, in fact, very rare in hysteria; and, besides, numerous other points distinguishing these from myosalgias, it is to be observed that pain is felt at the extremities of the nervous trunk; but not in the intermediate portion, while in hyperæsthesia of a muscle the pain is felt along the entire course of the part affected. In hysteria pain is only felt at the part compressed, while in neuralgia it is induced by pressure on certain points, and then irradiates along the course of the nerve affected. But the best test is the effect of treatment, for while the hysterical hyperæsthesia is easily removeable, none can be more obstinate and tenacious than the neuralgic.

Hysterical myosalgia, in some of the various forms that have been noticed, is one of the most marked symptoms of hysteria, and as it is very rarely absent it may itself be set down as a characteristic of the disease. Whenever we observe very acute pain induced by simple pressure of the finger in a part of the body exhibiting no traces of inflammation, we may from this sign alone diagnose the presence of hysteria with certainty. Whenever we are in doubt in ill-determined cases, we have only to gently rub with the end of the finger the upper end of the recti muscles to become convinced. Observation has proved that it is rare not to find hysterical hyperæsthesia, either at the epigastric region, high up on the back, or low down on the left side, and, in a very great majority of cases, in all three situations at once; and every woman presenting such combination may most positively be declared to be hysterical.

Treatment.—The means which have been employed for the local treatment of hysterical myosalgia may be grouped into four classes,—antiphlogistics, antispasmodics, anodynes, and revulsives. From time immemorial, topical emollients, cataplasms, liniments, etc., have been had recourse to; but M. Briquet, after a persevering employment of this class of means, comes to the conclusion that they are of no use whatever, any benefit that has seemed to accrue really depending upon the temperature at which they have been applied. The pain in this myosalgia is sometimes so fleeting that its disappearance in certain cases cannot be regarded as resulting from the means employed. Leeching, cupping, or dry-cupping, are means that possess considerable efficacy, though far more as revulsives than as depletants. Thus, cupping is more useful than leeching, and the author has often had the glasses removed immediately after scarification, so as to secure the revulsive without the depletory effect. In fact, the loss of blood itself does not relieve the pain, while it induces debility, and increases the predominance of the nervous condition. A paroxysm of hysteria has not unfrequently closely followed an application of leeches. In former times, *antispasmodics* were regarded almost as specifics, and innumerable formulæ have been handed down with the recommendation of infallibility. M. Briquet has tried these various applications repeatedly, and has never observed any effect result unless irritation of the skin has been produced, or when the odorous emanations which have escaped from them have produced some modifications in the nervous system by becoming inhaled. *Narcotics* are not of much more use, a certain amount of amelioration being all that is procured. They require to be varied, and are but little to be relied on. Ice and cold water, which produce so much effect in dermatalgia, are somewhat less powerful in their agency when the pain is deeper seated. They may be advantageously employed when the pain is superficially placed, as on the head, and when the irritability of the patient forbids the employment of stimuli, or when these have failed.

The truly heroic remedies in muscular hyperæsthesia are *stimulants*. These may be thus enumerated:—1. Very hot cataplasms. 2. Dry heat, applied by cloths as hot as can be borne. 3. Chloroform and acetic ether, applied either together or separately. These act much more as irritants than as narcotics, and have the advantage of being able to be applied over large surfaces for long periods. 4. Sinapisms. The effect of these is still more powerful, and, applied for twelve or fifteen minutes in the same place, two or three times a day, they very frequently relieve the pain. 5. Frictions with tincture of iodine or croton oil, repeated twice a day, have the advantage over sinapisms that they can be applied over very

Digitized by Google

large surfaces. 6. Blisters. These have more power than the preceding stimuli, and the pains of myosalgia will scarcely resist their influence. 7. But the means *par excellence* is the Faradisation of the skin as performed by M. Duchenne. By his apparatus the electrical current is limited to the skin, its passage being accompanied by a series of sparks corresponding to the zinc pole. The pain these sparks induce is so severe as not to be bearable beyond a very few minutes. The hyperæsthesia is usually at once dissipated, and when this is the case, even firm pressure, or movements of various kinds, fail to induce any pain. Not infrequently a single application suffices, but sometimes the pains return at the end of an hour, but more commonly after five or six hours. If they have not returned by this last period, we may be certain that the cure is definitive. When they do return, the application must be repeated, they becoming feebler after each. If, however, after two or three *séances*, success has not attended them, the application must be renounced. The conditions for success of Faradisation are the recent date, the diffusion, superficial seat, and moderate intensity of the pain. Still, as there are cases in which, though the pain has been of old date, success has taken place, it may almost always be tried with some chance of benefit. As a general rule, hysterical women bear Faradisation with far more courage than men: but some of them are so susceptible that its employment may even induce paroxysms of hysteria. In such cases chloroform must be previously inhaled, as it should be also in those cases in which from the intensity and extent of the myosalgia the patient may not be expected to be able to bear the Faradisation during the time necessary for its relief. The chloroform in no wise impedes the revulsive action of the Faradisation. Still Faradisation is a means we should not have recourse to until the others have failed, or when the pain is so slight that a current of small intensity will suffice for its dissipation. During the treatment of this affection, the repose of the hyperæsthetic muscles is of prime necessity, and in some cases has sufficed alone for a cure. In ignorance of the nature of the affection, and when the pains have been believed to be located in the splanchnic viscera, exercises of various kinds have been recommended. Absolute repose is essential, and a few days of such sometimes suffices to relieve pains that have resisted various energetic remedies.

It is to be understood that the local treatment of these myosalgias is but the complement of the general treatment which is the basis of management of cases of hysteria.—*Union Medicale*. Nos. 21, 27, 30, 36, 41.

GENERAL CORRESPONDENCE.

VESICO-VAGINAL FISTULA.

LETTER FROM DR. BOZEMAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* for Oct. 30, I see that you speak of my operation at the University College Hospital as being a failure. It should not be considered as such. In a letter from Prof. Erichsen, who removed the suture apparatus, I learn that not a drop of urine escaped per vaginam for four or five days afterwards, showing that the fistula was entirely closed. There was, I have no doubt, a reproduction of the fistula. This was a result I feared at the time of my operation. Associated with the fistula in this case there was great contraction of the vaginal canal. An attempt was made to overcome this by deep incisions and dilatation. Before, however, this preparatory treatment was gone through with, my engagements to leave London induced me to operate, which otherwise I should not have done for two weeks longer at least. The recontraction of the parts consequent upon the cicatrisation of the incisions on either side of the fistula, had the effect, I have no doubt, of pulling its edges asunder. This is a result which is always liable to follow the operation, however successful, unless the preparatory treatment is carried to the extent of complete dilatation of the vaginal canal before attempting closure of the fistula. In Mr. Erichsen's case, had this been followed out, a relapse would never have occurred. As to Dr. Keiller's case at Edinburgh, this should be considered entirely successful, notwithstanding the death of the patient. I consider it as successful as any operation I ever performed, and I am certain it was as difficult a form of fistula to treat as any Surgeon will ever meet with. This fistula belonged to my fifth class of cases, and was complicated with retroversion of the body of the uterus, and incarceration of the cervix in the bladder. I adopted the special plan of treatment which I have heretofore pointed out for this form of injury, and as the result showed with entire success. The cervix was completely disengaged from the bladder, and made to take its normal position in the vagina. In the autopsy we found the suture apparatus as perfectly adjusted as the day it was applied; with the result of a perfect union of the edges of the fistula. The pyæmia of which the patient died should, I think, be considered apart from the operation. It is a result, however, which I might have feared, had I known before the operation as well as I did afterwards the history of the patient; I have very little doubt the same result would have followed even the slightest incisions about the vagina. She was, I learned after her death, an habitual drunkard, and had been for years; only two or three days before our operation she was seen in this condition. There are other great disadvantages I laboured under in performing the operations to which you allude—one is not having control of the after treatment, and to this I attach no little importance. I do not pretend to say but what every attention was paid to the cases thought to be necessary; still I know that experience even in this is necessary to ensure success in many cases.

There are circumstances attending the results of all operations, which in justice to the operator should be stated, where such results are produced for the purpose of showing the efficiency or inefficiency of my particular mode of practice.

As to Professor Simpson's "great improvement" upon the button principle, we are exceedingly impatient to know what it is. It is to be hoped that we will soon have the proposed description. I supposed that the button suture had already done too much good service in Great Britain to be cast aside by the dash of the pen. I am rather inclined to think you have mistaken the proposal of an improvement for the actual demonstration of its utility; that is, if Dr. Simpson's letter to me is any authority upon the subject, and with me it is most assuredly. He writes me that he has cured two cases by the button suture, not wire splints.

I am, &c. N. BOZEMAN.

Hotel du Louvre, Paris, Nov. 14, 1858.

TURNING IN NATURAL LABOUR.

LETTER FROM DR. RAMSBOTHAM.

The following letter to Dr. Robert Lee has been forwarded to us by that gentleman for publication.

SIR,—I have much pleasure in acceding to your request by giving you my opinion of the practice inculcated by Mr. Figg in his paper published in the last two numbers of the *Medical Times and Gazette*.

That paper in my mind resolves itself into two points, each of the utmost importance in Obstetric Surgery: the first, the propriety of turning the child, in cases of deformed pelvis, instead of delivering it by the forceps, or by craniotomy, or inducing premature labour—that to which indeed you have particularly called my attention; the other (which you have not noticed in your note to me) the turning and delivering by the feet every child, though presenting naturally by its head, even although the patient possess a pelvis of ordinary size, and whether she be bearing a child for the first time, or have had a family before.

My opinion on the first of these cases has already been clearly expressed in each of the four editions of my work on Obstetric Medicine. My words are: "I cannot find language sufficiently strong in which to deprecate this mode of proceeding as a general principle;" and in the last two editions, I have given my reasons for this anathema at length; having been induced to do so by Dr. Simpson's then recent advocacy of the practice.

The second kind of case I have adverted to has received no notice from me, because I never dreamed that any man in his senses would have the hardihood to recommend that all natural cases should be artificially converted into footling cases, or to announce that such an interference with Nature's

Digitized by Google

ordinances had become in his practice an established rule. Mr. Figg tells us that since he penned his paper, some months before its publication, he had attended sixty labours, of which three only were conducted as head presentations. Of these cases, in two instances the breech presented; the remainder, fifty-five in number, were head presentations, and all these children were delivered by turning. He acknowledges that the children, thus officiously dragged into the world, are generally still for from two to five minutes after their birth, and sometimes for half-an-hour; and he confesses also to have broken an infant's arm four times during its extraction.

The practice advocated by Mr. Figg appears to me so mischievous and dangerous in its tendency, that I consider you will be doing a service to the cause of humanity, if you will notice it publicly with that reprobation which I am convinced, you, in common with all well-judging obstetricians, must entertain towards it.

I am, &c.

FRANCIS H. RAMSBOTHAM.

To Dr. Robert Lee.

8, Portman-square, Nov. 23, 1858.

THE RELATIONS BETWEEN THE LONDON UNIVERSITY MEDICAL GRADUATES AND A COLLEGE OF PHYSICIANS.

LETTER FROM DR. HENRY SAVAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Those of your readers who see the *Observer* may have noticed an announcement of an attempt to make a new College of Physicians,—your own readers have seen the more true statement, that a new charter is sought to be obtained by the present College. In either case, it is incumbent upon us all to consider well the relations between University Medical Graduates and any College of Physicians.

The Medical Bill provides that the M.D. graduate of a registered University may practise,—not as a Surgeon without an extra Surgical diploma, not as an Apothecary without a licence from the Society of Apothecaries. Should he pretend in any way without such extra qualifications to be either, he is to be fined forthwith. There is nothing left for him but to practise as Physician,—practise as Physician indeed he must if he practise at all; but, say the College advocates, he must not pretend to the title of Physician, he shall not take that denomination, although practically he is forced into that category, until he has paid to us, the College of Physicians, a notable sum in lawful money.

Under the old *régime*, any man might call himself a Physician; in fact, he was acknowledged as such the moment he obtained his M.D. degree; but then, until he paid the said notable sum he was an unlicensed Physician, practising illegally; now, he is a Physician practising legally, but an unhappy nondescript until he comes down with the same talismanic fee. The Surgeons and Apothecaries have their homes—the leading estate in physic sadly wants its home too, and I have fondly anticipated one out of the ashes of the old College. It is plain that anything like the old establishment at Pall Mall must be entirely antagonistic to the Universities. The pride and glory of the University of London is its constitutional liberty. Has it ever asked too much, in this ten long years of contention, for conferring on its graduates, the unfettered privilege of serving the public, and the State, in accordance with its diplomas?

In the University of London we have ample grounds for detesting the very name of a College of Physicians. That one in Pall Mall, it is notorious, has ever been our deadly antagonist; the smallest measure of justice, a nominal modification, even of an imperfect statute, to render it less ridiculously inconsistent with the aims and objects Government had in view, in founding the University, was contested step by step, sometimes openly, generally covertly, by the College of Physicians—witness our struggles for equal rights with Oxford and Cambridge, and the history of the Medical Bill.

There is, also, something decidedly infectious about this antagonism. Thus, some forty-six of our graduates, perhaps despairing of our success (it is not for me to suggest a motive), bought the College of Physicians' licence, and straightway became altered men. The graduates' committee, to which is chiefly due the triumphant issue of our protracted contest, gradually lost the co-operation of our College of Physicians' Graduates, until Dr. Storrar almost stood alone.

It would be simply idle to go into proof that Dr. Storrar was, and is, the chief advocate, from first to last, of all our Medical graduates have obtained, among other things, by the Medical Bill. Dr. Storrar was a candidate for a vacancy on the Senate, and his election carried in open convocation by double the number of votes over any of his unsuccessful rivals. Notwithstanding this unmistakable expression of opinion on the part of his fellow-graduates, these forty-six send a deputation to Mr. Walpole, to induce that gentleman to pass him over.

The same forty-six, having organised a systematic course of opposition to the Senate, in reference to their appointment of Dr. Storrar, as their representative on the Medical Council, assemble in committee, and so pass, at what has been most erroneously represented as a sectional meeting of our graduates at large, a resolution condemnatory of Dr. Storrar's election.

The conduct of the Senate, Dr. Storrar's election, the projected new charter for the College of Physicians, and our privileges as graduates of the University of London, are public questions, perfectly germane, I contend, to the matter in hand. I should be sorry to take up undue space in your influential journal, but crises in Medical politics have never been passed over by you, so I must beg to add the following to justify the tone and spirit I adopted in this, and former communications.

At the so-called public meeting of graduates, to contest Dr. Storrar's election, I put the question direct to Dr. Brinton, who seemed to me far too severe in his remarks against Dr. Storrar on introducing the resolution: What is the nature of the objections implied in the resolution? His answer was:—1. Dr. Storrar was not a member of the College; 2. He was unknown to scientific and professional fame; 3. He did not possess adequate social qualifications; 4. His genius was simply polemic. When further pressed for additional explanation as to this "social qualification" disability, he said he meant Dr. Storrar was not in intimate and frequent intercourse with the heads of the Profession. That he himself, on the contrary, had frequent opportunities of meeting these "heads," who never failed to shake with astonishment or ridicule, or both, at the Senate's selection.

I leave the futility of these objections, together with this gossip, to speak for themselves; and with the mere remark that they are the only ostensible grounds I know for the course taken against Dr. Storrar, and reverting to the new college or charter, I must ask you to assist in getting an explanation of a proceeding on the part of the College of Physicians which has damaged them with us, if possible, more than all the rest. Why did Dr. Copland and other censors of the college present themselves as authorised direct from the College to be present at the doctorate examinations?

When the coadjutors in the new scheme have digested the following facts we shall hope to meet them on neutral ground somewhere to decide how far it is safe for us to assist them in the revival of the College of Physicians?

The University of London was founded in 1836, with the same privileges as those enjoyed by Cambridge and Oxford.

The opponents to the due legal recognition of the London Medical degrees, consistently with the foundation, were the London College of Physicians.

In the spring of 1854 one of our most distinguished Medical graduates, in the provinces, was blackballed at the Medico-Chirurgical Society, through the agency, chiefly, of the London College of Physicians.

The Graduates' Committee, in the course of ten years' most arduous contest, removed the disabilities of our graduates, in spite of the incessant and violent opposition of the London College of Physicians.

At the first Convocation meeting, above referred to, the chief assailants of Dr. Storrar, who, notwithstanding, was returned by a triumphant majority, were our graduates belonging to the London College of Physicians.

Finally, on reviewing the statements which I have above entered into, and need not repeat, although significant of the same undying hostility relating to the present factious proceedings subversive of our privileges connected with the

Digitized by Google

constitution of our University, the parties to those proceedings are our graduates of the London College of Physicians.

The fair conclusion is that if the University of London desire to commit suicide, or effectually deaden their position in the Medical Council, they will select as their representative a member of the London College of Physicians.

I am, &c.

HENRY SAVAGE, M.D. Lond.
Fellow of the Royal College of Surgeons.

Gloster-place, London.
Nov. 23, 1858.

"URETHROTOMY."

LETTER FROM DR. FREDERICK GOURLAY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In order to show that Urethrotomy for Stricture is a bad operation, Mr. Henry Smith thought proper to publish the whole results of Mr. Fergusson's experience in King's College Hospital during the last nine years, amounting to thirteen cases, of which three proved fatal, while the majority were unsatisfactory. To counteract this statement, which seemed calculated to mislead the Profession, I gave the results of Mr. Syme's practice in the Edinburgh Royal Infirmary, in the same number of cases during the last nine months, which were thirteen cures, not *twelve*, as Mr. Smith has incorrectly stated. Mr. Smith now shifts his ground, and informs us that Mr. Syme has not been equally successful in his private practice. But as this allegation is quite beyond my province, however much it may be within that of Mr. Smith, and as Mr. Syme is probably not disposed to enter upon matters which may be secluded from public discussion by feelings of delicacy and propriety, I fear that one of the most safe and beneficial operations in Surgery must remain unvindicated from the imputation of your correspondent.

The following extract from Mr. Syme's Clinical Lecture to the members of the British Medical Association appears so applicable to the present subject that I beg you will permit me to quote it:—

"In performing an operation upon the living body we are not in the condition of a blacksmith or carpenter, who understands precisely the qualities of the materials upon which he works, and can depend on their being always the same. The varieties of human constitution must always expose our proceedings to a degree of uncertainty, and render even the slightest liberties possibly productive of the most serious consequences; so that the extraction of a tooth, the opening of a vein, or the removal of a small tumour, has been known to prove fatal. Then it must be admitted that the most experienced, careful, and skilful operator may commit mistakes; and I am sure that there is no one of the gentlemen present who can look back on his practice and say he has never been guilty of an error. But, in estimating the value of any surgical procedure, we must beware of confounding the effect properly belonging to it with those that result from faults on the part of either the patient or the Surgeon. Cases of the latter kind can never promote the improvement of our profession, or serve any higher object than supplying food for the morbid craving of ignorance and malevolence."

I am, &c.

FREDERICK GOURLAY, M.D.
Resident Surgeon, Clinical Surgical Wards,
Royal Infirmary, Edinburgh.

Edinburgh, November 22, 1858.

THE COLLEGE OF SURGEONS IN IRELAND.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read with very great satisfaction the remarks in your impression of this day, with reference to the difference of opinion between the Council and members of the London College of Surgeons, as also the conclusive opinion of Mr. Edward James on the subject, I beg to remind you that, though for reasons which I shall presently mention, the question has not been discussed here, there is no doubt but that what applies to the London College will equally well apply to ours; and that, should the election of Mr. Green be declared to be illegal, that of Dr. Williams will be equally so.

Having thus premised the cause of my writing, I beg, through the medium of your journal, to put the Profession and Medical Council in possession of some facts with regard to the College of Surgeons in Ireland, and of the state of Medical education in this country in general.

1. With regard to the election of Dr. Williams by the Council of this College, I beg to express my opinion that it was done with indecent haste [on the 1st of October, the day on which the Bill came into operation], and without any opportunity having been given to the Fellows and Licentiates of the College at large to express any opinion on the matter. Indeed, I am told, that so anxious were the Council to secure the election of a nominee of their own, that an attempt was made to elect a representative before the 1st of October, which would have been carried out, had not one of their members present protested against such a proceeding as being illegal.

2. I would tell the Council and Profession at large that the examination of this College never can be properly carried out, as long as Lecturers and these Hospital Surgeons who aspire to the honour, if honour it be, of being Members of Council, are excluded by the charter from the Court of Examiners.

3. That the private teachers and Lecturers in Dublin are afraid to agitate this question of the examinership, knowing well, that if permitted, the Council would confer on those of themselves who are Lecturers in the College Medical School most of the examinerships, and that then all the pupils in Ireland would flock to the mart where the functions of councillor, teacher, examiner, and grinder, are carried on by the one individual, and under the same roof.

4. That the money paid by the Licentiates and Fellows, instead of being devoted solely to the remuneration of the examiners, the improvement of the library and museum, and the establishment of public courses of lectures on Medical science, is partly spent on the maintenance and support of the College Medical School.

5. That the remedy for the above-mentioned evils is very simple. Last year £500 of the College money was funded, and about £700 spent directly or indirectly on the College School. From these sums (£1200 per annum) each of the present Lecturers might receive an annuity, equal to his present income from the Medical School, and in return for which he might rise to the dignity of a College Professor, and deliver to the College at large, each year, a few well-prepared lectures on Comparative Anatomy, Surgery, or whatever his subject may be. And then our College would cease to be a "grinding shop," competing with, and underselling, as they were lately proved to be doing, the other schools, instead of supervising and regulating Medical education.

Lastly, I would say, that neither Dr. Williams, nor any of his colleagues, who (let them deny it if they can) lecture to empty benches in one room in our College, while their pupils are being ground within their very hearing in another, can be fit representatives of the Irish Surgical Profession on the Medical Council. I enclose my name; and if Dr. Williams can deny any statement which I have here made, you may publish it in a future number.

I am, &c. A DUBLIN SURGEON.

Dublin, Nov. 20, 1858.

REPORTS OF SOCIETIES.

HUNTERIAN SOCIETY.

NOVEMBER 3, 1858.

Dr. PEACOCK read a paper on

THE SUPPOSED ANTAGONISM OF CONSUMPTION AND AGUE.

After briefly alluding to the views of previous writers on the subject, and especially to those of Dr. Wells and M. Boudin, he gave the results of an investigation of the relative mortality from phthisis and malarious affections, including ague and remittive fever, in certain districts of Cambridge-

Digitized by Google

shire, Huntingdonshire, Northamptonshire, and Bedfordshire, bordering on the Wash and the rivers Mere and Ouse, derived from statistics collected in the Registrar-General's office, and extending over the years 1851 to 1855 inclusive. From this investigation it appeared that generally in the districts in which there was the largest mortality from aguish affections, phthisis was also the more fatal, and *vice versâ*; yet that to this inference there were so many and such marked exceptions, that the rule could in no degree be regarded as decided. He then detailed the particulars of six cases in which the two diseases co-existed, and alluded to three others of a similar character, and especially dwelt upon two of the cases in which the patients not only had both ague and phthisis when under his care, but stated that they had had attacks of ague prior to the appearance of the phthisical symptoms, and had throughout the time resided in the aguish districts. The inference which he drew from the whole of his observations was, that the influence, if any, exerted on the prevalence of phthisis by malarious atmosphere or by ague, was of far less importance than that of other causes which affect the development of that disease. Dr. Peacock concluded by remarking that, as phthisical patients may take ague, and as the disease is greatly aggravated by such complications, we should, in selecting residences for consumptive persons, avoid the districts which are marshy or in which ague is known to prevail.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 16, 1858.

DR. WATSON, President, in the Chair.

Mr. BRODHURST showed a specimen of

TALIPES EQUINO-VARUS IN THE ADULT.

The limb had been removed (by a Surgeon in Cambridge), by amputation in the upper third of the leg, from a woman, aged 54, on account of a large intractable ulcer on the dorsum of the foot. The distortion had been congenital. Most of the muscles were found in a stage of advanced fatty degeneration. In respect to the displacement of the tarsal bones the specimen did not deviate from the condition usually met with in this deformity.

Mr. WILLIAM ADAMS adverted to some points in the treatment of the deformity illustrated. He thought that the common plan of dividing the tendo-Achillis was founded on a mistake. He much preferred to first elevate the anterior part of the foot, and subsequently, if found necessary, divide the tendon.

Mr. FERGUSSON criticised the Surgery of the case, and thought that partial amputation of the foot would have been far preferable to the one performed. He believed that not unfrequently muscles in a state of fatty degeneration recovered a more healthy structure when after suitable Surgical treatment the limb had been again made useful.

Dr. AINSTIE showed a

TUBULAR CAST OF THE LARYNX AND TRACHEA.

It had been removed in the operation of tracheotomy by Mr. Holt, in the Westminster Hospital, from a woman, the subject of acute croup. The specimen was one of extreme interest, showing a continuous thick coherent tube eight inches long, and which had extended from the larynx downwards into the larger bronchial tubes. Its lower extremity was much branched. The patient was described to have been moribund at the time of the operation, and to have recovered well afterwards. There had been no tendency to re-effusion of the fibrinous exudation subsequent to the operation.

In answer to questions from Mr. HUTCHINSON and Dr. RISDON BENNETT, Mr. HILLMAN (who had assisted at the operation) added some further particulars of the case. The treatment after the operation had been by mercurials. The patient was a young woman who had a few months before been under treatment at the same Hospital for syphilitic laryngitis. She was admitted on the second occasion with what appeared to be acute croup in an advanced stage. The trachea having been freely opened, the membranous cast was extracted with forceps, and the relief was immediate and complete. Dr. Fuller's improved tracheal tube had been employed, and had fully answered the operator's expectations.

Dr. MURCHISON exhibited

THE INTESTINES OF A PIG, WHICH FOR SIX WEEKS BEFORE DEATH HAD BEEN FED WITH "TYPHOID DEJECTIONS."

Dr. MURCHISON observed, that although it was generally admitted, that the true typhus fever is eminently contagious, many still entertained doubts as to the contagious nature of the so-called "Typhoid" fever; yet it was difficult to explain in any other way the facts which had been recorded by Bretonneau, Gendron, Piedvache, and others. Some observers, and more particularly Dr. Budd of Bristol and the late Dr. Snow, had imagined that typhoid fever was propagated by the dejections from the bowels. Without questioning the validity of this supposition, Dr. M. expressed his belief, that many of the facts which had been urged in its support might be explained on the hypothesis of a spontaneous origin of the fever from the putrid emanations from the drains, which had been thought merely to convey the poison. All who had considered that the fever might be communicated by the dejections had been strong opponents of the possibility of its spontaneous origin.

It was obviously of great importance, both in a medical and a sanitary point of view, to determine whether fever might be communicated from the sick to the healthy in the manner just alluded to. The present experiment had been undertaken in order to throw some light upon the question, and its results were offered simply for what the results of one experiment might be worth.

A pig had been selected for the experiment for the following reasons:—

1. Because in its diet it approached most nearly to man; and it was thought that less difficulty would be encountered in making it submit to the experiment, than would be the case with other animals.

2. There were few or no animals in which the structures that become specially diseased in typhoid fever, viz. Peyer's patches, were so well developed: and,

3. Because there was undoubted evidence that the pig was liable to typhoid fever. Cases of the disease *in this animal*, in which the characteristic lesions had been found after death, had been described by Falke and other writers on Veterinary Pathology.

The pig, which had been the subject of experiment, was between three and four months old. Care was taken that the dejections were obtained from typhoid patients in whom they presented the light ochrey colour peculiar to the disease in the most marked degree; they were mixed up with barley-meal and other articles of food. The first was given on September 9th, 1858. For the first three weeks, one was given every day, or every second or third day. During the next fortnight, two or three were given every day; and during the last week, one every second day. They were eaten greedily. On two occasions, during the first fortnight, the animal had slight diarrhœa, lasting for twelve hours, and its ears felt rather hot; but these symptoms speedily subsided. With these exceptions, the animal exhibited no abnormal symptoms; its appetite was unimpaired, and its stools of natural consistence; while it increased greatly in weight and size, as was shown by measurements taken at the commencement and at the termination of the experiment.

On October 23rd it was killed and its body opened. There was abundance of subcutaneous fat, and the muscular tissue appeared healthy in every respect. The intestines throughout were healthy. There was not the slightest trace of any recent or old ulceration anywhere, nor of any thickening or alteration of Peyer's patches or of the solitary glands. The mesenteric glands were not enlarged.

BRONZING OF THE SKIN, WITH HEALTHY SUPRA-RENAL CAPSULES.

Dr. HARLEY showed to the Society the supra-renal capsules, and specimens of the skin of a patient who died in University College Hospital, while under the care of Dr. Parkes. The patient was a cabman, aged 66. For the last thirty years he had been a great drinker, and seven years ago had a five weeks' attack of jaundice, from which he perfectly recovered. Three or four months after his recovery he noticed that his skin was changing colour, not becoming jaundiced,

Digitized by Google

as before; but some places getting darker, others whiter. The dark skin gradually extended itself over the body, till, at the end of six months, the patient looked like a mulatto. When he entered the Hospital, a month before his death, the greater part of his body was of a bronze colour, the lower limbs, and a few patches on his abdomen and chest alone remained white. The legs were quite of a natural colour; but the patches on the trunk of the body were darker, although not nearly so dark as the surrounding skin. The patient died of ascites, from diseased liver. On post-mortem examination the capsules were found perfectly healthy, both on naked eye and microscopical examination. The peritoneum in several places had a deposit of pigment in it. The skin, when examined with the microscope, was found to have the pigment deposited in the deep layer of the epidermis (the rete mucosum), as described by Hutchinson, and others.

KING'S COLLEGE MEDICAL SOCIETY.

At the first ordinary meeting, for the present session, held on Thursday, October 28, Mr. Arthur Ernest Sansom read his prize essay

ON THE MORTALITY AFTER OPERATIONS OF AMPUTATION OF THE EXTREMITIES, AND THE CAUSES OF THAT MORTALITY.

After a sketch of the history of amputation, specially with reference to those circumstances which tended to increase or decrease the rate of mortality after the operation, the author proceeded to the general question of the fatality in later years. Statistics showed that the mortality after amputation in military practice (traumatic amputations) is to the same as civil practice (principally pathological amputations), about in the ratio of 47 to 27. In hospital practice, the mortality had been apparently increased from 1835 to 1857, from 20·27 to 33·96 per cent. Amputation seemed to be more favourable than the operation for strangulated hernia, but less so than that for lithotomy. The rate of mortality in the provinces is considerably less than that in London. The mortality after removal of the upper extremities is to that after amputation of the lower, about as three to four. Secondary amputations are much more fatal than primary. The operation seems to be attended with the least fatality when done in cases of diseased joints; with the greatest in cases of phlegmenous erysipelas. The question of anæsthesia was then entered upon, and a history given of the controversy on this subject. The author thought that the increase in the mortality in late years was due partly, perhaps, to the ulterior depressing effect of chloroform in severe cases, but in great part to other circumstances, especially the growing practice of resection, whereby the worst cases only were reserved for amputation. The ultimate causes of death were then discussed, and the most frequent cause was shown to be exhaustion. The mortality from shock had, since the introduction of chloroform, been reduced to a minimum. The effects of crowded hospitals, zymotic influences, etc., were next entered upon. The author thought that the great fatality attendant on the operation in past years in the Paris Hospitals, was due, partly to the overcrowding, and partly to the non-stimulant plan of treatment.

A vote of thanks was accorded to the author, and an animated discussion followed.

OBITUARY.

NOTICE OF M. GENSOUL.

The following particulars are derived from the funeral orations pronounced by MM. Petrequin and Desgranges, the former pupils and later colleagues of M. Gensoul.

Joseph Gensoul was born at Lyons, where he afterwards acquired so wide-spread a public reputation, in 1797. He obtained his "internat" at the Hôtel Dieu of that city, as the result of one of the most brilliant *concours* ever held there. At the early age of 25 the Surgeoncy of that institution was confided to his hands, being then the largest Surgical service confided to an individual in Europe. Since his resignation it has been subdivided. He soon showed himself quite equal to the task he had undertaken, and became remarkable, not only for the rapidity and certainty with which he appreciated disease, and as a skilful operator, but also as an innovator, enlarging the field in which Surgery could usefully intervene. His activity was something prodigious, and sufficed not only for his laborious hospital practice, but also for the demands of private patients, who were for ever increasing in number from all parts of the South of France. Very confident in his own powers, he possessed, in a remarkable degree, the art of inspiring others with unlimited confidence, —infusing a spirit of calmness and hope into the patient which proved often the presage of success. He was too much absorbed in the labours of practice to contribute much by his pen; but his lectures were exceedingly attractive and instructive, delivered as they were with the utmost facility, in the choicest language, and full of instruction.

His success in both herniotomy and lithotomy was remarkable. He was the first to adopt methodically the plan of cauterising the cornea and varicose veins; and he invented some most ingenious instruments for applying caustic to the lachrymal passages. His treatment of uterine polypus by strangulating the pedicle by a forceps was much admired for its dexterity, simplicity, and success. He also simplified the treatment of fractures of the extremities; but there are especially three principal operations that much redound to his honour. First, there was the complete ablation of the parotid gland, an operation formerly declared impossible, but which he performed in three instances, all the patients recovering, and one being still living. Next came the removal of the entire half of the lower jaw, separated from its articulation with the cranium; but the operation which eclipsed all his preceding ones was the ablation of the upper maxilla in 1826—an operation, the conception and execution of which was entirely his own. His reputation became European; and Lisfranc declared that our century possessed but three great operators, one of whom was Gensoul. In his operations he possessed wonderful fertility of invention, and feared not, when the occasion called for it, to step beyond the classic precepts of our art.

His indefatigable industry enabled him also to re-establish and assist in editing the *Lyons Medical Journal;* to which, indeed, much of the extension of his reputation, and of that of the Lyonese School of Medicine and Surgery, was due.

He died, during the present month, after a very prolonged illness, doubly irksome to one so long accustomed to such great bodily and mental activity, but much soothed by the affectionate sympathy he everywhere found himself the object of.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 19th inst., viz.:—

Ablett, Edward, Southampton-street, Bloomsbury.
Browne, Charles William, Kew-green.
Callaway, Edward, Canterbury.
Drew, Alfred, Fakenham, Norfolk.
Emmerson, Charles, Sandwich, Kent.
Hopton, George O., Judd-street, Brunswick-square.
Marshall, John, Islington.
Punch, John Golden, Donoughmore, county of Cork.
Thompson, Alexander B., Ballintra, county of Donegal.
Walters, Henry Bunbury, Rathgar, Dublin.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 18th of November:—

Ashurst, William Robert, Farningham.
Barlow, Joshua, Ardwick, Manchester.
Brown, Robert Charles, Preston, Lancashire.
Cowell, George, Ipswich.
Franey, Edward, Newbottle, Northamptonshire.

Digitized by Google

GALT, JOHN, Ashton-under-Lyne.
HARGOOD, CHARLES BENJAMIN, 7, Highbury-place.
THWAITES, JAMES, Bishop Auckland.

DEATHS.

DYMOND.—Dr. Robert Dymond, the chairman of the South Yorkshire Railway Company, suddenly expired on Monday at his residence, Bolton-hall, near Rotherham, the cause of death being a fit of apoplexy. Dr. Dymond has been connected with the South Yorkshire Railway since its commencement. He was for several years vice-chairman of the company, and on the death of the late Earl Fitzwilliam he was appointed chairman. He was an M.D. of Edinburgh of 1820.

GREEN.—On the 11th inst. at Old Elvet, Durham, William Green, M.D., and F.R.C.S., aged 72.

PEIRCE.—On the 21st inst. at Banagher, in the prime of life, of fever, caught in the discharge of his duties as Medical officer of the Banagher Dispensary district, Dr. George Peirce, jun., son of George Peirce, M.D., Tullamore, Surgeon of the King's County Infirmary. He was a young gentleman of high reputation, and his death is much regretted by all who knew him.

PHILLIPS.—On the 11th instant, at Winchester, EDWARD PHILLIPS, M.D., Edin. Cons. Phys. Co. Hospital; Fell. Royal Med. Chir. Soc., London—aged 84.

SOUBERAIN.—PROFESSOR SOUBERAIN has just died, after a long illness, at the age of 60. Besides being Professor of Pharmacy at the Paris Faculty of Medicine and at the School of Pharmacy, he was Director of the Central Pharmacy of the Hospital. He was a member of the *Académie de Médecine*, and had attained to the highest position by reason of his numerous and valuable works.

WALKER.—On the 18th inst. John Walker, M.D. Glasgow 1833; of Albion-street, Hyde-park, late of Birkenhead, aged 45.

MEDICAL ORTHODOXY.—A Dublin paper, the *Evening Freeman*, says: "We understand that the Dublin Natural History Society, a large proportion of the members of which are of the Medical Profession, has recently, at the recommendation of its council, elected the Most Rev. Dr. Whately, Lord Archbishop of Dublin, the well-known upholder of homœopathy and mesmerism, to be its principal patron. If this is not orthodoxy in science, it is certainly so in religion; and, considering the circumstance of Dr. Whately having withdrawn his patronage and support from the Hospitals and other Medical charities of Dublin, exhibits great liberality on the part of the Medical Profession."

THE VALUE OF AN EYE.—In the Rochdale County Court on Thursday, a boy named Edmund Hordern, of Milnrow, was sued by another boy for injuries to his eye, produced by Hordern putting lime into it on a Sunday in June last. The boys were coming from school, and began to throw lime about. Hordern, it was alleged, stroked his hand filled with lime over the plaintiff's eye, and the result has been that the eye is injured for life. The defendant's father consented to abide the verdict as his guardian. His Honour suggested that an arrangement should he made, and the defendant's father consented to a verdict of £1 6s. 6d.

TESTIMONIAL TO MR. ROWDON.—Last Saturday a party of gentlemen, members of the Civil Medical Staff employed in the East during the late war, entertained Mr. Rowdon, of Nottingham-place, at a dinner at the Bath Hotel, Piccadilly, and presented him with a very handsome silver claret jug and salver as a token of their esteem, and in remembrance of the services he had rendered to the Staff in obtaining a return of the Income-duty unjustly deducted from the gratuities paid to members of the Staff on the close of their engagements. Mr. Spencer Wells, the chairman, in presenting the testimonial to Mr. Rowdon, explained that although it was purely a voluntary offering, no one having been asked to contribute towards it, all that the committee did having been to let the Staff know that such a thing was contemplated, yet forty-two members of the Staff had joined in the spontaneous testimonial. While adding to the value of the gift, this was also pleasing as a contradiction to the statements so often made, that our Profession is not united—that we are jealous of one another, not eager to help each other—and a proof that there are those among us who look upon their Medical friends as "brethren," and that disinterested exertion for the common good is duly appreciated by us. Several complimentary toasts followed, and a committee was formed to promote an annual dinner in London, of members of the whole of the Civil Medical Staff employed in the East during the late war.

ADDITIONAL ILL EFFECTS OF THE MANUFACTURE OF PHOSPHORUS MATCHES.—At a recent meeting of the Paris *Cercle de la Presse Scientifique*, the Abbé Moignot, discoursing on the dangers run by the operatives in the manufacture of phosphorus matches, stated that pregnant women respiring these emanations easily miscarry; and that so well is this fact known in the localities wherein these manufactures are placed, that many women purposely expose themselves to the fumes, in order to get rid of the product of conception. In the men exposed to them, after a while, there is induced excessive excitement of the generative sense. At present these statements only depend upon the observations of the clergy coming in contact with these people; but the Abbé believes that they are well founded.

SOCIETY OF ARTS.—EXTRACT FROM THE CHAIRMAN'S ADDRESS:—"The Committee on Surgical Instruments, which it was proposed to form last year, has met, elected its officers, and divided itself into sections, representing the various branches of the subject. More than sixty Medical men of eminence have consented to act, and Mr. James Luke has been elected to the office of President, with Drs. Watson and Budd, Mr. Henry Charles Johnson and Mr. Richard Partridge as Vice-Presidents, and Mr. Seymour Haden and Mr. Mitchell Henry as reporters. At a general meeting of the Committee, to be held before the close of the year, it will be proposed to adopt measures having for their primary object a complete classification of all the mechanical contrivances applied to Medicine and Surgery, so as to insure, in any future exhibition, a more complete illustration of that branch of industry than was attempted in 1851; and, secondly, to further the interests of the public and the Medical Profession by inducing manufacturers to submit their improvements to the examination and award of the Society."

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 20, 1858.

BIRTHS.

Births of Boys, 865; Girls, 768; Total, 1633.
Average of 10 corresponding weeks, 1848-57, 1491.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	771	716	1487
Average of the ten years 1848-57	553·8	529·8	1083·6
Average corrected to increased population	...	...	1192
Deaths of people above 90	...	...	5
Deaths in 15 General Hospitals	36	19	55

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	3	14	4	3	10
North....	490,396	1	12	39	11	2	4
Central ..	398,256	4	13	13	10	1	7
East	485,522	2	2	27	10	2	13
South	616,635	3	12	40	14	1	12
Total..	2,362,236	10	41	133	49	9	46

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·535 in.
Mean temperature	35·5
Highest point of thermometer	45·8
Lowest point of thermometer	24·6
Mean dew-point temperature	30·5
General direction of wind	N.E.
Whole amount of rain in the week	0·00 in.
Amount of horizontal movement of air in the week ...	630 miles.

Digitized by Google

TO CORRESPONDENTS.

Dr. Corbett's paper shall appear as soon as the woodcuts are ready.

Mr. Harker's case shall appear.

T.—Yes, to both questions.

A Young Practitioner had better put his case into the hands of a respectable solicitor, who would soon compel payment.

The letter of our Paris Correspondent is unavoidably delayed until next week.

Dr. Turner, Keith.—The communication has been delayed solely by press of matter.

Dr. Brookes.—Albuminuria is stated by MM. Bouchut and Empis to occur in two-thirds of their cases of croupy diseases.

Querist.—A Member of the Faculty of Physicians and Surgeons of Glasgow can register under the new Act, both in Medicine and Surgery, as a matter of course.

R. O. C.—As the parishes in question are included under a Gilbert's Union, the Medical Officer is perfectly justified in charging the sum mentioned; but it will be in the discretion of the Guardians whether they will allow it. The sum seems to us to be perfectly reasonable.

Pharmaco.—Glycerine dissolves iodine as completely as alcohol does; and as it possesses the property of evaporating very slowly, it serves better than alcohol the purpose of retaining the iodine in the state of semi-solution most favourable for its action.

A Dental Surgeon.—The hard vulcanite rubber, as a base for artificial teeth, in the place of gold and other metals, is now occupying the attention of many leading Dentists. Having seen many specimens of the work, and conversed with patients who wear it, we have no hesitation in recommending it to the notice of those interested in the subject. It appears to be a great improvement in mechanical dentistry.

In the letter which we published last week from *A Constant Subscriber*, there is a sentence which requires explanation, since it may produce a very erroneous impression. The writer says:—"Availing myself of the proffered services of Dr. ——, to whom I had rendered professional and pecuniary assistance." Now, we are assured that *A Constant Subscriber* does not mean to assert that he ever gave or lent this gentleman money, but merely that he sometimes called him in to patients for his advice. No one can imagine for a moment that a Medical Practitioner, by calling another Physician or Surgeon into consultation, is thereby giving him "professional and pecuniary assistance;" and we can only suppose that on the present occasion these words were hurriedly penned, or, at least, that they were sent to us for publication without their import being duly considered.

Our Confreres.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As the expression in my communication kindly inserted in your last number, "pecuniary assistance," might possibly be misunderstood as implying a loan or direct monetary assistance, I think it right to say that the term was not used with such a view, but that it referred only to assistance by recommendations and introductions to practice.

Nov. 24. I am, &c. A Constant Subscriber.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been called to a letter in your paper of last week signed "A Constant Subscriber." As I am a brother of the young lady referred to, permit me to give a short statement of the facts, so that you may be able to judge whether Dr. —— or your "Constant Subscriber" is the real delinquent.

Your "Subscriber" was not the regular attendant on the young lady, but was introduced by me, and paid by me. The patient did not improve under his care, and at length became seriously ill. One evening your "Subscriber" called for me at eleven o'clock p.m. to go to see my sister, whom he described as in a critical state, though he hoped not in "immediate danger." In the course of our ride he announced that he was going on a visit to a friend in Wales the next morning, but that he had introduced an efficient substitute in Dr. ——. I remonstrated with him on leaving a case of such a nature at such a time, but without effect. The mother of the young lady implored him not to leave her daughter in the hands of a stranger, but in vain. He said that if the young lady got worse he might be summoned by telegraph from Wales. But he was informed by me that if he went we should certainly not summon him back again.

Under these circumstances the young lady's mother determined that in no case should your "Subscriber" attend her daughter any more, and as the patient was saved by Dr. —— from the pressing danger, in the midst of which your "Subscriber" had deserted her, he was requested to attend her as his own patient. This he refused to do; but being entreated for humanity sake not to cause the patient the mental torture of being handed over to a third Medical man, he at length consented to go on with the case, but refused, and has constantly refused, to make any charge for his attendance; and the friends of the young lady have been obliged to have recourse to indirect means of evincing their gratitude to him.

It appears to me that your "Subscriber" was guilty of actual cruelty in deserting a patient under such peculiar circumstances to go on a "visit to a friend;" for which he merited the dismissal he received; and that Dr. —— could not, as a man of honourable feeling, do otherwise than he did.

I enclose my name and address, but of course not for publication.

I am, &c. Frater.

Nov. 24, 1858.

Herts Medical Registration Society.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—For the information of those members of the Herts Medical Registration Society, as well as of the other qualified practitioners in the county of Hertford, who were not able to be present at the General Meeting on Friday the 19th instant, for confirming the laws, will you permit me to state that the Society now comprises about two-thirds of all the qualified Medical Practitioners residing in the county, and that the number is daily increasing. It now numbers sixty members.

Hertford, Nov. 22, 1858. I am, &c. John Davies, M.D.

The Meeting of Graduates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The following is a copy of the Resolution which I had the honour of seconding at the meeting of Medical Graduates of the University of London, held on Wednesday last, at No. 5, Cavendish-square:—

"That in consequence of the recent proceedings in Senate and Convocation, it is incumbent on the Medical Graduates to give separate and distinct utterance to their opinions, at the present juncture, on certain questions involving the Medical reputation of the University."

In your columns of November 20 that Resolution is reported, "That it was expedient that the Graduates should express an opinion on the late election of Dr. Storrar by the Senate of the University, and on the conduct of the Graduates' Committee clique at Convocation."

A simple comparison of the Resolution that was carried with that which appears in your report is sufficient to relieve me from the necessity of making any comment upon the accuracy of the latter.

I am, &c. J. Russell Reynolds.

38, Grosvenor-street, Grosvenor-square, Nov. 23, 1858.

COMMUNICATIONS have been received from—

Dr. Ramsbotham; Dr. Robert Lee; Dr. Priestley; Dr. Corbett, Glasgow; Dr. Aveling; Mr. Edwards; Dr. Greenhill; Mr. Sansom; Mr. Adair; Mr. Hilliard; Dr. Devenish; Mr. McDermot; Mr. Pitman; Mr. Hughes; Dr. Bozeman; A Dublin Surgeon; Dr. Davies, Hertford; Mr. Fox; Registrar General for Scotland; Pharmaco; Mr. T. E. Jones; Mr. A. Reid; Mr. Harker; Dr. Brookes; Mr. Meny; Dr. Turner; Querist; Registrar General; R.O.C.; Mr. Hunter; Dr. White; Mr. H. Hunt; Dr. R. Crothers; Mr. R. Rudall; Mr. J. Burton; Mr. Rowe; Mr. Cruickshank; Dr. T. P. Smith; Mr. I. Brown.

APPOINTMENTS FOR THE WEEK.

November 27. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

29. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. By E. Canton, Esq., "On the restoration of form and motion to Contracted Articulations."

30. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

December 1. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

Hunterian Society, 8 p.m. Dr. S. H. Ward "On some points connected with the Course and Treatment of Acute Rheumatism."

2. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Harveian Society of London, 8 p.m. Council, ½ past 7.

3. Friday.

Operations at the Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

Western Medical and Surgical Society of London, 8 p.m.—"Cases and Pathological Specimens." Dr. Edward Smith, "On some attempt at a rational System of Treatment of Phthisis."

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Removal of Tumour from Neck; removal of Tumour from Shoulder; for ununited Fracture of Femur, by Mr. Fergusson.

Westminster Hospital.—On Tuesday next, at 2 p.m., the following operations will be performed at this Hospital:—

Internal rupture of Stricture of Urethra, by Mr. Barnard Holt. Amputation in the Thigh, with rectangular flaps, by Mr. Holthouse.

St. Mary's Hospital.—Mr. I. B. Brown will operate on a case of Ruptured Perineum on Wednesday, December 1.

Digitized by Google

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

½ & 8 oz., any shape, plain or graduated		clear	8s. per gross.
3 & 4 oz., do.		do.	blue tinted 7s. 6d. do.
½ oz. white moulded phials		do.	4s. 6d. do.
1 oz.	do.	do.	of a very superior quality. 5s. 6d. do.
1½ oz.	do.	do.	6s. do.
2 oz.	do.	do.	7s. do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, the fault which has hitherto characterised these appliances, which are invaluable (when properly constructed) in cases of pregnancy, obesity, ovarium dropsy, etc. When required, they are fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia; also with Air-pad for the support of the lower part of the Abdomen, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, etc., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.

Measures required—circumference at *a*, *b* and *c*; depth from *a* to *c*.

Priced and Illustrated Catalogues on application to E. HUXLEY, 8, Old Cavendish-street, Oxford-street, W.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

BROWN & POLSON'S

B P TRADE MARK

PATENT CORN FLOUR.

For Puddings, Custards, &c., preferred to the best Arrow Root, and unequalled as a Diet for Infants and Invalids. The Lancet says, "This is superior to anything of the kind known."—See Reports, also, from Drs. Hassall, Letheby, and Muspratt.

Sold by Grocers, Chemists, &c., at 8d. per 16 oz. packet.

Paisley, Manchester, Dublin, and 23, Ironmonger-lane, London.

Wines from the Cape of Good Hope

W. and A. GILBEY'S SOUTH AFRICAN PORT, SHERRY, MADEIRA, MARSALA, &c., 20s. per Doz., all of the first growths only. Any two samples for 12 stamps.

"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. Gilbey, of Oxford-street. We find them to be both genuine and wholesome."—Lancet, June 5th, 1858.

"We have examined eight samples of different wines from the Cape, forwarded by Messrs. Gilbey, and find them equal in most respects, and in some superior, to the ordinary wines from Spain, Portugal, and Madeira."—Medical Times, April 10th, 1858.

Price Current with full particulars, and Dr. Hassall's and Dr. Letheby's Analysis sent free on application.

FINE OLD BRANDY, U. V. brand, 15s. per gallon, or 30s. per dozen.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London (W.), and 31, Upper Sackville-street, Dublin.

Dr. J. Collis Browne's Chlorodyne.—

CAUTION.—Owing to the frequent complaints made by Physicians and General Practitioners of the distress and disappointment caused by the substitution of fraudulent imitations of Dr. J. Collis Browne's Chlorodyne, when prescribed by them for patients, as also vended to them as the genuine (proofs of which are in possession), it is found necessary to adopt the Government Stamp, having the name of Dr. J. Collis Browne's Chlorodyne engraved thereon. None other genuine. Medical men, Hospitals, and Dispensaries, desirous of obtaining it without stamp, must forward their *orders direct, duly authenticated*, to the manufactory, where they can be supplied in bulk, a liberal discount being allowed. Price 8s. per ounce, and in quantity of 10 ounces carriage free.

Sole Agent and Manufacturer, J. T. DAVENPORT, Operative Chemist and Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London.

Elastic Spiral Supporters.—"Voullion's

PATENT." "FIRST QUALITY"—SILK.

Elastic Spiral Stockings, 17s.; Ankle Socks, 8s. 6d.; Knee Caps, 9s.; Abdominal Supporting Belt, 30s.; Spinal Supporters, or Stays, 30s.; Elastic Suspenders, "Patent," 5s.; &c. &c.—A liberal Discount to the Profession.

Illustrated and Priced Catalogues post-free.

MEACHER, Operative Chemist, &c., Proprietor and Sole Manufacturer, 105, Crawford Street, Baker-street.

Established 1814.

Sydenham Clerical Suit: Trousers,

17s. 6d.; Waistcoat, black corded, 12s. 6d.; Frock Coat, black or steel, 50s. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Top-Coat, 42s.—Simple,

easy, warm, waterproof, and elegant; undeniably the most perfect overcoat out. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Trousers, 17s. 6d.—A new

and entirely unique pure woollen fabric, in Oxford and Clerical mixtures, are now applied to the Sydenham Trousers. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Collegian's Suit.—Trousers,

17s. 6d.; Waistcoat to match, 8s. 6d.; Lounging, Boating, Riding or Shooting Coat, to match, 38s.; Top Coat, 42s. SAMUEL BROTHERS, 29, Ludgate-hill.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorising cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.: Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 20s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET, Corner of Railway-place, London.

Digitized by Google

ORIGINAL LECTURES.

LECTURES
ON
THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE VII.—*Continued.*

In a case which terminated fatally, some eight or ten days after the injury, Blandin (a) found each little spot of extravasated blood encircled by cerebral substance, of a yellowish tinge, varying from a violet colour to a greenish yellow.

The specks of extravasated blood characterising diffused contusion of the brain may, in any case, be numerous, or they may be few, sometimes so few, indeed, that one speck, here and there, is all that can be found. And this points out at once what extreme care must sometimes be required in examining cases of this kind, and it also points out how readily a lesion of this delicate nature may escape notice in a rough examination, such, for instance, as used formerly to be carried on in our dead-houses.

One of the best marked cases of diffused contusion of the brain is that reported by M. Chassaignac (b). In this case specks of extravasated blood were scattered in various parts of both hemispheres of the brain. As to the right hemisphere: traces of contusion existed at the upper part of this hemisphere, between two of its convolutions, at its anterior extremity, in two different places, and also at its posterior and inferior extremity, in addition to which the whole of the cortical substance of the under surface of this hemisphere was thickly studded with specks of extravasated blood. Deep in the structure of this hemisphere there were also, in the corpus striatum, and above the tubercula quadrigemina, some specks of extravasated blood. As to the left hemisphere a patch of contusion existed at its upper surface, and again in the medullary substance at its middle and lower part. And besides these numerous miliary extravasations, the cut surface of the brain showed an intense congestion of the brain-substance. The patient, a young sailer, having fallen into the hold of a ship, was at once carried to the Hôtel Dieu, at Nantes, where he died a few minutes afterwards. There was no fracture of the skull.

Another well-marked case of this kind is that of Blandin's. In Blandin's case, numerous specks of extravasated blood were disseminated over various parts of the cerebral mass. A few spots only existed at the under part of the brain; but the upper part of both hemispheres was thickly studded with them. And, as to the cerebellum, it was more thickly studded with spots of extravasation than any other part. The structure of the cerebellum alone contained as many of these specks, as did the whole of the cerebrum.

In both these cases, the miliary extravasations were very numerous and widely scattered; but, in a case which occurred at St. George's Hospital in the year 1854, the spots, although well marked, were very few. In that case, three very small spots of extravasated blood were found in the substance of the anterior lobe of the left hemisphere; another small spot in the fornix, and another in the right lobe of the cerebellum. And these were all. Some minute extravasations existed also in the cavity of the arachnoid, and in the meshes of the pia-mater; but there was no fracture of the skull. In addition to these injuries, this man had disease of the heart and of the kidneys, which apparently hastened his death.

These minute traumatic extravasations of blood scattered throughout the brain-substance have, of late years, you will recollect, been looked upon by some Surgeons of eminence, as especially belonging to concussion, and this it is which led me, in my last lecture, to refer to the appearances now under consideration. But such appearances cannot properly be assigned to concussion. Miliary extravasations of blood, whether clustered together in one patch, or disseminated in various parts, belong one and all to contusion of the brain. The morbid appearances, although apparently so dissimilar, are essentially of the same character. The contusion limited, in one instance, is general in the other.

Bruising of the brain-substance may take place at the spot where the skull was struck; or the bruise may be in a part of the brain far away from the original seat of the injury. The one, then, a direct contusion, the other a contusion, by contre-coup, of the brain-substance.

Before we proceed further, however, we must for one moment recall to mind some of the effects observed by M. Gama, in his experiments on concussion of the brain; such experiments may be of some use here. In mentioning these experiments in my last lecture, I told you that a solution of isinglass, filling a glass matrass, was made to represent the brain and its case. The representation is but a rough one, but it may, nevertheless, serve to give us some slight notion about the bruising of the brain. A slight blow on the circumference of the glass gave rise to vibrations which merely extended a short distance in the gelatinous mass; but a heavier blow was followed by a momentary separation of the gelatine from the glass at the point struck, and, at the same time, a similar effect was also observed at the point diametrically opposite, after which matters returned to their original state. In this we may, perhaps, catch a glimpse of what takes place when the brain is bruised. We have the effects produced upon the spot where the blow bears directly, and we also have those which take place in the parts diametrically opposite.

Now, whatever may be thought of this experiment of M. Gama's, we often find in injuries of the brain that its substance is bruised at the spot where the blow was struck, or at a spot directly opposite.

A man fell on to the top of his head, and died some few hours afterwards. Under the scalp there was a great mass of blood covering the vertex, especially on the right side. The coronal suture was widely separated, and lines of fracture were traced from thence into the base. The upper part of the right hemisphere, corresponding to the seat of the blow, was extensively bruised and lacerated, the destruction extending in depth from one to two inches. The base of the brain was uninjured.

Contusion of the brain is, however, rarely thus limited to the region where the blow was struck, except in cases where the bone has been driven down. In fissure of the skull, you will find that it happens much more frequently that the bruised part of the brain is far away, and directly opposite to the seat of the blow.

In one case, with a simple fissure extending from the anterior inferior angle of the right parietal, down into the corresponding great wing of the sphenoid, I found the brain uninjured at the seat of the blow; but the corresponding part of the left hemisphere was extensively bruised and broken up, the intervening parts being quite natural.

Again: a man was knocked down, while drunk, and fell on the back part of his head. The occipital bone presented several fissures, starting from the torcular Herophili, and spreading into the foramen magnum. The brain opposite to the seat of the injury was quite healthy, but the anterior extremities of both anterior lobes were bruised and lacerated, with complete disintegration of their structure. And here, too, the intervening parts were uninjured.

And again, a man received a heavy blow on his mouth, and fell on the back of his head, extensively fracturing the back part of the skull. There was no injury of the brain opposite the fracture, but the anterior halves of both hemispheres were extensively bruised and lacerated, the structure in many parts being broken up and mixed with blood.

In these three cases, the only contusion of the brain was one by contre-coup; but, in the following cases, you will find both kinds of contusion, direct, and by contre-coup.

A man received a blow on the right side of the head, which caused a fracture, extending from the right parietal region, through the temporal, and into the base of the skull. On the right side, corresponding to the temporal region, the brain was bruised, and so too was it bruised, and that much more extensively, on the left side, exactly opposite to the seat of the blow. The intervening parts were quite healthy. In the

(a) Gazette des Hôpitaux, No. II., Juin, 1842.
(b) Mémoires de la Soc. de Chirur. de Paris, vol. iii. p. 208.

Digitized by Google

second case, in which there was extensive fracture of the back part of both parietals, spreading, on each side, into the base of the skull, the posterior lobes of the brain were extensively lacerated, and so too was the under surface of the right anterior lobe. The intervening parts were uninjured.

Thus far, I have purposely selected only a few cases in which direct contusion, and contusion by contre-coup, either alone or together, were well marked. But, in analysing any large number of cases of bruised brain, certain parts of the cerebral mass, it will be found, are thus injured much more frequently than others.

It is but seldom that the upper part of the brain is bruised. Out of 36 cases of bruised brain, accompanying fractures extending from various parts of the vault into the base of the skull, the upper surface of the hemispheres was bruised in five cases only.

The base of the brain is the part most frequently injured; but, even here the various regions differ widely in this respect. The posterior lobes are rarely injured—the anterior ones very frequently—and the middle lobes the most frequently of all. Out of the thirty-six cases, to which I have just alluded, the posterior lobes were bruised in four instances only, the anterior lobes in eighteen, and the middle lobes in no less than twenty-five. In twelve of these cases, the anterior and the middle lobes were bruised at one and the same time, the injury having been most severe.

And now, bearing in mind what I stated in one of my former lectures as to the frequency of the fractures of the various regions of the base of the skull, you will find that the middle part of the base of the brain, like the middle fossa of the skull, is that which is most frequently injured.

The analysis given by M. Fano, in his very valuable thesis on contusion of the brain, differs from that which I have just mentioned. M. Fano found the anterior lobes more frequently bruised than any other part of the brain; but then the number of cases thus analysed was very small—only eight. Had M. Fano's numbers been larger, the results would, I think, have been pretty much the same in both analyses.

Why is it that the middle and anterior lobes are so much more frequently bruised than the posterior ones?

A glance at the anatomical relations of these various parts of the base of the brain affords, to a certain extent, a satisfactory explanation.

Recall to mind the soft bed, the tentorium cerebelli, upon which lie the posterior lobes, and the many irregular and angular pieces of bone corresponding to the middle and anterior lobes. Although rounded off to a certain extent, and smoothed down by the dura-mater, the projecting pieces of bone about the middle and the anterior fossæ are still both numerous and sharp.

This subject has been made one of importance by M. Fano, who, after carefully pointing out the various pieces of sharp bone in these parts, expresses great surprise that no allusion should ever have been made to them, in connexion with contusion of the brain by contre-coup. Matters do not, however, exactly stand thus.

"A blow on the head may cause a rupture of the tender substance of the cerebrum or cerebellum, and hæmorrhage into the cavity of the dura-mater. These cases generally afford examples of the contre-coup. The rupture of the brain rarely takes place at the exact spot at which the blow is inflicted; and the great irregularities which exist on the inner surface of the basis of the cranium, sufficiently explain wherefore the inferior is more liable to be ruptured than the superior surface of the brain." This was Sir Benjamin Brodie's(c) explanation, now some thirty years ago, and nothing could be more explicit.

Such, then, are the morbid appearances, and such the most frequent locality of contusion and laceration of the brain. And now arises the practical question, Have we any means of recognising the cases in which the brain has thus been bruised and lacerated?

Dupuytren, to whom we owe much of what we know of contusion of the brain, was decidedly of opinion that we had no means of recognising this injury. This celebrated Surgeon distinctly taught, that contusion of the brain does not reveal itself by any symptoms until a few days after the accident, that is, until the period—four or five days after the injury—at which inflammatory symptoms begin to show themselves.

And such, too, was the opinion at first entertained by Sanson. "It is not until after four or five days that the signs of contusion become manifest, and then these signs are similar to those of inflammation of the brain." But, in after years, laying aside this opinion altogether, Sanson professed that contusion of the brain has its own characteristic signs, which, appearing at the very time of the accident, clearly reveal the nature of the injury. And the symptoms by which Sanson thought that he could thus at once recognise contusion of the brain are, in the severer cases, tonic spasms of the limbs; intense restlessness, with constant rolling and tossing about in bed; unconsciousness, more or less complete; drowsiness without any stertorous breathing. And in the slighter cases, simply contraction of one pupil, or of one eyelid; spasmodic movements about some one muscle or another of the face or lips, giving rise to a difficulty of pronunciation.

Such was Sanson's teaching in his latter years; and such you will find to be the teaching, for the most part, of the present school of French surgery, wherein it is broadly and distinctly laid down that, as a general rule, contusion of the brain does, at the very outset, give rise to a train of symptoms by which the injury may be recognised, if the various symptoms be only weighed with all due care.

But, after careful and patient watching of many a case of severe injury to the head, I must confess that I do not think we are really in a position thus clearly to recognise a case of contused brain.

There is no doubt that we frequently meet with cases of contusion of the brain in which tonic spasms of the muscles, and extreme restlessness, with constant tossing and rolling about, are the principal symptoms; but there is no doubt that we as frequently, if not more frequently, meet with cases of severe contusion of the brain in which these symptoms either never make their appearance until some days after the accident, or are altogether wanting.

In October, 1856, a man, aged 25, fell from a scaffold, a height of about twenty feet, and pitched on to his head, upon some flagstones. He was admitted into St. George's Hospital about twenty minutes after the accident, with slight bleeding from both nostrils, and profuse bleeding mixed with distinctly marked portions of bruised brain, from the left ear. He was quite unconscious, and both arms and legs were then perfectly rigid, but there were no convulsive twitches. He lived for some sixty-five hours after the accident, during which time he remained unconscious, and without any restlessness. The tonic spasms of the muscles, strongly marked from the very outset, gave way, after a few hours, for a time, and then came on again, but the legs were throughout more rigidly contracted than the arms. For the last twenty-nine hours before death, both arms and legs became perfectly paralysed.

In this case tonic spasms of the muscles were certainly strongly marked from the very beginning; but, in the following cases, these spasms did not make their appearance until a much later period.

(To be continued.)

(c) Med. Chir. Trans. xiv. p. 324.

ORIGINAL COMMUNICATIONS.

XANTHIC OXIDE IN THE HUMAN LIVER.

By J. LOUIS W. THUDICHUM, M.D.

INCIDENTAL to a series of researches on the chemical pathology of the liver, which I have carried on during the last two years, I discovered as a regular ingredient of that organ, a substance having all the reactions of xanthic oxide of Marcet (xanthine, uric oxide of Liebig and Woehler). I would not have published the results in their present state, had I not read in the "Annalen der Pharmacie" of last month an announcement by Professor Scherer, of Würzburg, in which that gentleman states that he found xanthic oxide in the human liver, and many other organs, and also the urine, but without stating either the method by which he obtained it, or the reactions by which it was recognised. If Professor Scherer had prized perfection of his researches higher than priority claims, he would have saved several

Digitized by Google

disappointments to the scientific world and himself; for few readers who have read Professor Scherer's former announcements of a new substance, to which he gave the name of xantho-globuline, can fail to recognise the identity of that substance with what he now describes as xanthic oxide. His xantho-globuline was twice put forward (a) in the same mysterious manner, as is now the case with xanthic oxide. In order to secure the originality of my own at least cotemporaneous discovery of the presence of xanthic oxide in the human body, I have deemed it expedient to publish my facts, imperfect as they are, particularly as time and circumstances will probably for some time prevent me from continuing the relative investigations.

Mode of obtaining Xanthic Oxide from the Human Liver.

A fresh liver from a healthy or diseased person is minced and extracted with repeated quantities of boiling water. The extracts, after being united and filtered, are treated with a solution of acetate of lead, so long as a precipitate is thereby produced. A slight excess of the acetate is not hurtful; if the mixture does not clear up, and the deposit is slow in settling, it is well to keep it on a sand bath over-night at a moderate temperature (100° Fah.) The filtrate is freed of lead by sulphuretted hydrogen, the sulphide of lead removing much colouring matter. The filtrate from this, a pale, sherry-coloured clear fluid, is heated to ebullition in a china dish to remove the hydrothion, and then evaporated on the water bath to a thin syrup. This brown, strongly acid syrup, on standing in a china-dish for a fortnight, will generally be found to deposit on its surface a network of minute crystals, which, under the microscope, are of a triangular shape, with the three angles cut off by short secondary edges, in other words, hexagons, with three long and three short sides. The crystals sometimes appear tetrahedral, but their small size makes it difficult to ascertain their shape even with a quarter-inch object glass. The greater part of the deposit in a pulverulent form is found covering the bottom of the dish. The mother liquor, after removal by means of a spatula of the surface crusts, is decanted, the last portion with the deposit, however, placed on a filter. Previous dilution with some water makes filtration easier. The deposit on the filter is washed with water until the water runs off pure.

The substance now left on the filter is dissolved by caustic ammonia, cautiously added. The alkaline dark, but clear filtrate, is dried on the water bath, when a lamellated yellowish substance remains. On spontaneous evaporation of this solution some almost white thin crusts may be repeatedly removed from the surface of the solution. The residue is next dissolved in caustic potassa, and precipitated from this solution by a current of carbonic acid gas. The precipitate after filtering, washing, and drying, is a yellowish-reddish-white mass, which has the following reactions.

Properties of Xanthic Oxide from the Liver.

1. When heated on platinum foil it blackens, emits a weak odour of burning animal matter, after that the odour of prussic acid, and is ultimately consumed, scarcely leaving any residue.

2. It does not dissolve in cold dilute nitric acid, but completely dissolves with a yellow colour in concentrated nitric acid. On boiling, and on gentle evaporation to dryness, it leaves a lemon yellow residue, which is partly soluble in water. This solution is yellowish, and on the addition of caustic potassa assumes a beautiful orange-red colour, with fleeting streaks of carmine. This alkaline solution, when utiously evaporated to dryness, becomes of a carmine colour. The carmine residue is soluble in water with a yellowish colour, and when treated with chloride of ammonium deposits a yellow precipitate. The same solution when treated with liquor sodæ chlorinatæ becomes perfectly colourless after some time, no gas being, however, evolved during that process. (The quantity of solution taken for this last test was very small.)

3. It is easily and completely soluble in caustic potassa. The solution is greenish brown, and deposits the dissolved matter after a current of carbonic acid gas had been passed through it for some time.

4. It is easily soluble in caustic ammonia, and from this solution is deposited as an almost colourless lamellated mass on spontaneous evaporation of the ammonia. The residue after drying retains some ammonia, which can be evolved by caustic potassa.

5. It is almost insoluble in cold water; 7 grains disappeared from a filter, on which about three pints of distilled water were poured in the course of three weeks. It is slightly more soluble in boiling water, and from the solution is on cooling immediately deposited in the form of a fine whitish powder.

6. The solution in caustic potassa is precipitated by hydrochloric acid; but an excess of the acid redissolves the precipitate *in statu nascente*, if it is very small. But on standing, the deposit reappears in the acid fluid.

7. The solution in caustic potassa is not immediately precipitated by chloride of ammonium, but on gentle evaporation, during which ammonia is evolved, a precipitate readily ensues.

8. In the aqueous solution by boiling, acetate of copper produces no precipitate. In the same solution nitrate of silver produces a gelatinous precipitate—nitrate of mercury, a copious white precipitate, the supernatant fluid after boiling remaining quite colourless. In the aqueous solution, by boiling hydrochloric acid produces no precipitate.

9. From larger quantities of lamellated substance a tenfold bulk of hydrochloric acid extracts a coloured part; the greater part, however, remains insoluble. On boiling in about thirty times its bulk of hydrochloric acid, a quantity of substance is dissolved entirely, but is immediately deposited when the boiling ceases. The surface of the fluid in a moment is covered with a membrane of a whitish glistening surface, and under the microscope appearing minutely crystalline. This test is very striking and characteristic.

10. A particle of the substance, purified by potassa, and dried over sulphuric acid on combustion, yielded the smell of prussic acid, a preliminary proof of its containing nitrogen. For the purpose of further verification a small amount of the substance was poured in a little glass tube, together with a similar bulk of potassium, and then fused and gradually heated to redness. The contents of the tube were then treated with water, and the colourless solution was separated from some carbonaceous residue by filtration. On the addition of a drop of a solution of sulphate of suboxide of iron containing some oxide, a copious greenish blue precipitate was obtained. The addition of an excess of hydrochloric acid dissolved a part of the precipitate, another assumed a blue colour, and remained permanent, prussian blue. The presence in this substance of a certain amount of nitrogen was therefore established by this test. So far then as this can be done by tests, the identity of this substance with xanthic oxide is established.

(a) Verhandl. d. Würzb. Phys. Vereins. und Canstatt's Jahresbericht.

A CASE OF

COMPOUND COMMINUTED FRACTURE OF THE SKULL, FOLLOWED BY HERNIA CEREBRI (a).

WITH A PHOTOGRAPH TAKEN AFTER RECOVERY.

By JAMES KING SAMPSON, Esq.
Surgeon to the Royal South Hants Infirmary.

George P. aged 12 years, was admitted into the Royal South Hants Infirmary on November 5, 1857. He was said to have fallen from a considerable height, while employed on a scaffold in a shipbuilder's yard.

On examination it was found that an extensive wound had been inflicted on the left side of the forehead, measuring about four inches in length and one inch in width at its broadest part, extending in a vertical direction from the upper part of the forehead to the outer canthus of the left eye. The cranium was completely shattered throughout the wound, and several fragments of bone were so firmly impacted as to prevent any considerable protrusion of the lacerated membranes and cerebral substance. The expectant treatment has been generally adopted in injuries of the head at this Infirmary,

(a) I am aware that the term "hernia cerebri" may be considered inadmissible in the present case, and belongs more strictly to that form of protrusion of the brain in which the integrity of the skin is preserved; but I have adhered to the term, because it is not usually restricted to any particular form of the disease by Surgeons in our own country.

Digitized by Google

nd with a fair amount of success. As there were no symptoms in the present case indicating compression of the brain, nor any other circumstances demanding surgical interference, the usual practice was not deviated from; the wound was simply covered with water-dressing, for which a poultice was substituted on the following day, in consequence of the sloughy condition of the injured parts. The boy was put upon farinaceous diet, and ordered to be kept quiet in bed, with the head moderately raised. He progressed favourably until the fourth day after the accident, when the wound presented an unhealthy aspect, pouring forth a thin fœtid discharge, at the same time the intellect, for the first time, began to be disturbed; he became listless, and indifferent to what was passing around him; the pulse was feeble, irregular, and increasing in frequency; the countenance was pale, and the eyelids of the injured side were very tumid and completely closed. A small allowance of animal food was ordered him daily, and half a grain of the disulphate of quinine to be given three times a-day. A yeast poultice was applied to the wound. Under this treatment a beneficial change soon took place, the general health speedily improved, and the wound quickly assumed a healthy appearance. The fragments of bone came away as the process of granulation advanced, every fresh removal admitting of a considerable increase in the fungous protrusion, which gradually enlarged until it completely occupied the entire wound, overlapping its edges on all sides, and projecting a considerable distance beyond its surface. Excision promised to be a ready method of reducing this large pulpy mass to the level of the surrounding skin; but the rapid growth of the fungus rendered it evident that this step would be but a temporary expedient, and of little avail, unless followed by some well-contrived plan of restraining the growth within due limits, until the wound had been allowed sufficient time to cicatrise. Removal by some suitable escharotic was thought to offer a better prospect of success, and accordingly, the dried sulphate of zinc was freely applied to the projecting mass, as often as the incrustation which followed the application became loosened and admitted of easy separation. This process was repeated until the fungus was reduced to the level of the skin, moderate pressure being persisted in at the same time, by means of a soft pad of lint smeared with cerat. resin, and covered with a piece of sheet-lead, secured by a bandage. As soon as the surface of the wound was brought to its proper level, the edges were drawn forcibly together by strips of adhesive plaster, over which the pad and sheet-lead were secured. The greatest care was required to reapply the dressings as speedily as possible after their removal, on account of the rapid growth of the fungus. On one occasion the dressings were left off for about three hours; during this short time the protrusion had almost reached its former size.

I am disposed to think the successful result of the case depended mainly on the use of an escharotic powerfully destructive, and capable of having its action limited to the parts upon which it was applied; and in this respect the dried sulphate of zinc was well calculated to produce the desired effect, without fear of diffusing itself so as to endanger the brain or its membranes.

The next point to which some importance may be ascribed, was that of keeping the opposed edges of the wound as nearly in apposition as possible, so as to remove all tension from the delicate skin in course of formation over the surface of the sore, a precaution not always sufficiently taken into account in the management of ulcers during the skinning process.

Lastly, the moderate pressure, aided by the resin cerate, contributed in no small degree to the fortunate result: without the former it would have been quite impossible to keep the surface of the wound on a level with the surrounding skin; it was equally clear, from repeated failures at the early part of the treatment, that pressure alone was quite insufficient to accomplish the object in view. I have before observed marked benefit from the application of the resin cerate in exuberant growths of this description, especially in that form which is sometimes observed in wounds of the testicle; in these cases I have occasionally seen success follow its use without any other application. In the present instance we are not warranted in ascribing to it any value beyond that of a useful adjunct to other more decided measures.

Under the above treatment the case steadily advanced until the wound had perfectly healed, and the boy left the Infirmary with his health and intellect unimpaired on April 6, 1858.

Several contrivances have been had recourse to for the purpose of protecting the exposed part from injury; but nothing has been found to answer so well as a common leather cap fitted to the shape of the head, with a plate of perforated zinc inserted within the lining, sufficiently large to cover the cicatrix. The space now covered only by integument within the edges of the fissure measures four inches in length, by one and one-eighth of an inch in width, at its broadest part.

ON SOME OF THE

INJURIES AND DISEASES OF JOINTS,

AS ILLUSTRATED BY CASES FROM GUY'S HOSPITAL.

By THOMAS BRYANT, F.R.C.S., Eng.
Assistant-Surgeon, etc., to Guy's Hospital.

(Concluded from p. 470.)

COMPOUND FRACTURE INTO JOINTS.

The next class of cases which claim our attention are compound fracture into joints; and if the cases previously given are of a serious character, how much more so are those which are classed under the above head? for, added to the danger which necessarily follows upon an exposed joint, we have the dangers of a compound fracture, and all the constitutional and local disturbance which must ensue after such an injury. The cases which my notes yield afford examples of compound fracture of the shoulder, elbow, and ankle-joints, those of the knee and hip fortunately being very rare.

Case 5.—The case of compound fracture of the shoulder-joint occurred in a boy, aged 13, who was admitted with complete evulsion of the arm below the head of the humerus, the joint being exposed, and all the soft parts lacerated, from the powers of machinery. The head of the scapula, with the acromion and coracoid processes, were sawn off, to allow of adaptation of the injured integuments, and everything went on afterwards with slow but satisfactory progress, and he left after seven months' residence with the wound nearly healed.

Digitized by Google

In a case such as the above, an alternative was hardly offered to the Surgeon; amputation had been really performed by the accident, and it was left only to the operator to make as good a stump as possible. In other cases of less severity, where the larger vessels and nerves are injured, amputation must occasionally be resorted to; but if these are whole, and the fracture into the joint is not of a very comminuted character, an attempt should be made to save the limb. When the bone is much injured, as in gunshot wounds, the excision of the head of the bones appears to offer the greatest advantages.

The three next cases are of compound fracture of the elbow-joint.

Case 6. — The first was in a healthy boy, aged 16, who was run over by a horse and cart, the wheel passing over his left elbow-joint, the right humerus was also fractured. The condyles of the left humerus were fractured into the joint, but not much displaced, and a V-shaped wound communicated with its cavity. The arm was placed upon a pillow, at a right angle, the soft parts adapted by strapping, and warm water dressing applied; in three weeks the wound had healed, and in six the boy left with good movement in the joint.

Case 7.—The second occurred in a man aged 45, and was produced by a fall off a cart. The condyles of the humerus were fractured into the joint, which was opened by a moderate-sized wound. Fracture of the thigh was associated with the above injury. The arm was kept at rest by sand-bags, and the wound brought together by strapping, and warm water dressing was applied. Everything progressed favourably, and in two months the man left with an anchylosed joint and good limb.

Case 8.—The third case was in a man aged 55, who, in a fall, fractured his olecranon process, and freely opened the joint. Severe suppurative inflammation followed, associated with great constitutional disturbance. In two months the limb was amputated, and from this he rapidly recovered.

These three cases are good illustrations of the effects of compound fracture into joints; in all, the same treatment was at first employed, but with very different results. In the young and healthy (Case 6), the accident (although complicated with other injuries) was followed by a success which can rarely be expected, viz. the integrity of the joint; in Case 7, the inflammation which followed the injury proved sufficient to destroy the joint, and anchylosis was the result. In most cases this is what we should expect, and indeed be grateful for, the chief point to remember in the treatment being the angle at which the joint should be preserved, that of a right angle being the most useful.

In Case 8, which occurred in an older man, whose powers were not strong enough to combat with such inflammatory action as must be anticipated after such an injury, acute suppuration followed, so intense as to warrant amputation of the limb to save the patient's life.

We now come to compound fracture of the ankle-joint, and have two cases to illustrate this form of injury.

Case 9.—One, a boy aged 14, who was admitted with his foot almost separated and completely crushed from a blow with a thrashing machine: amputation was at once performed, and in one month he left well.

Case 10.—The second case occurred in the person of an intemperate cellarman, aged 42, who having fallen into a ditch, dislocated his foot outwards and fractured both of the malleoli. The joint was freely opened, by a wound three inches long over its inner aspect; the soft parts were also much injured. Primary amputation was advised, but rejected; the dislocation was therefore reduced after division of the tendo-Achillis, the wound brought together by sutures, a posterior splint applied to preserve perfect rest, and irrigation with cold water used: acute suppuration, however, ensued, extending up the leg and over the knee-joint; amputation was therefore performed above the knee upon the 10th day, and convalescence gradually followed, interrupted only by the removal of a piece of necrosed bone, and in ten weeks he left cured.

In the first case (Case 9) related, the propriety of amputation could not be doubted, as the bones and soft parts were so crushed as to prevent all hope of reparation following. But in the second (Case 10), the question became one of greater difficulty, and it is in such instances, that the Surgeon requires to bring forward the highest faculties of his mind, and to weigh with most accurate discrimination the chances of his success. In the Case 10 the injury to the joint would not have been irreparable in a subject whose habits of life were steady and powers good; but, in a man whose habits were intemperate, and whose occupation was anything but healthy, the chances of success by delay were indeed poor; the sequel of the case proved the correctness of this opinion, for acute suppuration followed, which extended even above the knee, and demanded amputation of the thigh to prevent a speedy and certain death.

GUNSHOT WOUNDS OF JOINTS.

Gunshot wounds of joints form a variety of compound fracture, which differ principally in the amount of comminution of the bones. In most cases the heads of the bones are splintered into pieces, and as a consequence, the hope of preserving the joint may in general be regarded as very poor.

In civil practice these cases are not of frequent occurrence, and I can give but two examples, and both of these are of the ankle-joint.

Case 11.—The first was in a woman aged 48, who when standing four yards distant from a small signal pistol, loaded with oakum, received the charge in the outer malleolus of the left foot, splintering it into many pieces, and opening the joint; several small pieces of bone were removed with the oakum charge. A posterior splint and foot-piece was applied, and constant irrigation of cold water ordered. This subdued all inflammation and allayed pain, and everything progressed well: after seven weeks' stay in the Hospital, for some family reason she returned home, convalescing, but not cured.

Case 12.—The second instance occurred in a man of intemperate habits, aged 50, who, from the accidental discharge of a gun, loaded with slugs and shot, close to the ankle, received a compound comminuted fracture of both malleoli. The charge passed completely through the joint; serious constitutional disturbance and severe bleeding followed the accident; the latter was arrested by pressure, but recurring upon the second day, he came to Guy's. When admitted the hæmorrhage had ceased, the joint was much inflamed, and bones considerably comminuted; the tibial vessels were found to be entire; the soft parts were much inflamed, and constitutional powers feeble and pulse irritable: amputation was advised, but rejected; splints were therefore applied, and cold water dressing: at night delirium appeared, treated by opium, and the following day wine was given; the wound put on a sloughing action, and upon the seventh day after the accident amputation was permitted. Opium and stimulants were given with a careful liberality; but 24 hours after the operation, symptoms of tetanus made their appearance, which gradually increased, and in two days, or upon the tenth day after the accident, it proved fatal.

The treatment of these cases will be better discussed when we proceed to the consideration of the previous cases as a whole.

Prognosis.—The prognosis in the various injuries to joints which have just been described, should always be of a most guarded character; they are undoubtedly some of the most serious cases which come under the observation of the Surgeon, and should accordingly be viewed by him in a most serious aspect. As regards the preservation of the joint, but little hope can be entertained, although such instances of success may occur (Case 6). In the majority of cases, recovery of the patient with an anchylosed joint should fairly be regarded as success. In some instances a fatal termination must from the commencement be anticipated, and in others the salvation of the patient's life will be procured only by amputation of the limb. Upon the whole, the Surgeon should always explain the different chances to the patient's friends, and thus protect himself, and prepare others for a doubtful result.

Treatment.—Having now described the different injuries to joints, and given cases illustrating the forms which are most frequent in their occurrence, it may, perhaps, not be without benefit to consider the cases of compound dislocation, compound fracture, and gunshot wounds of joints, as a whole, and to attempt to bring out some general rules of treatment to be adopted in similar instances; and although there is no class of injuries in the treatment of which the Surgeon must be more guided by the individual symptoms which each case presents, still some guides, I believe, may be given to aid him in forming an opinion.

Digitized by Google

In the hip and knee-joints these injuries are fortunately rare; when they do occur, the amount of damage to the soft parts, in the majority of instances, must render the case one of peculiar danger, and the saving of the life by the sacrifice of the limb may be considered fortunate. Still I can imagine instances, where the wound is small, and the powers of the patient good, where the soft parts are not much injured, or the bones comminuted, in which an attempt to save the limb should be made, and with good prospects of success. The dislocation, if present, should be reduced; the bones, if broken, should be brought into as good a position as possible; the wound, if gaping, brought together by strapping; if small, treated by water dressing; irrigation with cold water should be employed, and perfect rest preserved by the application of splints.

If the heads of the bones are comminuted, particularly in gunshot wounds, or if in dislocation, the heads of the bones fail to be returned into their normal position, excision, there is no doubt, offers the greatest advantages; and if there is a doubt about the propriety of this operation upon the larger joints, such as the hip and knee, in pathological conditions, I think there can be none in the cases under consideration; and although the cases should be well chosen, the operation of excision appears to offer the best chances of success.

When the shoulder, elbow, wrist, and ankle-joints are the seat of injury, it is only in exceptional cases, as in Cases 4, 5, 9, 12, that primary amputation should be performed, that is, in cases where all hope of reparation may be considered futile. When the health and habits of the patient may be pronounced sound, and the soft parts (particularly with regard to vessels and nerves) are not irremediably destroyed, an attempt should certainly be made to spare the limb. *Vide* Cases 1, 2, 3, 6, 7, and 11. And if acute suppuration should ensue, and the powers of the patient appear to sink by the drain upon his system, secondary amputation may be resorted to with a more favourable prospect of success (Case 8).

In patients of bad and intemperate habits, where it is to be expected that a small injury will produce great constitutional disturbance, the severe trial which a compound dislocated or fractured joint is sure to prove, should be met by primary amputation (Case 10); although in other and more favourable subjects the injury would not demand such treatment.

The operation of excision of joints may, perhaps, here prove of some advantage, and there is no doubt that there are cases, in which, by its performance a limb may be saved. When the heads of bones are much comminuted, particularly in gunshot wounds, and the vessels and soft parts are not materially injured, I can believe this operation to be of great value; it should undoubtedly be preferred to amputation, such being only justifiable when all hope of reparation may be considered futile.

When an attempt to save the joint is to be made, it is to be preserved at rest by splints and sandbags, in a position which will prove most useful to the patient; vessels should be tied; wound cleansed, and its edges adapted, if required, by sutures or strapping; loose fragments of bone removed; and cold spirit or water application, as by irrigation, constantly applied; the secretions are to be attended to, and powers kept up, in the early period by nutritious but unstimulating food, but when suppuration has commenced, by wine and other tonics. Constitutional remedies are of little use beyond the attention to the secretions and preservation of the strength; opiates, however, should not be neglected to allay pain and constitutional irritation.

Wellington-street, London-bridge.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

ENLARGEMENT OF THE LOWEST FIFTH OF THE HUMERUS.—TREPHINING.—RELIEF TO PAIN.

(Under the care of Mr. HENRY LEE.)

The subject of the following case is a young woman who has recently been discharged from King's College Hospital, having obtained great relief from the trephining of her right humerus, although no abscess was found. Not only in relation to this fact as to the effects of surgical treatment, but in respect to her previous history, the case is of great interest, and we shall give its details at some length. As not unfrequently happens in London practice, the girl had been under care at another hospital before she applied to Mr. Lee. We have been favoured by the gentleman who had previously seen her with an account of the case while under his observation, which will form a valuable addition to the narrative.

M. W., aged 20, of fair complexion and delicate aspect, saw Mr. Lee for the first time in August of the present year. She complained that for a year past she had been incapacitated for her occupation as a domestic servant by swelling and pain about the right elbow. The arm was semiflexed, and could not be straightened, though a limited area of motion existed, and pronation and supination were easily accomplished. There was a good deal of swelling about the joint, but no redness whatever, and the parts were soft and free from tenderness. No abscesses had ever formed. On more careful observation, it was noticed that the swelling was confined to the upper part of the joint; thus the olecranon was easily seen and felt; but above it the œdematous tissues bulged considerably. On deep pressure, a distinct enlargement of the lowest fifth of the humerus might be made out, which was gradually bordered off above, and below included equally both condyles. This swelling was tender on deep pressure, and the heat of the overlying skin was considerably increased. The girl stated she had suffered intense pain in this part of the bone. The pain had been subject to intermissions, and had at times been relieved by treatment. During the last month it had been very severe indeed, and had often kept her awake the whole night. It was not in the least increased by pressure of the ulna against the humerus, or by motion of the joint; indeed, her mode of relief, when it was at its worst, had been to press the palm of her hand against a wall, and lean the weight of her body against the arm.

Mr. Lee, who at this period was not acquainted with the facts as to the girl's history, to which we shall advert below, at once formed the diagnosis of abscess in the bone. It was accordingly determined to admit the patient into the hospital, and employ the trephine.

The operation was performed in September. An incision having been carried through the triceps deltoid down to the bone on its posterior aspect, about three fingers breadths above the joint, a sufficient space was laid bare to permit the application of the crown of a moderate-sized trephine. The bone was found very hard and thick, but vascular and not eburnated. The periosteum also was considerably thickened. The cancellous tissue in the interior of the bone was much more dense than in health. No cavity was opened, nor did any pus escape. A fragment of bone, however, was detached by the gouge and removed, which appeared to have been partly loosened by disease, and contained a white deposit in its cells. This fragment was irregular in shape, and about the size of a small hazel nut. It was still vascular, though not nearly so much so as healthy bone. A due search having been made by means of a small gouge for any collection of matter which might exist, and none being found, the operation was concluded. The wound, of course, was left open.

We may condense the subsequent history. The patient has had from the day of the operation to the present no return whatever of her old pain. She now sleeps well, and enjoys fair use of her arm. The wound is healed, and she has been six weeks out of the Hospital. The swelling of the soft parts has almost wholly subsided; but there still remains the enlargement of the bone, though, perhaps, not quite to the same amount as before the operation. No Medical treatment whatever has been adopted since, so that it is quite clear that the signal benefit obtained is due to the trephining alone. The impediment to the full extension of the arm still exists. It is as if the olecranon were prevented being thrown backwards by enlargement of the bone in the trochlear fossa.

The following are the particulars of the patient's previous history as supplied to us by Mr. Hutchinson, under whose treatment she had been:—"M. W. was sent to me by a lady, who was much interested in her case, about six months before she saw Mr. Lee. The account was that she had diseased elbow; but I at once recognised the freedom of the joint itself, and the enlargement of the condyles and shaft of the humerus. The girl's complexion, which was sallow, certain

Digitized by Google

patches of psoriaris about her face, and the broad and somewhat sunken bridge of her nose, had suggested to me at first glance a suspicion that she might be the subject of hereditary taint. I requested that her mother would call on me. A few days afterwards a very respectable-looking woman was shown into my room, and with the exclamation, 'Oh, sir, I know what you have sent for me for; you are quite right!' sank down into a chair in a state of most painful excitement. After a while I found that she was the mother of my patient, and on becoming calm she proceeded to confide to me what she said had been 'the secret of her life.' The account, however, proved far less conclusive as regards her daughter than I had expected from the spontaneity of the confession. The facts were simply these:—Her husband, long since dead, had been a man of very violent temper and irregular habits; he had, however, as far as she was aware, never given her any disease, excepting once, and that was when the patient was nearly ten months old (still at the breast). At this time she (the mother) had sores on the genitals, which were quickly followed by a bad eruption over the whole body. The infant was not weaned till five months after this occurred; she was a healthy baby, and remained so until three years old, when she had an eruption on the head, followed by growths around the anus. The latter her mother calls 'piles;' but she says that they never bled, were always down, discharged matter, and gave the child great pain at night (condylomata?) A Medical man was consulted respecting them, who ordered an ointment; but in spite of it they lasted several months. The patient is her mother's only living child; but before her birth three miscarriages and one premature confinement occurred. Putting these facts together I was inclined to suspect that the girl inherited from her father a syphilitic taint in a mild degree, and that the latter had probably had the disease prior to his marriage, as well as on the more recent occasion. Had not the state of the affected bone corresponded exactly with what I have repeatedly seen in syphilitic periostitis of the articular extremities of bones, I should not have formed this opinion at all confidently. Neither the girl's physiognomy, nor her teeth, although very suspicious, were characteristically those of hereditary syphilis. The treatment prescribed consisted in full doses of the iodide of potassium. During the first month or two the swelling of the soft parts subsided, and she was almost wholly free from pain. Indeed, her report as to the speedy influence of the remedy, was most decided. She recovered sufficiently to resume her employment; but the pain always relapsed when the medicine was omitted for a week or two. Prior to her placing herself under Mr. Lee's care, I had not seen her for two months, and she had not, I believe, taken any medicine."

We need scarcely add any comments to the above details. That the measure of treatment adopted by Mr. Lee was the right one there can be no doubt, while the fact that no abscess was found is certainly in support of the diagnosis referred to the latter part of the narrative. With that diagnosis Mr. Lee is, we believe, quite disposed to coincide. Many cases are on record in which on trephining on suspicion of a circumscribed abscess in the interior of a bone, no pus was found, only as in the present instance, a remarkable condition of hardening. In some of these the relief afforded by the operation has been almost as complete as it usually is when an abscess in bone is liberated.

Syphilitic enlargements of the entire extremities of long bones are not common. Much more frequently a circumscribed node is formed over some part of the shaft at a distance from the joints. When, on the contrary, the periostitis affects the condyles it often produces a state of things very difficult of diagnosis. The following case is of much interest in relation to the preceding one:—

THE METROPOLITAN FREE HOSPITAL.

GREAT ENLARGEMENT OF THE LOWER PART OF THE FEMUR IN CONNEXION WITH TERTIARY SYPHILIS.

(Under the care of Mr. HUTCHINSON.)

Sarah G., a married woman, aged 26, was admitted on July 22, 1856. The lower part of her right femur, including the condyles, was very greatly enlarged, and the motions of the knee impeded. She was quite unable to use the limb, and was worn down by severe pain in the part. The pain was stated to have commenced before the swelling; it had been especially severe during the night. The enlargement had been gradually progressive for a year, and she had latterly lost much flesh. The margin of the enlargement of the shaft of the bone might be easily distinguished on carefully tracing the femur downwards. The soft parts were swollen, and the skin presented a white appearance like bad tallow. There was no tendency to suppuration, nor was there any increase of fluid in the joint. The patella was moveable. The girth of the affected limb, three inches above the patella, was more than fifteen inches, that of the other being only eleven. There was an osseous node of very old standing in front of the left tibia; but with this exception, the syphilitic symptoms from which she had formerly suffered were wholly in abeyance. There was no doubt whatever about her being the subject of tertiary syphilis; her child, a boy, aged 6, was at the same time under Mr. Hutchinson's care for hereditary disease, and she herself had been treated, four years before, for serpiginous ulcerations about the knees of the most undoubted character. There was no history of cancer in the family, but the state of the bone was, notwithstanding, such as to excite grave suspicions that the disease was malignant rather than syphilitic. A draught, containing three grains of iodide of potassium and five minims of the tincture of iodide was ordered three times daily.

On August 28, after nearly six weeks' steady continuance of this prescription, the note states:—"The pain began to abate a day or two after the treatment was begun. The swelling is now very greatly diminished, and she can walk about. A well-defined, large, and very hard node can now be distinctly felt in front of the lower part of the femur. The thickening of the soft parts has subsided."

She went on with the treatment for about two months longer, and regained her health, and became able to walk with ease. The node never wholly disappeared.

In June, 1857 (nearly a year later) the same patient was readmitted with a relapse of the same affection. It had set in very acutely two months before, and she had been confined to bed some weeks. She looked exceedingly ill, and the girth of the part was even greater than on the former occasion. The same remedies were prescribed, and with equally speedy relief. During the last year she has at intervals repeatedly taken the iodine mixture for a few weeks at a time, and in this way has preserved her health, and kept the knee quiet.

Such forms of syphilitic disease as that illustrated above, generally occur many years after the primary symptoms, and are among the latest of the tertiary phenomena. Their easy relief by the iodide, but remarkable proneness to relapse if it be long suspended, are very characteristic features.

THE ROYAL OPHTHALMIC HOSPITAL.

RETINAL APOPLEXY.—CASES AND REMARKS.

(Under the care of Mr. DIXON.)

Among the most interesting of the revelations of the ophthalmoscope is the discovery that the extravasation of blood into the structure of the retina is a very common occurrence. This extravasation usually occurs at many different places at once, and mostly in both eyes. Having occurred once, the patient, as with hæmoptysis, cerebral apoplexy, etc., is very likely to have it again. Vision is by no means wholly destroyed even by repeated attacks; and when it chances that no extravasations have taken place into the yellow spot, it is often not much interfered with. A tyro at the examination of eyes thus affected will often be astonished to see little patches of blood dotted over all over the retina (perhaps all taken together covering a third or more of its surface), and yet be assured by the patient that his sight remains tolerable. Often when a patch encroaches somewhat on the limbus luteus the patient preceives only parts of objects, as, for instance, the fingers and wrists of a hand held up before him, but not the palm, or the beginning and end of a printed word, but not its middle. More usually, however, in connexion with these extravasations, the sight is simply imperfect for small objects, but sufficient to allow the patient to go about.

A married woman, aged 46, was admitted last week under Mr. Dixon's care, complaining that her sight had suddenly failed her a fortnight ago. She was pale, and much out of

Digitized by Google

health, having only a week ago weaned the last of twins, whom she had nursed for upwards of sixteen months, to her own great detriment. In both eyes the conjunctiva was œdematous and swollen; but there was no apparent congestion. She could not read the largest print, or see the hands on the clock face. Three weeks ago she averred that her sight was perfect, and that she could see to thread a needle with ease. The pupils having been dilated with atropine, the ophthalmoscope was used, and over both retinæ were seen numbers of old and recent ecchymotic patches. The older ones were of irregular forms, quite destitute of colour, and very abruptly margined. Those more recent, which were also much the larger, were red, and had a somewhat fringed appearance at their borders. The state of things was almost exactly similar in the two eyes. In both the margin of the optic entrance was remarkably ill-defined; indeed, excepting by the convergence of the vessels, the entrances could with difficulty be distinguished. This was probably due to an œdematous state of the parts adjacent, and had most likely occurred simultaneously with the recent failure of sight. There could be but little doubt, from the condition of the white patches, that they were the remains of extravasations of long past date. The woman had, however, no recollection that her sight had ever before been damaged, but she had, she said, been laid up for a week or two four months ago, with dropsical symptoms and swelling of the eyelids.

The coincidence of retinal apoplexy with albuminous urine has been very frequently noticed, and renal disease must be accounted by far its most common predisponent. It also often occurs in the phthisical. Like all other internal hæmorrhages, it is most frequent in cold weather. Dr. Bäder, the Resident Medical Officer of the Hospital (to whom we are indebted for much interesting information respecting this important affection), informs us that no fewer than eleven well-marked cases were admitted during the recent fortnight of low temperature. Sometimes it occurs in apparently healthy persons, an instance of which we recorded a fortnight ago. In these comparatively accidental hæmorrhages but one eye is usually affected. As a rough rule, whenever a disease is symmetrical in its manifestations, it may be inferred that it is of humoral, or, in other words, of constitutional origin. To this general law retinal apoplexy conforms, and when observed in both eyes, it may almost always be inferred that there is some more serious lesion of the nutritive or excretory functions.

With regard to treatment, it must, of course, vary with the predisposing influence. Diuretics, tonics, stimulants, and mild counter-irritants will usually be requisite, but in some instances a more antiphlogistic plan may be desirable. The prognosis must be guarded, but need not be unduly discouraging, since, in some cases, great improvement has been witnessed.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, DECEMBER 4.

MEDICAL PEERAGES.

A contemporary indulged its readers last week with one of those facts for which a lively imagination is the only authority. It was stated that Sir Benjamin Brodie was to be raised to the peerage, with the title of Baron Betchworth. The *Times* has since given an official denial of the truth of this report, which is generally regarded as a piece of clumsy flattery of a man who for two-thirds of his life was the object of incessant abuse in the very journal which now bows before the success it could not prevent. It cannot be admitted, however, that such a blunder as this is to retard the successful issue of a movement in favour of the establishment of Medical Peerages. This is a great constitutional question, important not only to the future position of our Profession, but of science in this country; and it must be agitated without reference to personal interests.

The establishment of the Medical Council, and the election of one of our own body as its President, unless we are sadly blinded by bright hopes gleaming before us, is a stepping-stone which will eventually be the passage of the Medical Profession towards that position in the social scale which it has the fullest right to occupy. The discussions which have lately taken place on this subject have shown clearly, that this great triumph—for we can call it nothing else—was wanting to teach many of our body that their estimate of the value of their Profession was far too low. We have indeed been so long accustomed to see Medicine classed an inferior among the professions, as not unnaturally to have fallen into the mood of permitting the tacit insinuation to pass for an exact truism. Until we have acquired a knowledge of our own worth, we cannot expect the public to assist us;—we cannot expect the public to estimate us more highly than we value ourselves. But a higher feeling of our own real merits has been of late years working its way among us; and with the aspirations earnestly striving onwards of so many honest and noble-minded, whom we enrol as of our class, and with the firm co-operation of the highly-educated masses of the Profession—who can doubt but that we may now attain to the raising of Medicine to a more elevated position?

Our sad disunions have hitherto been our greatest misfortunes. Others have ruled us, because we knew not how to govern ourselves. The old fable of the bundle of sticks has found one long and unceasing illustration in the social history of the Medical Profession. Cut up into an endless number of Colleges, cliques, and corporations, like the old Italian Republics, we have been struggling in useless rivalries, weakening and destroying each other, instead of uniting in one great cordial co-operation for the common weal. Now happily we have other scenes opening before us; and grievously do those ill-judge the case, who think, as we too often hear men say, that this new Medical Bill will do nothing for the Profession. In the Medical Council we have that *vox unita* which is *vis unita*. Never before this period has the Medical Profession of the United Kingdom met together in solemn and earnest co-operation to promote singly and solely one great end—the good of the Profession, which necessarily includes the furtherance of its highest objects. What this Council says, is what the Profession says,—it is our Parliament; and the public will not again be either gratified or bewildered by hearing the conclusions of one half of our body contradicted by the conclusions of the other half. Its words and wishes will now be heard and listened to, for they will fall upon the ears of people, as the deliberate sentiments of 20,000 highly-educated and liberal-minded members of society.

But we would, for the moment, speak rather of the appointment of a Medical President than of the uses of the Council itself. We deem the event most auspicious, and for many reasons. Our readers will remember what the objectors to a Medical President said: "He should be in Parliament, and besides even if he were, who would listen to him?" We answered, that undoubtedly he ought to be in Parliament; and we suppose if Sir Benjamin Brodie chooses to enter that new arena, he will have little difficulty in finding his way into it; and we also said, that not a man in the House would

Digitized by Google

have his words listened to with more attention. But we may now, it would seem, carry our hopes even further than our assurance then led us. We hailed and applauded the proposition, which suggested a Lord-President of the Council, although by many the idea was received with a smile of credulity; we hailed and applauded it, because it bore with it the idea of a gift just and equitable to our Profession. We were convinced the time would come when we should find Medicine represented in the highest places; and we certainly do not believe that a journalist's blunder will lessen the likelihood of such a consummation being eventually attained.

It is impossible to deny the justice of the claim which we make in favour of the President of the Council, as a proper officer to be elevated to the Peerage. The principle that the Medical Profession should be represented in the Upper House is one which we trust our readers will join, most cordially, in supporting.

It is, indeed, a strange anomaly, that a science, which has taken the lead, which has marched at the very head of those great movements which have of late years so largely occupied the attention of the Legislature, should have no voice in the practical carrying out and in the application of the social and sanitary measures of the day. There is scarcely one of these many social measures in which the Medical man does not necessarily take a part, and upon which he is not able to give valuable information and advice. Can anything be more lamentable, indeed, than the ignorance which is so constantly displayed by our Legislators in matters which affect the public health and science in general?

Then, again, on constitutional grounds, why should our Profession be the only one unrepresented in the House of Peers? A valid answer to this question it would be impossible to give. All indeed that could be said would be this:—If you are worthy of the honour, prove your title, and back it earnestly, and then you will gain your point. If you deserve to be there, it's your own fault, in these days, if you don't find your way. We must indeed have confidence in ourselves; and the elevation of our leaders to the peerage would at once erase from the minds of many of our Profession the doubts and hesitations which make them smile incredulously at the thought of so much honour. Are we not full in our right? The Bar has its numerous illustrations; the Bench has its crowd of ecclesiastical dignitaries; soldiers and sailors, bankers and brewers and makers of much money—all these, the voices of the educated of other professions, and the voices of the commercial classes—are heard loud enough in the House of Lords. Why, we ask again, is the voice of Medicine—of 20,000 educated men—alone to be silent and unheard?

On the grounds of public utility, then, and of simple justice, we make this claim for our Profession. The public good requires and demands that knowledge, such as a Medical man can alone possess, should be at hand to instruct and guide the Legislature of the country. If a legislator desire to know something about bullion, or gradients and curves, or scrip and bitter beer, printing or globes, or legal subtilties, about horses, or oats, or steel, or agricultural implements, about leather, calico, coals, preaching, fighting, and even fiddling, there are plenty of tongues to run glibly enough over all the facts required; but if any one desire to have a little positive information concerning the thousand physical evils which torment the body of man, or the best means of preventing them, where can he turn for a ready answer? And yet, be it noted, it is with these kinds of evils that the Legislature is dealing deeply and continually,—attempting their mitigation in a wise or an unwise fashion. We don't want men to go for instruction on Medical subjects to their private doctors—often their cherished Homœoquacks; we want to see given a public answer on a great sanitary question publicly by a Medical man who stakes his credit before the Profession. Men high in rank dabble at times in other arts and sciences, but of medicine they are skilled only in the quackeries of it. We want a man there who can rebuke a scoffer at Jenner, and one who knows whether vaccination is or is not a failure.

Why is our Profession held in so little esteem by the higher classes? Why is it that their younger sons never dream of entering it? Why is it that even those who have risen to wealth in the Profession do not introduce their children into it? The study of Medicine is, in itself, one to occupy the highest intelligence; its objects are of the purest and most ennobling character. Science and the works of humanity here run hand in hand. The answer to the question is certain. It is that the Profession does not hold a high social position in the eye of the public. Open to it the honourable posts and the dignified positions which other professions enjoy so profusely, and we shall soon see how fast it will rise in general estimation.

THE WEEK.

The first Session of the General Council closed on Saturday, after five important sittings. We published last week full reports of the proceedings of the first and second meetings, and this week give those of the third and fourth. The business transacted on the fifth day was so extensive and of such a miscellaneous nature that we have not been able to furnish the report to-day. We may state, however, that the most important part of that business was the decision relating to the Column of Titles in the register. This led to a long and warm discussion, and was concluded by a resolution, carried nearly unanimously, of which the following is a copy:—"That, in pursuance of the discretion left to the Council by clause 16, in which it is provided that the Council shall, from time to time, as occasion may require, make orders for regulating the registers to be kept under this Act, as nearly as conveniently may be in accordance with the form set forth in Schedule D to this Act, or to the like effect; the Council consider it to be inconvenient, at this their first meeting, to fill up the Title Column of Schedule D." It would be ungrateful if we did not reiterate the thanks voted by the Council to Dr. Alexander Wood, for the very able manner in which he fulfilled the duties of secretary, until Dr. Hawkins was appointed. It is solely to Dr. Wood's exertions and great business talents, that the Profession is indebted for the very full and accurate report of the proceedings of the Council we were enabled to publish last week and continue this week. The Council met on Tuesday afternoon, and on Wednesday morning printed minutes of the proceedings were in the hands of every Member. The report of the meeting of Wednesday was printed on Thursday, reprinted at this office on Thursday evening, and in the hands of very many of our readers on Friday, with a statement of the most important proceedings of Thursday. For all this, we repeat, the Profession has to thank Dr. Wood. It is hardly necessary to add that the Council, as representatives of the Profession, have acted very wisely—(if it be found necessary to exclude reporters from their meetings)—in affording the greatest facilities for making known the results of their deliberations to their constituents.

The following is a copy of the rule obtained by Messrs. Owen, Scarth, and Fricker, in the case of the Graduates and Senate of the University of London in the matter of the election of Dr. Storrar to the Medical Council:—

"Thursday, the Twenty-fifth day of November, in the Twenty-second year of the reign of Queen Victoria. In the Queen's Bench, Middlesex.—Upon reading the affidavit of Henry Stevens, Doctor of Medicine, it is ordered that the

Digitized by Google

first day of the next Term be given to Dr. John Storrar to show cause why an information in the nature of a *quo warranto*, should not be exhibited against him to show by what authority he claims to exercise the office of a Member of the Medical General Council, upon the grounds that his election was not duly made; that by the Charter of the University of London, and by statute 21st and 22nd Victoria, chapter 90, the Senate of the University has no power to choose the said Dr. Storrar or any other person as member of the General Council; and that by such charter and statute the authority to choose such member of the said General Council is given to and vested in the entire University, consisting of Chancellor, Vice-Chancellor, Fellows, and Graduates thereof. Upon notice of this rule to be given to the said Doctor Storrar in the meantime. On the motion of Mr. Edward James. By the Court."

It has been arranged that the Prince of Wales is to pass the winter in Rome. He will be accompanied by Dr. T. K. Chambers, Physician to St. Mary's Hospital, as his Medical attendant.

Drinking fountains will we hope soon be scattered freely all over London. The Commissioners of Sewers have accepted Mr. Gurney's offer to erect a fountain of an ornamental character on the open space in front of the Royal Exchange. It is said that there are many gentlemen in the city ready to follow Mr. Gurney's example.

The mortality has been very great in the City during the last few days,—the excess over the ordinary mortality falling mainly on the old and the very young. Measles and scarlatina are prevalent to an unusual degree.

Honours are falling thick on Sir Benjamin Brodie. Last week elected President of the Medical Council, this week President of the Royal Society, he stands in a higher position than any Surgeon has ever attained before in this country. The election of the Royal Society took place at Burlington House on Tuesday, after the annual address of Lord Wrottesley, and the distribution of the medals. The Copley Medal was awarded to Sir Charles Lyell for his contributions to geology. The Rumford Medal to Professor Jamin of Paris, for his experimental researches on light. One Royal Medal to Mr. Albany Hancock for his investigations into the anatomy of the mollusca; and a second Royal Medal to Mr. Lassell for his anatomical discoveries. The new President occupied the Chair at a very pleasant dinner, after the election of the new Council and officers.

Will the Medical Act do anything to diminish the counter practice of Druggists? We are not to interfere with their "lawful calling or occupation." They may sell as many drugs as they can, and it will not be easy to draw the line between selling and prescribing. But it is probable that a very rapid change will take place in the Medical Profession, as a direct effect of the Act, which will lead to a very marked line of demarcation between Medicine and Pharmacy. The Licence of the Apothecaries' Company must soon become absolutely worthless to the Medical man. The Members of our Colleges, and Graduates of our Universities, can now practise Medicine or Surgery, or both, according to their qualifications. The only thing gained by the Apothecaries' Licence is the right to charge for Medicines supplied to patients, a right no one need care to possess who has the right to charge for attendance on the patients. The selling of Medicines must soon be left to the Druggist, and the result will be, that although there may be no legal restriction as in France upon the *pharmaciens*, yet a class of men will arise who will restrict themselves to the practice of Pharmacy and the sale of Medicines, leaving the practice of Medicine, Surgery, and Midwifery to those whose knowledge has been properly tested by examination, and who are placed before the public in the Register as legally authorised *to* exercise their profession.

Professor Simpson is carrying on the investigations into the uses of metallic ligatures, the commencement of which he first published in our last volume. He now proposes to treat hydrocele by the use of a metallic seton as a far safer proceeding than tapping and injecting. Believing that metallic wires passed through the sac of a hydrocele would act, first by draining off the fluid, and secondly by exciting adhesive inflammation, he put his idea to the test on a patient of Dr. Young's. The sac was first transfixed from below upwards by a long-handled needle. The eye was then threaded with three or four fine pieces of iron wire. By withdrawing the needle the seton was drawn into its place and fixed. The fluid drained off in a few hours. Adhesive inflammation set in and went on for two days, when it began to subside. The wires were removed on the third day, and the case was regarded as a complete cure, the vaginal sac being firm and consolidated. For tapping arteries and assisting bleeding in Surgical operations, Dr. Simpson is also showing that metallic sutures are likely to be very useful. Dr. J. Murray tied the carotids of a cat with palladium wire seven months ago, and Dr. Simpson showed these vessels lately in Edinburgh. They were completely obliterated, and there had been so little thickening or exudation around them that it was difficult at first to trace them. Had they been organic ligatures of silk or hemp, they would long before seven months had elapsed have set up suppurative action. These facts should be known to practical men—they are likely to have great influence on the Surgery of the "good time coming."

The melancholy accident by which the Ladies Laura and Charlotte Bridgman and Miss Plunkett have been such fearful sufferers teaches a lesson which must not be neglected. The light fabrics manufactured for ladies' dresses must be made blaze-proof. Nothing can be more simple. The most delicate white cambric handkerchief, or fleecy gauze, or the finest lace may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze that if held in the flame of a candle they may be reduced to tinder without blazing. Dresses so prepared might be burnt by accident without the other garments worn by the lady being injured. When poor Clara Webster was burnt we inculcated the same moral; and now the dresses of stage dancers are prepared in the way we recommended. Why are dancing ladies of rank to be exposed to danger from which their dancing sisters by profession are protected? The hint may be put to a profitable use by some enterprising manufacturer.

A contemporary has made a very fierce attack upon Mr. Haynes Walton for an alleged "offence against the dignity and honour of the Profession." The offence so gravely denounced was simply this. Mr. Walton invited his Medical friends to a *conversazione* at his house, and promised to show them the Ophthalmoscope. Accordingly he exhibited the instrument, and assembled about a dozen blind people, in whom various morbid states of the eye could be inspected by those who chose to look. The writer of the present article was there, and can testify that the assemblage was, with one or two exceptions, composed of Medical men, and that they

Digitized by Google

exhibited great curiosity on the subject, and gladly availed themselves of the opportunity of seeing the nature and use of this new instrument of operation. A more legitimate and interesting way of spending an evening can scarcely be imagined. Medical men were assembled to study Medical phenomena; and whether it were the ophthalmoscope, or the man with the fissured sternum, or Alexis P. Martin with the aperture in the stomach, or the Siamese twins, or any such pathological curiosity, matters not, so far as the principle is concerned. To say that "twelve Hospital patients were introduced at a private party for the entertainment and amusement of the company," is a grossly unfair way of stating the facts. The company was a company of Medical men, and it is an insult to them all to suppose that they would condescend to "amuse" themselves, like the mob at a prize fight, with the sufferings of their fellow-creatures. As for the "patients," they, we will undertake to say, would gladly allow their useless eyes to be explored for a small gratuity. So much for part of this Medico-ethical mare's-nest. The one unlucky fact is, that a notice of the *conversazione* appeared in the *Morning Advertiser;* and this we do not hesitate to condemn on principle. But it was evidently the work of an over-zealous friend, and Mr. Walton is completely exonerated by the Editor. The notice is evidently not worded by a Medical pen. Condemning as we do all kinds of puffery, we feel that it is scarcely just to denounce a man because some injudicious friend, thinking to do him service, has inserted a somewhat strong paragraph. Such a thing might evidently be done without a man's knowledge, or out of malice, in order to get him into hot water with his brethren. Among gentlemen, it is not usual to assume that an offence against good sense is committed knowingly, and even Medical Journalists have to learn that the "dignity of the Profession" cannot be enhanced by a bitter personal attack on a respectable and hard-working man for an offence which, if true, would not be worth notice.

THE MEDICAL COUNCIL.

MINUTES OF 25TH NOVEMBER.

Sir Benjamin Brodie, President, took the Chair at two o'clock p.m.

Roll called.

Present—

Sir Benjamin Brodie.	Dr. Lawrie.
Dr. Watson (London).	Dr. A. Smith.
Mr. Green.	Dr. R. C. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Mr. Lawrence.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Dr. Watson (Glasgow).	Dr. Stokes.
Mr. Syme.	

1. The Minutes of the previous Meeting were read and confirmed.

2. The Report of the Business Committee was brought up, and its recommendations adopted.

3. The Report of the Committee on Colonial Practitioners was brought up and read by Dr. Storrar.

"The Committee, in regard to practitioners now practising in the Colonies, referred to in section 46, are of opinion that two courses are open to the Council, either to attempt to enforce registration, which would be attended with great difficulty, and would probably be found impossible, or to use the dispensing power conferred by the Act. The Committee are of opinion that the Council be recommended to dispense with the provisions of this Act in regard to registration in favour of persons now practising Medicine or Surgery in any part of her Majesty's dominions other than Great Britain and Ireland, by virtue of any of the qualifications described in schedule A, but admit them to registration on application, on payment of a fee of £2 up to January 1, 1861, and afterwards on a payment of £5.

"That in regard to persons practising Medicine or Surgery within the United Kingdom on foreign or colonial diplomas or degrees before the passing of this Act, the Committee recommend that the Council do not dispense with any of the provisions of this Act; but that on such persons applying for registration, the registrar be directed to ask instructions from the General Council.

"That the Council be recommended to direct the Registrars, by special order, made from time to time after examination of each particular case by the Council, to register any persons, not qualified under Schedule A, who have held appointments as Surgeons or Assistant-Surgeons in the Army, Navy, or Militia, or in the service of the East India Company, or are acting as Surgeons in the public service, or in the service of any charitable institutions.

"The Committee recommend, in regard to Medical Students who shall have commenced their professional studies before the passing of this Act, that the Council shall take their case into favourable consideration when they come to consider the curricula of study, preliminary and professional, or make any regulations affecting them that may be under its authority."

It being agreed to take up the several clauses *seriatim*, when the first clause had been read,

It was moved by Sir CHARLES HASTINGS, and seconded by Mr. LAWRENCE—

"That the recommendation of the Committee to dispense with the provisions of this Act in regard to Registration in favour of persons now practising Medicine or Surgery in any part of Her Majesty's dominions other than Great Britain and Ireland, by virtue of any of the qualifications described in Schedule A, and to admit them to Registration on application on payment of a fee of £2 up to the 1st of January, 1861, and afterwards on payment of £5, be adopted."—Agreed to.

The second clause having been read, it was moved by Sir CHARLES HASTINGS, and seconded by Mr. LAWRENCE—

"That in regard to persons practising Medicine or Surgery within the United Kingdom on foreign or colonial diplomas or degrees, before the passing of this Act, the Council shall not at present dispense with any of the provisions of this Act, but that on any such person or persons applying for registration, the registrar shall ask instructions from the General Council."—Agreed to.

The third clause of the Report having been read, it was moved by Mr. SYME, and seconded by Dr. ALEXANDER WOOD—

"That the Council direct the registrars, by special order made from time to time after examination of each particular case by the Council, to register any persons not qualified under Schedule A, who have held appointments as Surgeons or Assistant Surgeons in the Army, Navy or Militia, or in the service of the East India Company, or are acting as Surgeons in the public service or in the service of any charitable institutions."—Agreed to.

The fourth clause having been read, it was moved by Dr. CHRISTISON, seconded by Dr. WILLIAMS—

"That any resolutions of this Council involving additional expense, or additional time, for study, shall not apply to Medical students who commenced their professional studies before the passing of the Medical Act."

Moved as an amendment by Dr. CORRIGAN, seconded by Sir JAMES CLARK—

"That so far as any future regulations of this Council may affect students now engaged in professional study, they shall take effect as provided for by the Act only in regard to Medical students who shall have commenced their studies after the passing of the Act."

Vote taken, and motion carried.

4. The Council then took up the question of the salary of the Registrar, when it was moved by Dr. ANDREW WOOD, seconded by Professor CHRISTISON—

"That the salary of the Registrar be fixed at £500 per annum."

Moved as an amendment, by Dr. LAWRIE, seconded by Dr. STORRAR—

"That the Registrar shall be required to give his undivided

Digitized by Google

attention to the duties of his office, and that his salary shall be £800 per annum."

Vote taken and motion carried.

5. The Council then proceeded to the election of a registrar and secretary.

Mr. GREEN, seconded by Dr. WILLIAMS, proposed Dr. Francis Hawkins.

Dr. CHRISTISON, seconded by Dr. LAWRIE, proposed Dr. John Rose Cormack.

No other candidate being proposed, the roll was called and vote taken, when Dr. Hawkins was declared elected.

6. The Council then took up the Report of the Business Committee as to the duties of Treasurer and the arrangements regarding it:—

"The Committee, in regard to the office of Treasurer, recommend that the Council should appoint two of their number resident in London to act as honorary Treasurers; that all moneys should be paid directly into the hands of a banker, to be appointed by the Council; that the receipts for the moneys be afterwards given to the Registrar, who shall keep the accounts under the direction of the honorary Treasurers; and that no money shall be withdrawn from the Bank, except on a cheque signed by one of the honorary Treasurers and the Registrar."

Moved by Mr. SYME, seconded by Dr. ANDREW WOOD:—

"That two members of the Council, resident in London, shall be Treasurers, and that all cheques on the Bank shall be signed by one of the Treasurers, in addition to the Registrar. That the Registrar shall not retain in his hands more than £100, but shall lodge all moneys, as they accumulate, in the Bank of England to the credit of 'The General Council of Medical Education and Registration of the United Kingdom.'"—Agreed to.

Moved by Dr. WILLIAMS, seconded by Dr. ALEXANDER WOOD:—

"That Mr. Green and Mr. Nussey be elected Treasurers."—Agreed to.

A memorial from certain Licentiates of the London Society of Apothecaries, residing in North and South Shields, was remitted to the business committee to consider and to report upon.

On the motion of Dr. WATSON (of London), seconded by Dr. STOKES, the thanks of the Council were given to Dr. Alexander Wood, for the kind and able manner in which he had discharged the office of *interim* Secretary.—Agreed to.

Dr. Bond and Dr. James Watson, Mr. Teale, and Dr. Leet were added to the Business Committee.

The Council resolved to take up the Finance Report and the questions connected with registration at the meeting on the 26th.

The following name was added to the list of candidates for the office of clerk:—

Mr. John Crosse Roope.

The Council adjourned at six o'clock, till two p.m. on the 26th.

Confirmed, B. C. BRODIE, President.

MINUTES OF MEETING OF NOVEMBER 26.

Sir Benjamin Brodie, President, took the chair at 2 o'clock p.m.

1. Roll called.

Present—

Dr. Watson (London).	Dr. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Dr. Watson (Glasgow).	Dr. Christison.
Mr. Syme.	Dr. Stokes.
Dr. Lawrie.	

DR. FRANCIS HAWKINS,
Registrar and Secretary.

2. The minutes of the previous meeting were read and confirmed.

3. The Council having resolved to fix the times for returns from Branch Treasurers to the General Council, and for computation of per-centage and contributions to the General Council (Sect. 13), and also the times for examining and publishing accounts, and laying them before Parliament (Sect. 44),

It was moved by Dr. ANDREW WOOD, and seconded by Dr. LAWRIE—

"That the 5th of January in each year be the day on or before which the Treasurers of Branch Councils shall make their returns to the General Council; and that as soon thereafter as may be, the computation of the per-centage and amount of contributions of the Branch Councils shall be made under Section 13 (lines 11 to 14 inclusive), and also that the accounts of the General and Branch Councils shall be examined by the Executive Committee previously to their being laid before Parliament in the month of March, under Section 44 of the Act."—Agreed to.

The President having vacated the chair, it was taken by Dr. Watson (of London).

4. The Report of the Finance Committee having been taken into consideration, it was moved by Dr. Williams, and seconded by Dr. Smith—

"That the appointment of clerks and servants for the General Council shall be delegated to the Branch Council for England, and that they shall be respectively paid such salaries as the said Branch Council shall think fit. And that the said Council shall be also empowered to obtain suitable offices for conducting the business of the Council, and to defray all the expenses incidental to the conduct of such business."—Agreed to.

5. It was moved by Dr. CORRIGAN, and seconded by Dr APJOHN—

"That the scale of travelling expenses recommended by the Finance Committee be submitted for approval to the Commissioners of her Majesty's Treasury."—Agreed to.

6. It was moved by Dr. STOKES, and seconded by Dr. CORRIGAN—

"That the consideration of fees for attendance on the General Council and Branch Councils be postponed until next meeting of General Council; and that a committee, consisting of six members, Dr. Watson, Mr. Lawrence, Dr. Christison, Dr. Andrew Wood, Dr. Stokes, and Dr. Corrigan, be and are hereby appointed to report upon the same at next meeting of General Council."—Agreed to.

7. Dr. CHRISTISON submitted to the Council a series of instructions which he desired should be given to the Pharmacopœia Committee.

Moved by Dr. STORRAR, seconded by Dr. ALEXANDER WOOD—

"That the statement read by Dr. Christison be referred to the Committee appointed to prepare the *Pharmacopœia*."—Agreed to.

Dr. ALEXANDER WOOD gave notice that he would to-morrow submit a motion regarding the stamp duties on diplomas.

The Council adjourned at a quarter past 6 p.m. till 12 o'clock on the 27th.

JOSEPH HENRY GREEN, Chairman.

REVIEWS.

A Treatise on the Human Skeleton (*including the Joints*). By GEORGE MURRAY HUMPHRY, Esq., M.B. Cantab., F.R.C.S. Surgeon to Addenbrooke's Hospital, Lecturer on Surgery and Anatomy in the Cambridge University Medical School. Pp. 620. Cambridge: 1858.

WE have here a treatise on the bones and joints, extending to 620 large octavo pages. The bulk of the book gives a most formidable aspect to the subject; and still our author is not satisfied with the extent of his performances, for he gravely threatens us with an appendix to this huge book, which is to contain a short (?) account of the "morphology and homology of the vertebrate skeleton." One naturally asks the question, what is the use of another book on "*the bones?*" Nay, so far as regards the relation of the young student of anatomy to the study of human osteology, surely he is ready to exclaim in the words of the ancient aphorism, μέγα βιβλίον, μέγα κακόν.

Furthermore, on carefully examining the work before us—

Digitized by Google

excellent in many respects, and bearing at once the stamp of the accomplished scholar, and evidences of the skilful anatomist,—we confess ourselves at a loss to understand for whose special benefit the book has been written. In other words, we would ask, is it intended for the youthful student of anatomy, the advanced student of medicine, the laborious teachers of anatomy and physiology, or simply for the *dilettanti* who delights in the promotion of science generally, and for its own sake? The book does not furnish its own autobiography. We have no distinct account of its conception, development, and birth. So far as we can gather, however, from the preface, it seems to have taken its origin from supplemental information, vouchsafed at the *vivâ voce* examinations of members of the descriptive anatomy class in the Cambridge University Medical School. At such examinations our author laudably endeavours (as all conscientious teachers do) "to supply deficiencies, and to correct errors." Such supplemental information consists of "physical, physiological, pathological, and practical facts," such as Mr. Humphry has been able to gather from his own observation and researches, and which he considers "most likely to be useful, and to excite an interest in the subject." Such information forms the bulk of the present volume,—a supplement, as it professes to be, to the existing manuals of anatomy.

We object to this method of communicating what has all the appearance of being minute and elaborate instruction, to the young student. The topics dealt with are of a kind such as to presuppose a full acquaintance with minute anatomy, physiology, and pathology; and we might almost say the scope of the natural sciences generally. We are of opinion that the instruction of the young student should be at first of the most elementary and simple kind, dealing only with such things as can be shown him, and which his existing knowledge enables him to appreciate. So far as "the bones" are concerned, he requires to have full and minute descriptions of them, and of the attachments of the muscles to them, couched in plain intelligible language, interspersed with such practical observations as are capable of demonstration, or of which his existing knowledge enables him at least to comprehend the import, if not to appreciate the value. We think that existing text-books already fulfil these requirements, but that the volume before us does not. The nature of the supplemental matter it contains appears to be of a very mixed description, arranged in a desultory form—embracing as it does facts in physics, in human and comparative anatomy, physiology and pathology. We think the student of anatomy acquires such supplemental information only by slow degrees; and as each collateral science is taught him, its bearings upon osteology are not forgotten to be inculcated. We do not think it is useful for him to cram up such information (which is neither more nor less than premature) by reading a book like this. It can only result in forming a precocious student—not unfrequently a most imperfect one in the end. Moreover, we consider that much of the matter in the book before us is better given in the usual descriptions of the bones in Quain's and Sharpey's Anatomy, as well as in Holden's Osteology, and such like manuals. The observations and details also regarding the orbits, the nasal cavities, the general observations on the bones and skeleton, are more copiously illustrated in Todd and Bowman's "Physiological Anatomy." To such books, therefore, we recommend the student to adhere; and when Mr. Humphry reduces the size and price of his volume within reasonable limits, much useful information may be conveyed by it. If the statements and descriptions already fully given in text-books had been omitted by Mr. Humphry, the really useful supplemental material contained in his volume could have been compressed into much less bulk. It might, moreover, have assumed a more extended and exhaustive form, for notwithstanding the size of the volume, the supplemental matter does not in any instance exhaust the topics it professes to deal with; and while a bright ray of light but dimly illuminates any subject, we do not observe that this book enriches science with any feature that is new to those daily conversant with the arduous duties of teaching anatomy. While many of the purely descriptive details do not come within the province of criticism, we cannot help thinking that on many topics a knowledge of certain details and conclusions might have been taken for granted, but which being actually stated and sometimes elaborately expressed, conveys the impression that the writer struggles to say something, when really there is nothing to say. There is a tendency also to drag topics into the text by the head and shoulders, which have but a remote relation to osteology; while the efforts to explain why certain facts are, lead to statements of a most puerile kind. Speaking of foreign bodies arrested in the nasal cavities and respiratory tract, we find it gravely written, that—"Every now and then, as we walk along with the mouth open, a fly is carried into the larynx and excites a violent and irresistible fit of coughing; but this rarely happens if the mouth be closed. Of those bodies which do succeed in passing the capillary guardians of the nostrils, some, if in a very subdivided form, and inhaled incautiously, are carried into the larynx. Thus a pinch of fine snuff generally causes the uninitiated to cough. When the taker has learnt more caution, or has acquired by practice a better mode of inhaling, he contrives to direct the current towards the upper part of the nostril, where the fine particles are caught upon the moist membrane, which is disposed over the irregularly-shaped walls of the passage, and where they excite the desired sensation by their contact with the Schneiderian mucous tissue, instead of causing annoyance by being wafted into the larynx."—P. 217.

But, although we consider that the book is not suited for the student of anatomy, that it does not meet the wants of the teacher, we are glad to say that it contains information, scattered here and there, of a most practical tendency; such, for example, on the pulsation in tumours of bones (p. 28); on acute ulceration of the connecting medium between the epiphysis and the shaft of a bone in childhood (p. 41); on growth of the bone after excision of the knee-joint (p. 44); the diagnosis from the wasting or not of the muscles, as to whether disease commencing in the synovial membrane has or has not extended to the cartilages (p. 77); the liability to fracture of the neck of the femur in elderly persons (p. 471).

We would here also notice the very excellent accounts given of the structure and mechanism of the joints, especially of the hips and knee joints; and also of the valuable, minute, and extensive information relating to growth and development scattered through the volume. We desire much to see some readable account of the development of the body, and especially of the bones, joints, and limbs, and with important details epitomised in tabular forms.

We cannot close this notice without expressing our admiration of the drawings with which the book is illustrated. They are from the pencil of Mrs. Humphry, on stone, from nature in most instances, from specimens prepared for the purpose by Mr. Humphry. Those representing the sections of bones and joints are especially beautiful.

Fragmentary Remains, Literary and Scientific, of Sir Humphry Davy, Bart. with a Sketch of his Life, and Selections from his Correspondence. Edited by his brother, JOHN DAVY, M.D. F.R.S. Pp. 330. London: 1858.

ORIGINALLY intended for the Medical Profession, Humphry Davy was articled to a practitioner in his native town; but he was released from his engagement to enable him to join DR. Beddoes, the founder of a pneumatic institution at Clifton, the object of which was to test the efficacy of different gaseous bodies in the treatment of disease. Although this attempt did not finally succeed, it gave to Davy the impulse to study pneumatic chemistry, and led to the discovery of the nitrous oxide, and its peculiar effects upon the human system. This was the first step in the distinguished career of Davy; and the pneumatic institution of Clifton may be said to have laid the foundation, not only of the discovery of the nitrous oxide, but of the application of anæsthetic agents in the practice of Medicine and Surgery. From Clifton, Davy came to London, and rapidly acquired fame as a lecturer at the Royal Institution. His discourses were attended by the most distinguished personages of the day. At the same institution he devised and carried out the series of experimental investigations which resulted in the discovery of the compound nature of the alkalies and earths, and in the brilliant researches in galvanism, which, having been amplified and varied by his contemporaries and successors, Œrsted, Faraday, Wheatstone and others, have given us the electric telegraph, and drawn together the most distant regions of the earth. Nor was the genius of Davy unprolific of useful results to his own generation; his lectures on agricultural chemistry first pointed out the relationship existing between vegetable physiology and

Digitized by Google

the ordinary laws of chemistry, and his views on this subject foreshadowed the brilliant practical and theoretical researches of Liebig in the same department of science. The discovery of the safety-lamp, resulting not from a happy accident, but from well-considered reasoning and experiment, saved the lives of thousands who would otherwise have perished from the fire-damp of our mines; and his ingenious plan for protecting the copper-sheathing of ships from corrosion, by a subtle application of the powers of galvanism, would have led to a notable reduction in the expenses of our Navy, had not a purely accidental circumstance interfered with the operation of an invention which was perfectly successful.

Davy was not unrewarded for his meritorious services in the cause of science; for although, to his immortal honour, he refused to receive any recompense for his philanthropic researches into the nature of flame and the construction of the safety-lamp, and indeed for any other of his discoveries, yet he attained to the highest position to which the ambition of a philosopher could aspire. Beloved and courted by the great and the opulent, as well as by the poor and the indigent, on whom his safety-lamp had conferred such inestimable benefits, he passed his youth and a part of his manhood in as much happiness as a human being could desire. Enjoying a competent income from his scientific labours, he was enabled both to mix in the best society of his time, and to cultivate a love of travelling and an acquaintance with natural scenery, to which, together with the amusement of angling, he was always passionately attached. Living in intellectual communion with the great spirits of the day, he was recognised as a worthy fellow-worker with those illustrious men who were then astonishing the world with the wonders of chemistry; and the name of Davy was no less conspicuous than those of Black, Priestley, Lavoisier, Cavendish, and Watt. It is not perhaps equally well known that his attainments as a poet were of no mean order, as many fragments of his poetical works amply testify; and it was often remarked that if he had not been so distinguished as a chemist, he would have carved for himself a niche in the temple of Fame as a votary of the Muses. Admired by the scientific world, he was repeatedly elected President of the Royal Society; patronised by Royalty itself, he was created first a knight, and afterwards a baronet; favoured by the great Napoleon, he was allowed to travel with honour and safety throughout the Continent, which was interdicted to all the rest of his countrymen; and by his marriage he was placed, at a comparatively early age, in the enjoyment of affluence which promised him many years of learned leisure, unbroken by the cares and anxieties of ordinary life. But alas! such is the vanity of human hopes, and such the disappointment of human ambition, that the very circumstance which placed Sir Humphry Davy above the reach of want, was the foundation of his discomfort, and the forerunner to a decline of health both of body and mind. On this painful subject it is sufficient to state, that although by his marriage he acquired wealth, and in the eyes of the world appeared to enjoy domestic happiness, yet the union seems to have been an unfortunate one, perhaps from no fault on either side, but from that want of mutual sympathy which sometimes leads to the estrangement of two human beings, who, however individually amiable, are unable to harmonise with each other.

The present volume is a collection of fragments, as its title implies, one life of Sir Humphry Davy having already been written by Dr. Paris, and another by Dr. Davy, the brother of the great chemist, and the editor of the fragmentary remains now published. The reason of their appearance at so late a period is, that the majority of the letters have only lately come into the possession of Dr. Davy, since the death of Lady Davy, in 1855. These remains will be found to possess a great degree of interest, not only from their connexion with the life and labours of Sir Humphry Davy, but from the distinguished persons whose names figure in the correspondence. Letters now appear for the first time, which were written to Davy by Southey and Coleridge, with whom he was, in his early life, on habits of great intimacy; letters, and portions of poetry by Davy himself, hitherto unpublished, make up a considerable part of the volume; and the whole has been collected and arranged in a most able and judicious manner by the editor, whose justifiable reverence for his brother's memory, and his close intimacy with him in his life and at his death, will render his present production welcome to every cultivator of British literature and science.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION AT THE ACADEMIE ON TUBAGE OF THE LARYNX IN CROUP.

By Professor TROUSSEAU.

Professor Trousseau, after stating that although MM. Reybard and Loiseau had before conceived the idea of introducing tubes within the larynx, yet M. Bouchut was the first who actually employed them; and the object of this report upon his paper giving an account of such application is to discuss its alleged facility, its amount of danger and utility, especially as compared with cauterisation and tracheotomy.

1. *As to the facility of execution.*—The index finger of the left hand, guarded by a shield, can be carried with tolerable facility down to the epiglottis, and so guide a catheter into the larynx; that is to say, if the child is more than two years of age. Still the obstruction caused by the finger is so considerable, in so narrow a part as the lower portion of the pharynx, that the little patient will become suffocated, unless the operation be executed with a rapidity and dexterity not attainable by all. Below the age of two years the finger is too large to admit of the procedure. But if catheterism can in general be thus executed with tolerable facility, this is by no means the case with respect to passing a tube into the glottis. The same *internes* of the "Hôpital des Enfants," who have repeatedly performed catheterism of the larynx, have failed in passing in the tube in the dead body; and M. Guersant, whose dexterity is known to all, succeeded no better. Even in M. Bouchut's hands the operation has sometimes proved, according to the statement of his colleagues, more difficult than he represents it to be. Indeed, it is to be concluded from some of the circumstances narrated by M. Bouchut as occurring in the cases he operated upon, either that the tube really was not fixed within the glottis, or that the received notions as to the physiology of the larynx are at fault.

2. *As to the harmlessness of tubage of the larynx.*—If the tube does not require to be left in for more than three or four days, there will be no reason to fear the production of ulcerations or necrosis through its presence: but supposing the complete cure of the croup called for its retention during 8, 10, or 15 days, the most serious disorders would probably be the consequence. M. Bouchut's experience has shown, that an accident, which, *à priori*, would seem to be inevitable, viz. the introduction of drinks into the air-passages, does not in fact take place.

3. *As to the utility of the procedure.*—In M. Trousseau's opinion a tube placed within the cordæ vocales may retard, or even completely prevent, croupal asphyxia whenever the false membranes do not extend below the glottis; and in the case of acute laryngitis, unattended with the production of false membranes (and death from asphyxia may, though very rarely, be produced by this) tubage may prevent death, and render tracheotomy unnecessary. Of still greater utility may it be in œdema of the glottis, at least, when this is not symptomatic of organic lesion. M. Bouchut's tube, however, exerts no curative agency upon the diphtheric phlegmasia. It is but a means of retarding asphyxia, and will not prevent the persistence of the false membrane in the larynx and its propagation into the trachea, unless, indeed, the tube be removed from time to time, or it be employed as a means of introducing the medicinal agents recommended by Green and Loiseau. But if the false membranes line the trachea, tubage can offer but a very limited resource; and here M. Trousseau takes occasion to mention a point he has at times considered, though not yet considering it sufficiently proved. Every one is aware of the danger of croup when it occurs in the adult, and, perhaps, there is not an instance of recovery after tracheotomy performed for it. Now, may not this arise from the fact of the greater size of the larynx in the adult preventing asphyxia to occur so rapidly as in the child, and thus giving time for the false membranes to become extended into the trachea and bronchi, before the imminence of suffoca-

Digitized by Google

tion compels the Surgeon to resort to tracheotomy? And may not tubage act in the same way, and may it not, indirectly, have been the very cause of the death of M. Bouchut's patients? for be it observed that all the patients he has treated by tubage have died, except those on whom he has afterwards performed tracheotomy when *in extremis*. If, as M. Bouchut says, one of the qualities of tubage is to delay a tracheotomy that may hereafter become inevitable, he pronounces the condemnation of his own process; for it has been amply proved that this operation succeeds just in proportion as it is performed at an early period.

4. *The comparison of this with other procedures.*—A preliminary point must be established, viz. that in the vast majority of cases the subjects of croup succumb by reason of occlusion of the larynx. The proof of this is derived from the immense relief which, with rare exceptions, immediately follows tracheotomy, and which lasts as long as the parts below the canula have not become invaded. It may be asked whether the means adopted by Green and Loiseau of freeing the larynx from obstruction are not quite as effective as is tubage, while they are of infinitely more easy application, and have the advantage also of conveying at the same time medicinal applications. But M. Trousseau's chief object is to defend *tracheotomy* from the objections which M. Bouchut and others have brought against it. The first successful case of tracheotomy in croup was performed by Bretonneau about 1826, and M. Trousseau's first successful case was published in 1833. Being then very young his success did not produce much impression on others, but he continued to perform the operation in some twenty or twenty-five cases *per annum*, with varying success, and his example was followed by others, especially M. Guersant. By 1844 there were 212 operations, with 40 recoveries (1 in 5) on record. In 1848 he was appointed to the "Hôpital des Enfants Malades," where up to that time there had been performed 49 operations, all, with one exception, unsuccessful. From 1849, the operation has been practised there as a general rule, whenever all other chances of cure have been exhausted; and from that date to now there have been 466 operations with 126 cures, *i.e.* more than one-fourth. It may be stated, without fear of error, that in Paris, outside the walls of the Hospital, 60 operations are now performed *per annum*, making about 120 cases in the Hospitals and private practice.

M. Trousseau enters into a long statement, showing the erroneousness of M. Bouchut's assertions, that the increased mortality of croup was due to the operation; and points out, on the contrary, the relative diminutions of deaths. In 1849-50 there were 6 cures obtained in 20 operations at the Hôpital; and during the last eight years, of 562 patients treated for croup 466 were operated upon, and with success in 126 instances, *i.e.* between a third or fourth of recoveries. Comparing these with the average curability of croup, in the total of 562 cases, comprising the mildest cases as well as the severe ones, the recoveries amounted to but 175, or 31 per 100, as compared with 27 per 100 by tracheotomy.

M. Bouchut does not reject tracheotomy as an ultimate resort, but condemns it when performed prior to complete asphyxia: but the records of the "Hôpital des Enfants" show that while but 13 operations out of 62 (21 per cent.) succeeded when performed at the ultimate period, 25 in 39 (64 per cent.) were successful when performed prior to complete asphyxia—so that an operation blamed as premature effects a cure in 3 cases out of 5. The operation, moreover, presents most markedly different results, at whatever period performed, according to the age of the subjects. Few indeed are the instances of recovery under 2 years of age. Between 2 and 3 they amount to 20 per cent.; between 3 and 6, to 30 per cent.; and between 6 and 12, to 41 per cent.: the general mean being 27 per cent.

With respect to the different mortality of diseases at different epochs, M. Trousseau illustrates his subject by what has been observed with respect to *diphtheria*. Up to the year 1846 this disease had never been observed in the epidemic form, and the cases observed presented all the characteristics so well described by Bretonneau and Guersant. It commenced ordinarily by the pharynx, and continued confined to that locality longer in proportion to the age of the patient, giving rise ordinarily to but little fever, involving but little the rest of the economy, and becoming propagated to the larynx so as to constitute croup. But during the last ten years, side by side with this relatively slight form, another has been observed, against which the resources of art have proved well-nigh powerless. The pharynx, it is true, is still usually first invaded, but soon the disease involves the nostrils, the nasal canal, and sometimes the internal surface of the eyelids; while at the same time, ataxo-adynæmic symptoms arise, the pulse becomes excessively frequent, the cervical glands are much enlarged, and frequently death takes place within forty-eight hours, without the larynx having become sufficiently implicated to deserve the name of croup. It would seem as if the economy had become rapidly and immediately modified through the introduction of a morbid poison. When even the disease is somewhat less violent, and has yielded to powerful measures early resorted to, the convalescence is tedious, the blood remains much changed, the tissues are colourless, the phenomena of paralysis are witnessed at various points, and sometimes persist for months, exhibiting the degree to which the functions of the nervous system have been influenced by this morbid venom. It will be readily understood that diphtheria of such severity almost always resists the most rational treatment, and that tracheotomy is proscribed by all practitioners.

As to the circumstances under which tracheotomy is indicated in croup, no one would think of resorting to it in the first instance, and until rational and specific means of treatment have failed. But when the suffocative paroxysms appear, and succeed each other rapidly, death is imminent, and too often takes place even before succour can arrive. M. Bouchut maintains that tracheotomy should not be resorted to until asphyxia has arrived at the points of determining anæsthesia. M. Faure, by his remarkable experiments, published in his admirable essay on asphyxia in the "Archives Générales," proved that individuals who had been asphyxiated were still anæsthetic, even when they had recovered their intelligence and motility; and M. Demarquay has shown that anæsthesia prevailed in persons who were asphyxiated in chronic disease of the larynx. At a somewhat later period, M. Bouchut proved the existence of anæsthesia in children about to succumb to croupal asphyxia; and he does not think the operation advisable unless such anæsthesia can be demonstrated: but, in point of fact, other observers have shown that such anæsthesia is not always present, even just prior to death. At an early period of his practice M. Trousseau, too, never resorted to the operation except when death was imminent and would certainly have taken place without it, and, therefore, should not be set down to the account of the operation. But having on several occasions found his patient dead in consequence of delay of the operation, or so plunged into asphyxia as not to be recoverable after its performance, he laid down the rule of not waiting for this dangerous period, but of operating as soon as all chance of cure from other means proved hopeless: and the results of statistical observation have amply proved the advantage of the change. Tracheotomy in itself, performed by skilful hands, as for the extraction of foreign bodies or wounds of the larynx or trachea, are not attended with great danger; and in children dying after the operation in croup death must be attributed rather to this fatal disease than to the operation, which only failed to arrest its course. But still, in spite of the injurious influences at work at the "Hôpital des Enfants," during ten years 127 children have been saved from among 466 operated upon. But if we examine the results of private practice these will be found to be much more favourable. During the first ten years of M. Trousseau's practice he saved scarcely a fourth of those he operated upon; but by paying extreme attention to the details of the after-treatment, he has, in fortunate series of cases, rescued two-thirds. M. Guersant's experience accords with his own, and it is supported also by that of some of the younger Surgeons.

Tubage has as yet been performed but seven times, five children dying, and two only recovering after tracheotomy had been had recourse to; but we cannot accuse tubage as the cause of these five deaths, any more than we can allow that tracheotomy is a cause of the death of those upon whom it has been performed. In several of these children tubage has retarded death, and has accelerated it in none; although when all medicinal resources had become exhausted, it would have been preferable to resort to tracheotomy. The following are the conclusions M. Trousseau recommends the Académie to adopt:—1. Tubage of the larynx in certain cases of acute laryngitis may, by retarding asphyxia, become a curative

Digitized by Google

agent. 2. In certain chronic diseases of the larynx, it may allow of tracheotomy being delayed, and sometimes of the treatment and cure of the disease. 3. In the treatment of croup it delays asphyxia, and allows of the easier introduction of agents capable of modifying the diphtheric inflammation. 4. It can very rarely supply the place of tracheotomy, which still remains the principal measure when the medicinal resources seem to be exhausted.

(To be continued.)

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, November 22, 1858.

THE event of the last fortnight has been the inauguration, at the "Ecole de Médicine," of the Session 1858-9, which took place on the 15th current with considerable pomp and solemnity. In evidence of the great interest which attaches to this ceremony, it may be mentioned that for half an hour at least before its commencement, the large amphitheatre was filled to overflowing with Medical men and students, amounting to not fewer than fifteen hundred individuals. Precisely at one o'clock the entire "Corps Medical," consisting of "professeurs et professeurs agrégés," attired in their scarlet and ermine robes, entered, headed by the "Doyen de la Faculté." This dignitary, M. Paul Dubois, occupied the President's chair, in front of whom the other members were ranged in three rows. To the right of the President was seated M. Grisolle, the orator of the day, who rose and read a long and eloquent discourse eulogistic of his late "confrère" and master, M. Chomel, whom he characterised as one of the most distinguished and most accomplished physicians of his time. He took a rapid survey of his entire career, and dwelt at considerable length on the valuable contributions he had made to the literature of his Profession. As a teacher of Clinical Medicine he believed that he had few equals; and now that his career is finished, it is consolatory to know that he has left behind him most precious material for the formation of a splendid museum, together with a sum of money for the foundation of a New Chair in the University. Frequently, during his discourse, which lasted fully an hour, M. Grisolle was loudly applauded. After the distribution of the prizes awarded to the successful competitors for essays written during the recess, M. Dubois declared the proceedings at an end, and the meeting dispersed.

In my last communication I casually referred to M. Bouchut's method of treating croup by the introduction of a tube into the larynx. Since this gentleman read his "mémoire" before the Academy of Medicine, the subject has excited considerable interest in Medical circles. At the meeting of the Academy on the 9th, M. Trousseau, one of the commission named to investigate and report on this "mémoire," read in his own name, and in those of MM. Bache and Nélaton, a long and able paper, embodying the result of their inquiries, which was listened to with an amount of interest and attention rarely observed at meetings of this learned body. M. Trousseau took a general survey of all the topical remedies which have been employed in combating croup, from the days of Aretæus down to the present time, including the treatment of Boerhaave, Van Swieten, and others of the last century; and in speaking of more recent times he did not omit paying a well-merited compliment to his own distinguished master, M. Bretonneau. In the course of his remarks he took occasion to state that this new system proposed by M. Bouchut is not quite of yesterday, and that M. Reybard, and especially M. Loiseau, were names not to be passed over in silence in connexion with it. The former, he stated, introduced, some time ago, a tube by the mouth into the larynx for the purpose of obviating the operation of tracheotomy; but that, for reasons best known to himself, he had not continued the practice. More recently the same idea had occurred to M. Loiseau, who caused a series of tubes to be prepared by Mathieu, the surgical instrument-maker; being, however, convinced of their inapplicability, he never employed them. While, therefore, according to M. Trousseau, M. Bouchut cannot lay claim to originality in this new method of treatment, he is, nevertheless, entitled to the credit of having given it a really practical form, inasmuch as in M. Reybard's case the execution was imperfect. The general conclusions of the Commission, which are much more lenient as regards M. Bouchut than could have been expected from the body of the report, are as follow:—1. That the tubage of the larynx may, in certain cases of acute laryngitis, become a curative measure by retarding asphyxia. 2. That in certain chronic affections of the larynx it may permit of tracheotomy being delayed, and thus afford time for Medical treatment. 3. That it can but very rarely be substituted for tracheotomy, which still remains the chief remedy for croup. The question is not yet, however, finally settled, as, at a meeting of the Academy held on the 16th, a somewhat redoubtable opponent, in the person of M. Malgaigne, took up the cudgels, and with considerable energy combated the views put forth by M. Trousseau in his report. The latter gentleman is expected to reply to M. Malgaigne on Tuesday next, when he will no doubt fight valiantly in defence of his original position.

At the Hôtel Dieu, Salle St. Jean, in the service of M. Robert, is a case of some interest from its rarity, as well as from the peculiar symptoms by which it has been accompanied. The patient, a domestic, about 30 years of age, received, some six years ago, a kick from a horse over the lower portion of the sternum and a little to the left. Three or four weeks after the receipt of the injury he complained of pain, and remarked a little lower down, and to the right of the median line, a swelling about the size of a hen's egg, which became larger when he was subjected to anything like severe work. His digestive organs became deranged, and from time to time there seemed also to be considerable disturbance of the functions of the liver, as evidenced by occasional hepatic colics, vomiting, and the jaundiced appearance of the skin. This continued functional derangement made a decided impression on his general health, and for the last few months he has been totally unable to pursue his usual vocation. On examining this patient M. Robert diagnosed an epigastric hernia, the contents of which he believed to be the pyloric extremity of the stomach, with, perhaps, a small portion of the duodenum, and to the displacement of which important parts of the digestive apparatus, he attributed all the above-described symptoms. So far as the case has gone, there *is* reason to believe that this opinion is correct, as, since the reduction of the tumour and the subsequent application of a hernial bandage maintaining its contents *in situ*, the health of the patient has become ameliorated, and all the unpleasant feelings, of which he complained, have almost entirely disappeared. For some days past he has been employed in cleaning and doing other kinds of heavy work in the service of the ward, without any recurrence of his former symptoms. On examining minutely his abdomen a congenital peculiarity is remarked, which may have some connexion with the hernia in question. Throughout the whole length of the median line there is a much larger space between the fleshy portions of the recti muscles, forming, as it were, a deep furrow, than is usually observed, and hence a hernia is more likely to appear under such a conformation, than in an ordinarily constituted subject. In the same ward are two cases of chronic cystitis, which M. Robert is treating by the introduction into the bladder of carbonic acid gas and the fumes of chloroform combined. The formula is as follows:—Two grammes (½ a drachm) of chloroform are evaporated into an india-rubber bag, which is previously partially filled with carbonic acid gas—the two gases thus combined are forced into the patient's bladder, which has been previously emptied of its contents by means of the catheter.

The forcible distention of the bladder, thus produced, seems to be attended with considerable pain and uneasiness; but, as the gas undergoes the process of absorption, the patient experiences marked relief for some time afterwards. I have seen the injection of carbonic acid gas alone employed with very good effect by M. Jobert, in cases of chronic catarrh of the bladder, accompanied with much irritation and inability to retain its contents for more than a quarter of an hour at a time. After each application of the remedy a marked increase of the retentive power of the organ became apparent. In the "Salle St. Maurice," two operations for vesico-vaginal fistula have been performed by M. Jobert within the last ten days. In one of these operated on, nine days ago, the sutures have been removed, and the cure is likely to be perfect. In the other case, operated on the day before

Digitized by Google

yesterday, I shall describe to you the appearances presented on examination by means of the speculum. There was considerable erythema of the external parts caused by the constant dribbling of the urine. About an inch from the meatus urinarius was a fistulous opening, a little to the right, and running obliquely upwards and inwards. Such was the size of the fistula, that the simultaneous introduction of three female catheters was accomplished with ease and without pain to the patient. A further complication in this case consisted in the destruction, by previous ulceration, of a large portion of the neck of the uterus. The poor woman, aged 33, was delivered of her third child some three months ago, by means of instruments, to the unskilful use of which her misfortune is to be attributed. In the operation, which was unusually tedious, four sutures were employed.

Mr. Bozeman, of Alabama, whose name is familiar to most of your readers, in connexion with operations of the above nature, and whose recent visit to the principal towns in England and Scotland invests him with a certain amount of interest, has been in Paris for the last ten days. I stumbled upon him while he was in the act of examining a patient, at present under the care of M. Robert, of the Hôtel Dieu. This eminent French surgeon, after having listened attentively, through the medium of an intelligent interpreter, to an explanation of Mr. Bozeman's system, very kindly placed the patient at his disposal for operation and treatment. Mr. Bozeman accepted the case, and performed the operation a few days ago. He has also, I understand, operated on a case under the care of M. Nélaton, of the "Clinique." The result of these cases I shall furnish you with in a future letter. It is but justice, however, to Mr. Bozeman to state beforehand that, previous to his undertaking the operation at the Hôtel Dieu, and before even there was a question of his operating, he very distinctly intimated to M. Robert, that, although the case under consideration might be cured by one operation, there was, from its peculiarity, a strong probability that a second operation, of a minor description, might be required. If, therefore, this case do not succeed entirely, and Mr. Bozeman should, in consequence of previous arrangements, be obliged to quit the French capital before a complete cure has been effected, the insuccess must not be attributed to any fault in his system, or to any want of dexterity on the part of the operator.

The "Bulletins" of the Civil Hospitals, forwarded every morning to the Préfet of the Seine, prove, that since the commencement of the present century, the public health, as well in the capital as in the entire Department of the Seine, has never been so good at any similar season of the year as it is at this moment.

GENERAL CORRESPONDENCE.

IRON-THREAD SUTURES AND SPLINTS IN VESICO-VAGINAL FISTULÆ.

LETTER FROM PROFESSOR SIMPSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Be so good as to allow me a little space in reply to the last paragraph in the letter of my friend, Dr. Bozeman, inserted in your journal for November 27. Since the date of Dr. Bozeman's visit to Edinburgh in the month of August, I have operated on five cases of vesico-vaginal fistula.

In the first of these five cases I operated on Dr. Bozeman's plan, and with Dr. Bozeman's own set of instruments. The fistula required five sutures. The wound united opposite four of these sutures; but gave way early opposite the middle suture of the five. At the time of operating I was quite aware that the lead crotchet or pellet fixing the wire was not applied accurately, because it slipped obliquely when I compressed it with the forceps used for the purpose, an accident no doubt attributable to my own clumsiness. But as this mischance with the crotchet or pellet could not be rectified without cutting out and replacing this suture and the two already fixed, I thought it best at the time (perhaps erroneously) to go on fixing the two remaining threads, under the hope they would prove sufficient to close the lips of the wound. Betimes, however, urine escaped opposite this middle thread, and a small fistula still remains, which I hope to close at another operation.

In the second case, a patient of Dr. Brown's of Melrose, I operated in the country with comparatively imperfect instruments; but the result was entirely successful. The fistula was of twenty-nine years' standing. The patient now retains and passes her urine as well as ever. In this case I used a lead shield or button on Dr. Bozeman's principle, but with this difference, that instead of boring one set of holes in the shield, I bored two, leaving thus as it were a bar in the middle line between the two set of parallel holes. I tied the sutures with a common knot over this bar.

The next two cases were also perfectly successful at the first operation. In both I employed an iron-thread splint instead of Dr. Bozeman's lead button. Of these, the third in this series was a case where the fistula was of 12 years' duration.

The fourth case was an instance of the operation on a patient 64 years of age. She had been the subject of fistula for thirty-two years. As in the two preceding cases, the fistula was perfectly closed, and the patient quite cured by the first operation.

I operated on the fifth case only eight days ago, so that it is too early to know the final result; but as yet all the urine has passed by the urethra. In this case the aperture was very large, a great part of the vesico-vaginal septum being wanting. One stitch touched the cervix uteri above, and was introduced alongside of the urethra below. The bladder protruded in an inverted form so much and largely through the fistula as greatly to impede the performance of the operation.

In all of these cases I have used the common blue iron-wire (No. 32 of the wire-measurer's gauge) as the suture-thread. It is stronger, cheaper, and altogether more easily worked with than silver-wire.

In the last three cases I have placed and fixed around the wound, for the purpose of steadying and consolidating its walls, a slender oval splint made of the same iron-wire as the sutures are formed of. The vesico-vaginal septum is a very mobile wall or structure, with muscular tissue in it, which, in some cases, after the operation, is constantly attempting to act, as seen in the twisting, and sometimes in the expulsion of the curved catheter of Dr. Sims. Hence it has appeared to me always a matter of high moment, as regards the success of this operation, to have some means of preventing the lips of the wound being moved by these muscular contractions in the vesical walls; or, in other words, to have some means of consolidating, as it were, for the time being, the edges of the wound, and the parts situated more immediately around it. A simple stitch or suture, or a series of them, is liable to allow the wound slightly to gape under any movements in its edges. If you will try the experiment upon an opening cut in a piece of thickish leather or the like, and closed by simple stitches, you will see the truth of this remark, if you afterwards move the edges of the opening in imitation of the muscular contractions of the bladder. Dr. Bozeman's ingenious button-suture effectually prevents the disturbing effect of such movements lengthways, or in the longitudinal direction of the wound. But it has no power to prevent the evil effects of such movements if they occur crossways, or transversely to the direction of the wound. The structures on which the sides of his button or shield are placed are not restrained from movement by the presence of the button; and may (as I saw in the second case) move quite away from it, so far endangering the reopening of the lips of the wound by the mobility which is thus permitted.

The slender, oval, iron-thread splint which I have employed in the last three cases, overcomes, as I fancy, this difficulty, as it so far consolidates the lips of the wound, and, indeed, all the parts included within the oval space, as to prevent them moving or being moved, either in a longitudinal or transverse direction. It is made by twisting ten or twenty wires of the size already indicated into an oval circlet or ring, capable of including the lips of the fistula-wound, and a few lines of the vesico-vaginal septum on either side within its concavity. It may be made, of course, and that quite readily, of any special shape or size that may be required. By a common borer, two, three, four, or more small openings can be made among the wires on each side, so as to correspond to the number of sutures used. After the edges of the wound are brought

Digitized by Google

together by the adjuster of Dr. Bozeman, or any corresponding instrument, the splint is fixed by passing first the iron-threads of one side of the wound, and then those of the other side, through the corresponding holes in the splint; afterwards sliding it down along the threads to its place; accurately fitting and adapting it there to the parts by the finger, a process which the flexibility of this light splint greatly facilitates, and ultimately fixing the sutures across it, tying or twisting them over the lower bar of this little apparatus. When duly adjusted and fastened, it appears to me to compress and consolidate the lips and immediate vicinity of the wound in a way which the plans previously proposed have not so completely effected. Besides, it is easily made, easily applied, and at last easily removed; for by dividing the wires below its lower bar, and turning back the splint, and then withdrawing it with dressing-forceps, the suture wires come out along with it.

Permit me to add, that I have found a tubular or hollow needle very greatly to facilitate the introduction of the metallic threads. After the needle is passed through both lips of the wound, the iron-wire is pushed on through the tube or perforator in it, and seized with a pair of long forceps as it protrudes from the upper end of the needle. The needle is then withdrawn and the wire left.

Dr. Bozeman seems to think that the operation for vesico-vaginal fistula is one which is free from all risk to life. I doubt this proposition; and my only wonder is, that more instances of complication, and even of death, have not occurred after its performance. The patient is liable from it to the dangers of pyæmia, etc. attendant upon all wounds of the pelvic organs. But there is also another source of danger in this operation; viz. the danger of infiltration of urine, with all its evil consequences, between and into the raw or suppurating lips of the wound on the vesical side, provided the internal surfaces of the lips are not completely closed, which they can scarcely in all cases be expected to be, by the sutures employed.

I am, &c.

Edinburgh, Nov. 27, 1858. J. Y. Simpson.

SURGICAL INSTRUMENT-MAKERS AND LITHOTRITY INSTRUMENTS.

Letter from Mr. Hilliard.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my weekly perusal of your excellent journal, I have remarked the freedom with which the distinguished members of the Medical profession express opinions, suggest ideas, describe cases, request advice, and reason together; and I have often wished that Surgical Instrument Makers, whose business is not altogether an unimportant auxiliary to Surgery, might, in imitation of their patrons, obtain from you a corner in which their views could be stated, their inventions made known, the mechanical points connected with business discussed, and a friendly feeling expressed towards one another. Such an intercommunication, I feel assured, would be beneficial to all practical Instrument Makers, whether metropolitan or provincial; and would distinguish us from the mere vendors of instruments, the construction of which they know little about, and less of their application. The result of such interchange of thought might be many valuable improvements and inventions, and great general professional advancement.

If the subject of these remarks should meet with your approval, and you can spare space occasionally for such matter, permit me to submit the following question for discussion and decision; and respectfully, and in the most friendly spirit, to solicit the sentiments of my brethren in business, and others of your readers upon it.

"Is a lithotrite which is cut out of a solid bar of steel stronger than one made from a bended plate of that metal? the two instruments being proved to be equal in external calibre, by passing each from point to shoulder, through the same circular perforated gauge-plate."

Experience in the manufacture of lithotrites confirms me in the opinion that the strongest instrument can be obtained when the grooved external blade is formed by being bent on a mandril. When constructed in this manner I find the inner and outer blades are of more equal strength, and the inner blade less liable to give way in the dovetailed part; and the smaller the size of the instrument the more is this superiority, in my humble opinion, secured.

I am aware this opinion is not entertained by many manufacturers; and I regret exceedingly to know that it runs counter to an express declaration which I find in the recent and highly-valued work on Surgery by Mr. Erichsen, who writes, p. 899: "The lithotrite should always be cut out of a solid bar of steel, and not, as is the case with some foreign and cheap instruments, be made of a plate of this metal turned up at the edges, as such a one possesses too little strength to be used with safety."

I feel myself chargeable with presumption in offering an opinion so opposed to the conclusions of Mr. Erichsen, and would plead in defence, that the subject is not Surgery, but a question in mechanics, upon which an instrument maker's knowledge and experience may fairly be allowed to bear I admit there are many inferior "cheap foreign instruments," constructed on the principle I advocate, "which possess too little strength to be used with safety;" but I maintain these instruments are not fair specimens of that principle of construction which I adopt and believe to be the best. This question is of vital importance to the Lithotritist and likewise to the patient, and must not be decided by comparing instruments of inferior workmanship, but by submitting those which are approved by the supporters of each principle to a test which shall determine beyond a doubt whether the "cutting" or the "bending" produces the strongest lithotrite.

I am, &c. William Buxton Hilliard,

Instrument maker to the Royal Infirmary, Glasgow.

[We are always very glad to insert practical communications from instrument makers, as well as short accounts of new instruments, or of improvements on old ones.—Ed.]

SUPPLY OF SUBJECTS FOR DISSECTION.

Letter from C. F. Maunder, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—No less than two months out of six of the valuable time annually allotted to the student of Medicine and Surgery for acquiring a knowledge of that all-important branch of his studies—anatomy—has passed, without the opportunity being afforded him of gaining that amount of information which will enable him to go through, creditably to himself and the hospital to which he belongs, the ordeal of an examination legally qualifying him to practise. The industrious student, though he may rejoice when the examination is over, does not willingly rest satisfied with acquiring only that amount of knowledge which will "get him through" the various examining boards. But how is the minimum degree of information to be obtained, unless ample opportunity for the study of practical anatomy be afforded him? Lately, a good and important change in the mode of examination has been proposed and will be carried into effect by the College of Surgeons. This alteration necessitates, more than ever, the study of practical anatomy; and no one is more alive to this fact than the student himself, whose success in life will mainly depend upon his passing a creditable examination. Daily am I asked, "How am I to prepare for examination, unless subjects are provided for dissection? When shall we have more subjects?" To these queries I am compelled to reply, "I cannot say." Such must be the humiliating answer given by all teachers of anatomy. What is the reason of this dearth of subjects? It is because the supply of the dissecting rooms is left to the caprice of certain undertakers, contractors for unclaimed bodies, in the different unions around London. These men, if better paid by the hospitals than by the Poor-Law Guardians, are pleased to bring their subjects to the dissecting-rooms. Who is at fault in this matter? Surely not the undertaker, who has a perfect right to dispose of his goods to the highest bidder. Certainly not the Inspector of Anatomy, who has no power over the undertakers. In fact, this is just one of those anomalous cases in which the blame can be laid to no man's account. That which we require and must have, is an authority, granted by Government, to compel Poor-Law Guardians to give up to the Inspector of Anatomy all unclaimed subjects. But in the absence of this authority, what is to be done? I would suggest that a higher price

Digitized by Google

be immediately offered for subjects rather than allow the student to want. In support of this, I may mention the case of an undertaker who holds contracts of interment from four unions, and who, since the commencement of the present session, has buried no less than thirty subjects at parish price, rather than dispose of them to the hospitals at the rate now offered, namely, from fifty to seventy shillings per subject, because he has not received his customary bonus of £30. Surely this state of things, so discreditable to the Profession, ought not to exist! Is the source of our knowledge to be confined within the precincts of an undertaker's shop, and to be meted out to us bit-by-bit, as best may suit his purse and purpose; or will the examining bodies interfere and induce the Government to make the Profession independent of Poor-Law Guardians and their satellites?

I am, &c. C. F. Maunder, F.R.C.S.
Demonstrator of Anatomy at Guy's Hospital.

THE NAVAL MEDICAL SERVICE.

Letter from Dr. Stevenson.

[To the Editor of the Medical Times and Gazette.]

Sir,—I attended the meeting of the Naval Medical Supplemental Fund Society on Wednesday last, and could not but admire the very great trouble the chairman (who is *ex officio* President of the Society) took to reconcile conflicting opinions, as to the best means to be adopted to carry out the objects of the Society, or to dissolve it. As a Committee was appointed to determine these knotty questions, I will for the present give no opinion about the matter, but endeavour to interest the Profession at large upon the subject of the "Warrant," which the Naval Medical Branch is so anxiously looking for. It appears, Sir, that the great difficulty in forming this "Warrant" is, how to arrange the rank of the Medical Officers.

How can there be any difficulty, when, being civilians, the Medical Officers never can interfere with the command of a ship, or sit on Courts' Martial? I can see none.

At present the Assistant-Surgeon takes rank with mates in the navy, and lieutenants in the army. Pray, such being the case, why may he not, after ten years' service, take rank with lieutenants in the navy, and relative rank with captains in the army? Is this impossible?

Have that Immaculate Board who administer the naval affairs of this Great Nation quite blotted out from their remembrance the Order in Council of George III., issued in the year 1805!!! to the effect, "That the Medical Officers of Her Majesty's Navy shall be placed upon a similar footing with their brethren of the Army," which to this day has never been acted upon? Or do they wish to retain and obtain men for their Medical Department similarly educated with their brethren of the Army?

I humbly pray that this note, and similar notes, may awaken the Admiralty to their impending danger. Let them forget the days of Roderic Random, and recollect that a young man of twenty-one years of age, now-a-days, is better educated, much better educated, than we who entered the Navy three or four and thirty years ago.

I am, &c.
Jos. Stevenson, M.R.C.P., late Surgeon, R.N.
Hastings, Nov. 30, 1858.

TURNING IN NATURAL LABOUR.

Letter from Dr. Hancox.

[To the Editor of the Medical Times and Gazette.]

Sir,—On reading over the excellent paper "On Delivery of the Child," etc. by Mr. Figg, I at one time entertained the same opinion as that gentleman, that "two athletic men" would have some difficulty to pull the body from the head of an infant; but during the last few weeks, I am sorry to say my opinion has been changed, in consequence of a Surgeon, who after making a natural presentation into a preternatural one, endeavoured to deliver the head, both by manual efforts and by means of the vectis, when the body separated from the head, leaving the latter undelivered, in which condition the poor woman lingered for nearly two days, when death put a stop to her sufferings. This case I think will not bear out Mr. Figg's theory, "that the act of procreation is keeping pace with the advancement of science in the nineteenth century." I should be inclined to think, judging from this case, that science is not keeping pace with the advancement of procreation, and also that the neck of this child could not have been any "more substantial in character than those of our ancestors," by which Mr. Figg meets the difficulty of the cases, similar to the above, related by Denman,—or if the contrary, the amount of force used in this instance by the disciple of Æsculapius was more powerful and rash than justifiable.

I am, &c.
Wolverhampton, Nov. 1858. Henry Hancox, M.D.

[To the Editor of the Medical Times and Gazette.]

Sir,—Though not at all disposed to go nearly so far as Dr. Figg in his advocacy of turning in natural labour, yet I am not inclined to find fault with him for giving us an opportunity of judging of the results of the practice he adopts. But I want to know what are those results? He tells us nothing in his paper as to the mortality of the children he has brought into the world feet instead of head foremost. Will he do so, and let us know how many of them are alive?

I am, &c.
November 30, 1858. A Licentiate in Midwifery.

ON CHLOROFORM IN MIDWIFERY.

Letter from Dr. William Williamson.

[To the Editor of the Medical Times and Gazette.]

Sir,—It may be matter of regret that Scotland does not enjoy the advantages conferred by coroner's inquests; but how the existence of such an institution could in any way improve Dr. Lee's present position with regard to chloroform, it is by no means easy to imagine. England fortunately can boast of such a court of inquiry, which allows nothing to remain hid, which lays bare all secrets before the public gaze. There we should expect to find the Registrar's returns from time to time presenting a long list, and telling a sad tale of the havoc wrought by this "treacherous poison" in child-birth. Is it so?

Perhaps Dr. Lee will condescend to answer this question, though hitherto he has maintained such a dignified, though well-judged silence to my inquiries on the subject.

I am referred by a correspondent in your No. of the 20th of November, to the *Medical Times* of September, 1854, for a full explanation of Dr. Lee's reasons for objecting to the administration of chloroform in any case of midwifery.

I have perused the paper carefully, but in it I can find no justification of Dr. Lee's wholesale condemnation of the anæsthetic.

In not one of the seventeen cases of parturition in which chloroform was inhaled with pernicious effects did Dr. Lee administer it; in none of them did he even see it administered.

On what testimony then does he rely for the truthfulness of his statements? His own, or that of others? In how many cases of parturition has he himself administered chloroform, and with what results? for this is the point at issue.

It is not surely in the same philosophical spirit in which he appears to have conducted his investigations on this subject, that he would advise the young men who study at St. George's to pursue their search after knowledge and truth.

Dr. Lee is at liberty to hold any opinion he chooses with regard to chloroform; but he is most assuredly not entitled, from his personal experience of this agent, to designate the practice of those who differ from him, as "ignominious and disgraceful."

Before the discovery of chloroform such diseases as puerperal mania and uterine phlebitis were not unknown to Physicians, and not unfrequently dangerous symptoms, as convulsions, hæmorrhage and inertia uteri were met with. It has since been discovered that this anæsthetic can give rise to all of them.

Though not disposed to question the accuracy of the two

Digitized by Google

reported cases of death in Scotland, they would seem to require, and will certainly bear, investigation.

In the first, we are favoured with some particulars, but are left in the dark as to who gave the chloroform, whether a Professional man or not.

Of the second case, which occurred in Edinburgh, we know absolutely nothing.

That chloroform can extinguish life, no one who has made experiments with it on the lower animals, or watched its effects on the human subject, will be prepared to deny; and that a fatal result may not take place even in experienced hands, I do not for a moment assert. Indeed, the more extended my experience of chloroform in midwifery becomes the more convinced I am that it should be administered only, either by a professional accustomed to use it, or under the immediate superintendence of such an one. But is that a reason why it is never to be used in any case of midwifery? By no means. Dr. Lee may rest assured that the line of conduct he is pursuing with regard to chloroform has not the approval of those members of the Profession who are accustomed to judge for themselves, who refuse to be blinded by others, or to be misled by the statements of one who has manifested in so unmistakable a manner either a prejudice against a new discovery, or a dislike of the discoverer.

I am, &c.

Aberdeen, Nov. 29, 1858. Wm. Williamson, M.D.
Physician to the Royal Infirmary.

SECOND IMPREGNATION AT THE FOURTH MONTH OF UTERO-GESTATION.

Letter from James Pearson Irvine, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—Mrs. S. aged 22, a stout, healthy-looking young woman, commenced labour of her first child on the evening of November 7, the pains continuing at irregular intervals till the 11th, in the afternoon of which day I was called in, and found the pains, though short and ineffectual, occurring at regular intervals of five minutes. Upon inquiry, I ascertained that she had been married two years, and that eighteen months ago she had an abortion at the tenth week, from the effects of which she quickly recovered, regaining her usual strength in a surprising manner till the commencement of her present conception, since which time she has been in a moderately healthy condition. About four or five months ago she was, according to her own statement, seized with the impression that she was conceiving twins, and had subsequently at various times made mention of the same to her relatives. Finding, on examination, a rigid os uteri, I left her, informing the nurse to send for me when the pains became stronger. At 11 o'clock the same evening I was again summoned to my patient, and, to my utter astonishment, found presenting umbilically, what I supposed to be a premature fœtus, which, by a few further efforts of the uterus, was expelled with a gush of liq. amnii. This I concealed under the bed-clothes, informing my patient and the bystanders that it was merely the passage of a few clots of blood. I now laid my hand on the abdomen, and found the cavity of the uterus still occupied; and examining *per vaginam* I discovered the head of a fœtus pushing before it a tense bag of liq. amnii. The pains gradually increased in strength and efficacy till 2 a.m. when the natural delivery of a mature, full-grown fœtus took place, and shortly after the placenta was expelled. I then directed the all-inquisitive nurse to go down-stairs and make the mother a cup of tea, and during her absence I ascertained that the mass first expelled was a fœtus of from four to five months, in a high state of preservation, attached by its cord to a separate placenta, which was intimately blended with that of the mature fœtus; still there was a distinct line of demarcation between the two.

Now the question of superfœtation is one of the unsettled points in the Profession, and for that reason I have thought it advisable to bring forward the facts of the above case, testifying that superfœtation may occur even at the fourth month of utero-gestation. Can it possibly be argued, in contradiction to this view, by the supporters of the theory of non-superfœtation, that this fœtus presenting no abnormal peculiarities was arrested in its development at the fourth or fifth month, and yet lived the full period of pregnancy?

I am, &c.

Galgate, by Lancaster. James Pearson Irvine,
Surgeon to the Union of Lancaster.

MEDICAL TITLES.

[To the Editor of the Medical Times and Gazette.]

Sir,—The important question of Medical Titles, the discussion of which it was anticipated would provoke violent controversy in the Medical Council, has, we are informed, been solved in the best possible way by a resolution of Council not to fill up at all the fourth column of Schedule D appended to the Medical Act. In future, therefore, every one will practise according to his qualification or qualifications, and the public are left to judge for themselves concerning the respective merits and diplomas of Practitioners who seek to become their Medical advisers. No direct or indirect coercion can be exercised towards University Graduates to compel them unwillingly to enter a College of Physicians. They are now Practitioners of Physic throughout her Majesty's dominions; and in the provinces, at least, will continue to practise and hold appointments as Physicians, as heretofore they have done, either by right or usage. In the metropolis, as the Medical Act does not interfere with the regulations of charities supported entirely by voluntary contributions, Medical Graduates may, for some time yet, be excluded from the larger and more exclusive hospitals; but this state of things must eventually give way to public opinion in favour of such superior qualifications as the London University requires of its candidates for degrees. Nothing can be a greater mistake than to urge, as some persons are inclined to do, that a Degree in Medicine from a university is only equivalent to a Degree in Laws, and that a licence from a College of Physicians is as necessary for one who wishes to practise as a Physician, as a licence from the Inns of Court is essential to the LL.B. who wishes to practise as a barrister. The important difference consists in the fact that the Universities have licensed, from time immemorial, to practise Physic, and the right has been confirmed by the recent Act, while they have never at any time licensed for the bar. According to your own leading article two weeks ago, Sir, the Graduates of the London University are confined to the practice of Physic, and cannot practise Surgery, Midwifery, or Pharmacy. If this be true, they are, *à fortiori*, Practitioners of Physic, and therefore Physicians,—not necessarily members of a College of Physicians.

The Act will evidently bear most severely on General Practitioners with only one qualification. Members of the Society of Apothecaries cannot henceforth assume the title of Surgeon, as many have heretofore done; and Members of the College of Surgeons cannot sue for medicines and Medical attendance in virtue of their single qualification. To a complaint of this hardship, which has been preferred to the Medical Council by a number of older Practitioners, the only response that could be given was, that the Council had no power to alter the law.

After what has occurred in the late meeting of Medical representatives in Council, the Profession naturally looks with anxiety to what the Corporations and Universities will do in setting their respective houses in order under the new regime. It has been ordered that every examining body shall submit its regulations for approval before the adjourned meeting of Council next year, and each one will be eager to make the best possible appearance. This is a most important step towards more equal qualification. The Scottish University Commission is already sitting, and not for the purpose of taking evidence to fill blue-books, but of radically reforming these institutions. Ere long the entire management of curricula and examinations will be removed from that much complained of—the Professional body, and vested in the University Courts. If in any University discipline has hitherto been lax, it must be improved; and, although, it must be confessed, imputations have frequently been cast on the Scottish Universities through sheer ignorance, it is now confidently anticipated that they will not rank behind any British University in the excellence of their qualifications. The *on dit* is, that the London College

Digitized by Google

of Physicians intend, under the new charter, to admit as Fellows all present licentiates, and take in all Doctors of Medicine practising as Physicians as Licentiates at a reduced fee, subjecting them to examination for the future fellowship. Surely the College cannot contemplate anything so suicidal as the latter. The grade of licentiate is felt everywhere to be simply the position of a General Practitioner, and the College cannot expect to recruit its exhausted finances by enrolling M.D.'s as Licentiates when they are already licensed to practise physic in virtue of their degrees. The ranks of the College cannot be recruited by the few aspirants to London Hospital appointments; and what Doctor of Medicine from the Provinces will be so insane as to pay £10 for the equivocal title of L.R.C.P.L. which gives him no rank or vote in the College proceedings, and when he must submit himself to further examinations for fellowship in the College? The fancied dignity of a few who happen to be in the College, may instigate such a wrong framing of the new charter; but the interests of the College itself speak strongly against it, and the improvements in the Universities do not require that these graduates should be submitted to any further examinations for the highest grade any College can give them. Let the College of Physicians unite with the College of Surgeons as empowered by the recent Act, if they wish to examine for an order of licentiates; but where a University degree is acknowledged to be good its graduates should be admitted to the fellowship, if a ballot proves that the society of the applicant is agreeable to the remanent fellows. By one of the clauses of the Act the Fellows of the Dublin and Edinburgh Colleges are to be admitted as members into the London College on payment of two pounds. What will Parliament say if, as is rumoured, the new charter creates a new order called *members* on purpose to include these, and prevent them procuring the fellowship? Perfect reciprocity of practice in the three kingdoms was intended by the framers of the Act, and rank for rank was no doubt the purpose of the clause mentioned.

Should such a proceeding be attempted, the matter cannot fail to be brought before the notice of the Legislature next session, and will necessarily add to the prejudices against the College.

I am, &c.

London, December 2, 1858. M. D.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 23, 1858.

Sir C. LOCOCK, President, in the Chair.

A paper by W. O. MARKHAM, M.D., F.R.C.P., was read

ON THE USES OF BLEEDING IN DISEASES.

The object of the author is to show, that by arguing from certain admitted facts respecting the effects of bleeding, a rule of practice may be deduced indicating the right application of the remedy in diseases. The conclusions at which he arrives are these:—1. There is no proof that venesection has any directly beneficial influence over the progress of inflammations, either external or internal. On the other hand, the injurious effects of large bleedings, especially in those inflammations in which the integrity of the lungs is seriously compromised, have been often demonstrated. 2. Nevertheless, venesection is, at times, of great service indirectly in the course of inflammations, and of all other diseases which occasion congestion and oppression of the heart, by removing this secondary consequence, which arises accidentally out of the inflammation. 3. In all cases in which venesection is of service, it acts alike—viz. by relieving the cardiac congestion: it neither arrests nor modifies beneficially the inflammatory process. 4. A marked distinction is to be drawn between the effects of bleeding in inflammations and the local abstraction of blood from an inflamed part. Local abstraction of blood materially influences the inflammation, reducing the most characteristic of its phenomena—the pain, the heat, the redness, and the swelling; but it only influences in this way internal inflammations when there is a direct vascular connexion between the part inflamed and the part whence the blood is drawn. 5. It is not denied that local irritation of an external part may influence an internal inflammation (even when there is no direct vascular communication between the skin and the inflamed part) by reflex action, conveyed thence from the skin through the vaso-motor nerves of the inflamed part. The author demonstrates the inefficacy of venesection over internal inflammations in two ways:—1st, by arguing of what is seen of its inutility in external inflammations; and, 2ndly, by the fact of the large and general concurrent testimony of modern experience, which has proved that large bleedings—the only bleedings which have any manifest influence over inflammations,—are often very injurious, their good effects being dubious and disputed. Venesection has been long since abandoned in the treatment of external inflammations because of the danger and inutility of the practice; and though less easily traced in the case of internal inflammations, the same conclusion has gradually forced itself on the minds of observers. The practice is no longer regarded as essential in their treatment; but the author cannot believe that physicians have been during so many ages, and still are, acting under a delusion as to the services rendered by venesection in internal inflammations. He, therefore, endeavours to explain the discrepancy by assuming the position—that venesection, as regards internal inflammations, is of service, not through any direct influence which it exercises over the inflammatory process, but in consequence of its removing certain of the secondary consequences which arise accidentally out of the inflammation—to wit, the oppressed and congested condition of the heart. He asserts that venesection is never required excepting when this congestion of the heart exists; but at the same time observes, that there are congestions of the heart, and periods in the course of all congestions, in which no relief can be hoped for from the remedy. Modern experience justifies this position; for venesection is rarely ever practised now, except in those diseases in which this congested condition of the heart necessarily plays a prominent part. The benefits, indeed, of venesection become more clearly manifest in proportion as the disease for which it is practised produces a higher degree of this congestion. As illustrations of this, cases are related in which the original disorders, provoking this congestion of the heart, lay respectively in the heart itself, in the lungs, in the abdomen, and in the brain. In all of them the same condition of the heart, and the same symptoms were present, claiming a similar treatment. The relief given by venesection, in three of these cases, was immediate and permanent; in two of them, no inflammation existed; and, in the third—one of pneumonia—the venesection had no influence over the inflammation of the lung, for the stethoscope demonstrated that the portion of lung inflamed was in the same condition of consolidation the day after as on the day of the bleeding; in the fourth case—injury of the head—the man was not bled, and died, the immediate and only apparent cause of death found being extreme congestion of the heart and lungs. Bleeding, it is believed, would have saved this man's life. He offers the same explanation of the benefit of venesection in wounds of the lung, long before inflammation exists, and he thinks that the same circumstances explain the relief of the pain often attendant on pneumonia, which, while occasionally due to pleurisy, he thinks more frequently produced by cardiac congestion—a pain which is sometimes felt when there is no pleurisy, or may not be felt when pleurisy is present. In certain conditions of disease of the heart and great vessels, in injuries of the head and apoplexy, and even in peritonitis, the benefits occasionally following venesection may all, he thinks, be referred to the relief of cardiac congestion. Such an explanation seems to the author clear and simple, and in complete accordance with our physiological knowledge, and our practical experience; and with reference to any other beneficial and direct actions, which venesection is supposed to exert over inflammation, he observes that all our knowledge of the effects of venesection has not yet enabled us to show what those other actions are; and all our modern experience manifestly tends to prove that venesection has no directly beneficial influence over inflammations, but that if large, it acts injuriously by weakening the system, which has to sustain the force of the inflammatory process. If the facts here maintained be correct, then it necessarily follows that the objects of, and indications for, venesection become clear and definite, and that a rule of practice may be established from

Digitized by Google

their consideration. It also follows that venesection is now-a-days less frequently practised than is desirable; that it must have been of service in other days, just as it is of service now; that it is requisite now, just as it was requisite then. The author next refers specifically to venesection in pneumonia. Here there are two main special facts to be considered, which contraindicate to a certain extent the venesection: 1st, the diseased condition of the lungs, which produces the cardiac congestion, cannot be removed by the bleeding; 2nd, the loss of blood is, so long as the pneumonia lasts and in proportion to its extent, an irreparable loss. Hence it follows that the more extensive the inflammation, and the more urgent the symptoms, the greater is the danger of venesection; and in fact, just in proportion as the bleeding is more required to relieve the heart, is the practice of it less applicable. In pneumonia, the function of the chief sanguificating organ of the body is arrested; and therefore to take away blood at such a time is to take away what cannot be restored so long as the inflammation lasts. The loss of blood, which might be borne with impunity in other inflammations, seriously compromises the future of the patient in this inflammation of the lungs. Venesection, he says, is applicable in pneumonia when the general symptoms have arisen rapidly and are severe, and when the inflammation is limited, as in the case related,—when the urgency of the symptoms is, so to say, out of proportion to the extent of the inflammation, as measured by the stethoscope; that is, when the aërating processes are not seriously and extensively compromised. The object of the venesection is, in all cases, to relieve the heart from its temporary embarrassments. When the congestion of the organ is the consequence of its own partial paralysis, then of course venesection cannot restore to it its equilibrium. With reference to the local abstraction of blood, Dr. Markham points out the importance of vascular connexion between the skin and the inflamed organ, reasoning from the analogy of external inflammations. The benefit of leeches in pneumonia he refers simply to the attendant inflammation of the parietal pleura, and thinks that in pericarditis the pain is frequently due to concomitant pleurisy, and is relieved in the same way. In endocarditis he believes they can be of no service; nor can they draw one drop of blood from an inflamed liver or kidney. In such cases he conceives that the benefits attributed to cupping or leeches may be due to other remedies employed at the same time. The author makes no attempt at any explanation of the mode of action of either venesection or local abstraction of blood. If the facts stated be true and rightly interpreted, their practical deduction may be accepted, without waiting for any theoretical explanation of them.

Dr. Mayo agreed with the author in his remarks on local bleeding, and considered his observations on venesection to be most accurate. Some more definite information was needed as to the expediency or otherwise of having recourse to blood-letting in cases of apoplexy. He remembered a case occurring in the Marylebone Infirmary in which the patient became suddenly insensible; the pulse was hard, and he became convulsed. Forty ounces of blood were abstracted, and the patient recovered. Venesection in apoplexy was now almost forbidden, but he thought the veto was carried somewhat too far. He agreed with Dr. Markham in thinking that there was no inconsistency in the employment of bleeding and stimulants; the one unloaded, the other exhilarated, and both quickened the circulation. In neuralgic cases he had sometimes tried steel without effect, but after taking a few ounces of blood the steel had answered. In other disorders, as in periostitis, bleeding had been known to alter the character of the disease, and render it more manageable. In the case of a gentleman who sprained his ankle, and suffered from intense neuralgic pains, the late Mr. Wardrop took seventy ounces of blood. The patient lost the pain, but his life was placed in great jeopardy.

Dr. J. A. Wilson referred to the extreme prevalence of bleeding twenty or thirty years ago, and mentioned a case of violent hysteria, in which the abstraction of blood was followed by the best results: the pulse rose during the bleeding, freedom of action was re-established, breathing became easy, the voice returned, and the recovery was complete. The object of bleeding was not to cut short inflammation—a process that often saved the life of the patient—but to restore action, and relieve the circulation. Formerly bleeding was adopted to a homicidal extent; but Medical men now went to the other extreme, and in consultation there was the greatest difficulty in obtaining consent to the abstraction of eight or ten ounces of blood, which could not be otherwise than beneficial. There was no general rule for bleeding, and each case should be judged of by itself. He did not believe that there was any degeneracy of the race, but that Englishmen were sturdier, and better able to bear bleeding than they were in his younger days.

Dr. Druitt thought the author was in error in assuming that any one circumstance was sufficient of itself to explain the good effects of bleeding in inflammation. There was no theory, no mode in which the effects of inflammation could be viewed, in which bleeding might not be held to be of service. If the blood was in excess, bleeding reduced the quantity; if it was of too great a specific gravity, bleeding lessened it; if it required to be aerated, bleeding rendered the process more easy.

Dr. Webster had found local bleeding exceedingly useful (not by leeches, but by cupping) in inflammation of the lungs in children. It might be observed in all ages of the world, that bleeding had been in great vogue at one period and in comparative disuse at another, in consequence of the different types assumed by diseases. The present disuse of bleeding was no doubt founded upon some such alteration. But, probably, in twenty years hence, diseases might again assume a more inflammatory character, so as to require bleeding as before.

Dr. Sibson agreed with the author as to the great influence of local bleeding on local inflammation, but considered that he had taken a too exclusive view of the effect of general blood-letting. Dr. Markham attributed pain in pneumonia to an obstruction in the heart itself; but if such were the case, how was it that the pain was, in nine cases out of ten, restricted to the seat of inflammation? In such cases the pain was from the pleuritis; and these were the very cases that were relieved by leeching. There could be no question that general blood-letting in pneumonia was of great service, not only by relieving the heart itself, but also preventing the farther extension of the disease in the lung. There were other cases, besides those mentioned by the author, in which blood-letting gave relief, independently of relieving any obstruction of the circulation in the heart; as, for instance, cerebral congestions. But if every other species of inflammation forbad venesection, this could not be the case with inflammation of the lung; since, in other inflammations, the blood could be abstracted by side currents, but every drop of blood had to pass through the lungs, which, when inflamed, presented a diminished channel, and therefore required the quantity of blood to be lessened accordingly.

The author having briefly replied, the society adjourned.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF LONDON, 1858.

The following are lists of Candidates who have recently passed the respective examinations in Medicine as indicated:—

BACHELOR OF MEDICINE.

PASS EXAMINATION.—FIRST DIVISION.

Batten, Rayner W. St. Bartholomew's Hospital.
Bazire, Pierre Victor, University College.
Broadbent, William Henry, R. Manchester S. of Med.
Cousins, John Ward, St. Thomas's Hospital.
Cusack, Samuel Athanasius, Dublin School of Medicine.
Down, John Langdon Haydon, London Hospital.
Foster, Michael, University College.
Hardwick, Robert G. Leeds School of Med. and Guy's.
Meeres, Edward Evan, King's College.
Nason, John James, Guy's Hospital.
Newman, William, St. Bartholomew's Hospital.
Smith, Thomas Parker, R. Manchester S. of Medicine.
Stallard, Joshua H. Queen's College, Birmingham.
Thomas, Edward Wynne, University College.
Tonge, Morris, King's College.
Walters, John, King's College.

Digitized by Google

SECOND DIVISION.

Barker, Walter Goodyer, London Hospital.
Bartlet, John Henry, University College.
Kitching, Charles Watson, Westminster Hospital.
Lloyd, Edward Harford, London Hospital.
Skinner, William, St. Thomas's Hospital.
Sutton, Henry Gawen, King's College.
Wallace, Richard Unthank, Guy's Hospital.

Examination for Honours.

PHYSIOLOGY AND COMPARATIVE ANATOMY.

Batten, R. W. St. Bartholomew's Hospital } Equal.
Bazire, Pierre Victor, University College }
Broadbent, W. H. (Scholarship and Gold Medal) Royal Manchester School of Medicine.
Down, J. L. H., Gold Medal, London Hospital.

SURGERY.

Walters, J. (Scholarship and Gold Medal), King's Coll.
Bazire, Pierre V. (Gold Medal), University College.
Batten, R. W. St. Bartholomew's Hospital } Equal.
Hardwick, Robert George, Leeds School of Medicine and Guy's }
Meeres, Edward Evan, King's College.
Broadbent, W. H. Royal Manchester S. of Medicine.
Smith, T. P. Royal Manchester School of Medicine.
Thomas, Edward Wynne, University College.
Cousins, John Ward, St. Thomas's Hospital.

MEDICINE.

Batten, Rayner W. (Scholarship and Gold Medal), St. Bartholomew's Hospital.
Thomas, Edward W. (Gold Medal), University College.
Stallard, Joshua H. Queen's College, Birmingham.
Bazire, Pierre Victor, University College.
Hardwick, R. G. Leeds School of Medicine and Guy's.
Walters, John, King's College.

MIDWIFERY.

Broadbent, William Henry (Gold Medal), Royal Manchester School of Medicine.
Newman, William, St. Bartholomew's Hospital.
Hardwick, R. G. Leeds School of Medicine and Guy's.
Walters, John, King's College.
Bazire, Pierre Victor, University College.
Nason, John James, Guy's Hospital.
Smith, T. P. Royal Manchester School of Medicine.

DOCTOR OF MEDICINE.

FIRST DIVISION.

Anstie, Francis Edmund, King's College.
Bazire, Pierre Victor, University College (a).
Fawcus, James, University College.
Fox, William Tilbury, University College.
Jones, William Price, University College.
Meadows, Alfred, King's College.
Palmer, Thomas, Apothecaries' Hall of Ireland.
Spitta, Robert John, St. George's Hospital.

(a) Mr. Bazire is recommended for a Gold Medal for his Commentary and Clinical Examination.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 26th ult., viz. :—

Allen, William Edward, York.
Clay, John, Birmingham.
Cooke, John Charles, Newent, Gloucestershire.
Croft, Thomas Hardman Wilson, Snitterfield.
Davie, John Chapman, Merton, Surrey.
Devereux, David, Bromyard, Herefordshire.
Green, David, Leigh, near Manchester.
Heywood, John Henry, Manchester.
Macafee, John Philpot Archibald, Lisburn, Belfast.
Pile, William, York-place, Portman-square.
Rice, David, Stratford-on-Avon.
Robinson, Samuel William, Cork.
Savery, Joseph Planta, York-buildings, Hastings.
Shepherd, James, Blackburn, Lancashire.

At the same meeting of the Court, Mr. Jacob Edward Dyas, of the Royal Naval Hospital, Plymouth, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date May 10, 1850.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 25th of November :—

Batho, Robert, Amesbury, Wilts.
Bigland, Thomas, Bigland Hall, Lancashire.
Collyer, James, Fulham.
Hamilton, John, Manchester.
Holmes, John, Chesterfield.
Lockwood, Joseph, Armitage Bridge, Huddersfield.
Plowman, W. Taunton, Brunswick House, Torquay.
Summers, William Alexander, Ilminster, Somerset.
Take, William Barney, Dover, Kent.

In addition eleven gentlemen passed their first examination.

APPOINTMENTS.

Dr. Stedman has been appointed Physician to the Sussex and Brighton Infirmary for Diseases of the Eye, vice Dr. Pickford, resigned.

Mr. Henry Penfold, Assistant-Surgeon, has been appointed Surgeon to the Sussex and Brighton Infirmary for Diseases of the Eye, vice Mr. Seabrook, resigned.

Mr. R. P. B. Taaffe has been appointed Assistant-Surgeon to the Sussex and Brighton Infirmary for Diseases of the Eye, vice Penfold, promoted to the Surgeoncy.

DEATH.

Hedger.—On the 25th November last, at Torquay, Alfred Hedger, M.D. St. And. 1855; M.R.C.S. Eng. and L.S.A. 1852; late of Colney Hatch, aged 28.

L'Union Médicale informs its readers that Lord Brougham has presented to the Academy of Sciences two discourses lately delivered by him, one on *Isaac Nathan*, the other on popular literature.

The widow of Dr. Marshall Hall has written to the French Academy of Sciences to request that a sealed paper deposited with the Academy a short time before his death, should be opened. The note was duly opened, and contained a proposal respecting an operation for the extraction of vesical calculi.

Medical Benevolent Fund.—A donation of £50 has just been received from Bishop Maltby by the committee of the above fund, in addition to his previous grants.

St. Gabriel's Church, Pimlico, has been closed at the wish of Dr. Aldis, Medical officer of health, in consequence of the vaults being filled with pestilential gases, caused by obstructed drainage.

Leeds Infirmary.—£2000, the surplus profits derived from the late musical festival at Leeds, have been handed over to the Leeds Infirmary by Sir Peter Fairburn and the Festival Committee.

What Stethoscopy can do in France.—"I have been able," says M. Piorry, "now for some months to define with the utmost complete exactness, and during life, the points of the chest which correspond to the left auricle of the heart. I can trace out on the back a perfect outline of the heart, in the same manner as I have long been able to do on the front of the chest. I have also found out a means whereby to judge with precision the thickness of the heart, its depth within the thorax, or the extent of lung which separates it before and behind from the surface of the chest. Moreover, I am also able to determine in the living the thickness of the walls of the left ventricle of the heart, and approximatively the proportion of blood contained in it."

Digitized by Google

INDIAN MEDICAL SERVICE.—We have reason for believing that an increase will shortly take place in the Medical Staff already allowed for service in India, and that additions will be made thereto to the extent of about five Staff Surgeons, and about fifteen Staff Assistant Surgeons.—*Homeward Mail.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows of the Society, on Tuesday evening, December 14th, 1858. The ballot will be opened at half-past 7 o'clock, and will close at half-past 8 precisely:—Dr. Randle Wilbraham Falconer, Bath; Dr. Wilson Fox, Newcastle-under-Lyne; Dr. William Senhouse Kirkes, London; Dr. William Paley, Halifax.

MEDICAL REGISTRATION SOCIETIES.—An important Society has also been formed at Newcastle-on-Tyne; Mr. Greenhow has been elected President, and Mr. Bennett, Dr. White, Dr. Charlton, Mr. Harvey, Dr. Embleton, and Mr. Sang, members of Council. The Lancashire and Cheshire Association seems to be working vigorously. A Manchester and Salford Association has been formed in connexion with it.

TANNATE OF LEAD, according to M. Leclerc, Physician of the Hôtel Dieu de Lyon, is the best of all applications in bed-sores; if applied in time, it almost always prevents sloughing. It is prepared by boiling 32 parts of oak bark in 250 parts of water, and reducing it by boiling to 125; to this, filtered, is added, *extrait de saturne* as long as a precipitate is thrown down. This precipitate is laid on the menaced part of the skin with the finger in a thick layer, and then covered with linen.

THE GHENT LUNATIC ASYLUM.—This Institution is under the charge of Professor Guislain. Amusements, Dr. Adam tells us, of several kinds are provided for the patients, such as music, theatricals, etc.; but dancing is not allowed, as Guislain considers that it is invariably followed by increased sexual excitation, which aggravates the mental condition of the sick. This point is worthy the consideration of those managers in our own asylums who permit dancing among their patients.

SARSAPARILLA.—Dr. Böcker, of Bonn, well known for his experiments on the digestion of dietetic articles, etc. has satisfied himself that sarsaparilla has no virtue whatever as an antisyphilitic. He also tried it on ninety-eight healthy people, and found it possessed neither diuretic nor diaphoretic properties. Mr. Syme has long cried out against it as an useless and very expensive Hospital drug. Perhaps Dr. Böcker's experiments may be the cause of reducing the expenses of some of our Hospitals in this particular of sarsaparilla.

THE LATE COLD WEATHER.—It will be seen from the following table given by Mr. Lowe, that during the last ten years, at all events, the temperature during November has never been so low as in the present year:—

Year.	Average Temperature.	Year.	Average Temperature.
1847	30·0°	1853	17·5°
1848	22·7	1854	18·7
1849	17·5	1855	23·1
1850	22·0	1856	18·2
1851	19·2	1857	24·5
1852	25·0	1858	13·2

STUDENTS' DUELS AT HEIDELBERG.—The tale of the Student's nose cut off in a duel, and snapped up by an attendant dog, has been long current in Heidelberg. We find from Dr. Adam, writing in the *Edinburgh Monthly*, that it has grown in its dimensions since we were at that University some eighteen years ago. Professor Chelius, it seems, lately told him the tale, and with this *côda*; "the hound was immediately killed, the nose taken carefully out of his stomach, and successfully re-united to the face of its owner." The first part of this history, we believe, is quite true; and we know that dogs were rigidly excluded from attendance on the duels of their masters, and as we were told, by reason of this very accident; but the rhino-plastic portion of the tale is clearly a modern addition.

PRECURSORS OF EPIDEMICS.—The following extract from the last weekly return of the Board of Health is worthy of attention:—"Scarlatina is prevalent in St. George's, Hanover-square, but for some weeks an unusual series of cases of cynanche have appeared on the books of the parochial and Dispensary Medical Officers. During the preceding quarter, cases of tonsilitis were recorded running through families. The Medical Officer considers it 'worthy of investigation how far these affections of an ulcerative or exudative type are coexistent with scarlatina.' He some years since published the opinion that 'great epidemics are generally accompanied by a number of lesser ill-developed diseases or conditions of bad health which probably arise from the epidemic poison diluted or rendered abortive.' He also 'years ago advocated the publication of a register of disease in order to solve this problem, believing that great benefit would arise if the precursors of epidemics were known, so that precautions might be taken.'"

THE CONCLUSION AND THE PREMISES OF A MODERN PHILOSOPHER.—Mr. Buckle tells us that rice and dates lie at the root of Indian and Egyptian civilisation. But the date, he should know, is not peculiar to Egypt; and rice grows in many other countries besides India. And on this matter he refers to Elphinstone's History of India, where will be found the following words:—"The *principal food* of the people of Hindostan is *wheat*, and in the Deccan jowár and bájra; *rice*, as a general article of subsistence, is confined to Bengal and parts of Behár, with the low country along the sea all round the coast of the peninsula; in most parts of India it is only used as a luxury. In the southern part of the table-land of the Deccan the body of the people live on a small and poor grain called 'rágí.'"

PATHOLOGICAL SOCIETY OF DUBLIN.—The first meeting of the Dublin Pathological Society for the session 1858-59 was held on Saturday, the 27th ult., John Hamilton, Esq, in the chair. Dr. Murney exhibited a specimen of fatty degeneration of the heart, with oil in the blood; Dr. Barton laid before the Society a very large cystic tumour of the breast. The following officers and council were then elected for the year ending November, 1859:—*President*—Dr. Robert Law. *Vice-Presidents*—John Hamilton, Esq., Dr. Cathcart Lees, Dr. Thomas Beatty, Dr. Robert Mayne, Joseph O'Ferrall, Esq., and Dr. Benjamin G. M'Dowel. *Council*—Drs. Robert Adams, John Banks, Dominick J. Corrigan, Fleetwood Churchill, Christopher Fleming, Samuel Gordon, James S. Hughes, Edward Hutton, Sir Henry Marsh, Bart., Alfred H. M'Clintock; Josias Smyly, Esq., and Joliffe Tuffnell, Esq. *Honorary Secretary*—Dr. William Stokes. *Secretary and Treasurer*—Dr. Robert W. Smith. *Secretary for Foreign Correspondence*—Dr. Robert D. Lyons. The Gold Medal will be awarded to the author of the best essay on the specimens of Diseases of the Stomach and Intestines exhibited during the session.

A NEW EPIDEMIC.—Some months ago we copied from the *Morning Post* an account of a very singular mental affection or "preaching mania," described by an F.R.S. in his "Rough Notes of a Holiday Tour in the North of Europe," which had prevailed to some extent in one of the central provinces of Sweden. According to reports lately received from Scandinavia, it appears that a new epidemic malady, equally remarkable, although much less extensive than the former, has been recently observed in one of the Swedish districts, called "Dalmatia," of which an outline will most likely prove interesting to English Medical readers. The chief features of the disease are thus briefly detailed by a correspondent:—In a parish of the province above-named, he says, various women and children related they had paid nocturnal visits to the devil, who resided, as they asserted and firmly believed, at a place or valley in the mountains, designated "Rosendahe." During this journey, old hags or crones always acted as their guides; the visitants being first transformed into magpies. They usually travelled either riding on broom-sticks, the backs of cows, or horses, and other animals. When arrived in Satan's dread abode the host generally received his guests courteously, and next offered them different kinds of meat, ham, and so forth, as refreshment, but sometimes serpents, with other disgusting viands. Afterwards he gave them lessons in lying, and how to deceive, etc. These poor deluded female fanatics even gravely stated that at such receptions, the devil was generally in full dress, and always conducted himself like a well-bred gentleman, but invariably showing, at the same time, his tail and horns. Analogous statements were constantly made to the commissioners sent from Stockholm to investigate and report respecting the delusions of the victims labouring under

Digitized by Google

this strange epidemic, who implicitly believed in the truth of what they then confidently detailed. Further, it deserves being likewise mentioned that an extraordinary coincidence uniformly prevailed in the narratives of those attacked, notwithstanding they had never held any communication with each other, and no collusion appeared to exist.

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 27, 1858.

BIRTHS.

Births of Boys, 840; Girls, 921; Total, 1761.
Average of 10 corresponding weeks, 1848-57, 1598.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	893	909	1802
Average of the ten years 1848-57	559·2	591·0	1150·2
Average corrected to increased population	...	...	1265
Deaths of people above 90	3	5	8
Deaths in 15 General Hospitals	40	27	67

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	3	15	8	2	7
North....	490,396	4	12	42	10	3	12
Central ..	393,256	1	22	22	4	1	8
East	485,522	3	3	42	10	5	10
South	616,635	1	11	42	14	4	10
Total ..	2,362,236	10	51	163	46	15	47

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·563 in.
Mean temperature	37·4
Highest point of thermometer	58·0
Lowest point of thermometer	20·5
Mean dew-point temperature	35·1
General direction of wind	E. & S.E.
Whole amount of rain in the week	0·22 in.
Amount of horizontal movement of air in the week ...	305 miles.

TO CORRESPONDENTS.

Messrs. Owen and Co.—Many thanks.

Mr. Vale.—Next week.

R.M.—Pereira on Food and Diet.

G. R.—We would advise our correspondent not to insert any advertisement.

Dr. Parkes's case of pigment deposit in the skin without disease of the supra-renal capsules shall appear next week.

Mr. Lizars's paper shall appear as soon as the woodcuts are ready. A proof shall be sent.

Dr. McDonnell's letter on the College of Surgeons in Ireland shall appear next week.

Jurenis.—Dr. Lawrance's work on Electricity will serve the purpose of our Correspondent.

L.P.S.G. will find a full reply to his first question in our last Student's number. 2. We are not in possession of further particulars respecting Medical men in Jamaica, than are given in the article alluded to.

Papers and letters by Dr. Roberts, Mr. J. Roberts, Dr. Corbett, Mr. Hunter, Mr. C. Hunter, Mr. Sedgwick, Dr. Stallard, Dr. Turner, &c., are in type, but are unavoidably delayed.

Chirurg.—The preparation of the aortic aneurism which Mr. Syme punctured, was shown at the last meeting of the Edinburgh Medico-Chirurgical Society, by Mr. Lister. It appears that an aneurism was punctured by mistake for a psoas abscess. A full report will, in all probability, be published. The man lived three or four days after the blood had shot out as from a force pump.

B.I.—1. It is very doubtful whether under the New Act a registered practitioner can recover from a patient any charge for the attendance of an apprentice upon that patient. 2. *B.I.* can claim what he pleases for his own attendance, but it will rest with the County Court judge to fix the sum awarded.

A Country Practitioner.—The case is not quite such as we should like to publish. Has our Correspondent tried a combination of the muriated tincture of iron and tincture of cantharides, in doses of ten or fifteen minims of each three times a-day?

In Defens, Edinburgh.—Our Correspondent writes to defend his native city from the charge of affording a poorer field for the study of venereal disease than does London. This heinous accusation was brought by the author of "Notes of a Visit to the Edinburgh Royal Infirmary," which recently appeared in our pages. *In Defens* does not, so far as we can see, in the slightest degree invalidate the accuracy of our correspondent's assertions. The term "Hunterian," as applied to a chancre, is conventionally, at any rate, synonymous with "indurated;" as such it was used in the notes in question. To allege that the Edinburgh Infirmary possesses an out-patient's branch, because dispensaries exist, is futile. Dispensaries are common enough in London, at least as much so as in Edinburgh, and are additional to the large out-patient's departments which are attached to all our hospitals. It is impossible to controvert the facts that the Edinburgh Infirmary has no out-patients, that it has no venereal wards, and that from the Lock Hospital, which is adjacent to it, students are rigidly excluded. We have no doubt that for one case of syphilis which a student would see there, a hundred would be brought before him at Guy's or St. Bartholomew's. We make no boast of it.

Civis.—The post of Surgeon to the City police force is held by Mr. G. Borlase Childs at a salary of £500 a-year. Last week, on the annual report coming before the Common Council for their sanction, an amendment was moved by one of that body to the effect that it should not be received, but be referred back with a view to a reduction being made. We will not stay to ask what the duties of the post are, since but few of our readers will need any proof that it is not usual for Medical officers to be overpaid. In further confirmation of the fact that in this instance the salary is nowise too liberal, is the circumstance that the amendment was negatived by a majority including almost the entire court. So far well, and we may congratulate Mr. Childs on a vote of confidence and approbation awarded him after long service. A disagreeable question, however, still remains. Who was the ultra-economic gentleman by whom the matter was originated, and whose parsimonious spirit received so signal a rebuff? It would be disagreeable to have the reply that the person who placed himself in this unenviable position is a member of our Profession—a not very distant neighbour of the gentleman at whom the blow was aimed. Of course we must believe that the motives were those only of regard to the public interest, and that to move in the matter at all was a very painful duty. The circumstance that he was himself a disappointed candidate at the time of Mr. Childs' election could not possibly have had any influence on his conduct. It is, however, rather an awkward fact; and he would have consulted his reputation if he had avoided the step to which we have adverted.

OUR CONFRERES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—When I sent you a series of letters to illustrate the paragraph from *L'Union Médicale*, I did not desire to enter into a discussion, nor would it serve any purpose to contradict the many inaccuracies of "Frater," whose letter confirms my statement that the Medical "friend," who consented to attend my patient for me during my absence, continued to attend her for himself on my return.

I am, &c.
Nov. 30, 1858. A CONSTANT SUBSCRIBER.

NON-CONGENITAL EQUINO-VARUS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your report of the last meeting of the Pathological Society (November 16), it is stated that I exhibited a specimen of congenital equino-varus. I beg to correct this statement by observing that the distortion in question was *non*-congenital, that it was induced by paralysis, and that amputation was performed on account of the useless, "swinging" condition of the leg.

I am, &c.
20, Grosvenor-street, W., November 27. BERNARD BRODHURST.

MR. SYME'S OPINION OF HIS PROFESSIONAL BRETHREN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following testimonial given to a candidate at a recent election of the Hull Infirmary, is a curious illustration of the opinion held by the "Greatest Surgeon" of smaller men.

"2, Rutland-street, Edinburgh, October 20, 1858.

"I have long thought and often said, that Dr. K. King is one of the very few men in our Profession known to me who, in my opinion, possesses all the qualities requisite for a really good Surgeon. JAMES SYME."

REGISTRATION OF DEATHS BY QUACKS.

A correspondent from South Wales writes:—"I commenced practice here (my native place) fourteen years since, but have been the whole of that time interfered with by male and female Quacks, so much so, that a regular Practitioner has but little chance: as a proof I would state that some time since (during my absence in England) the Registrar entered on his book in fifty-one weeks, two hundred and fifteen deaths, a number unprecedented, the clergyman who has officiated here more than forty years being quite astonished at the mortality. The Registrar had only fourteen certificates of cause of death, all the rest having been attended by Quacks."—J. M.

Digitized by Google

Amputation by Rectangular Flaps.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In last week's journal, under the head of Hospital Notes, a case of amputation of the thigh is mentioned in which the limb was removed by the rectangular method, a procedure lately advocated by Mr. Teale. It is there stated that "it is, we believe, the first instance in which this mode of operating has been adopted in our London Hospitals." I beg to correct this by stating that on October 19th Mr. Quain, at University College Hospital, practised this operation in removing the thigh of a woman for malignant disease in the ham. As the rectangular mode will, like all other operations, be finally tested by its practical utility, it appears desirable for the future formation of correct statistical tables that all the cases in which it has been practised should be recorded. From my notes I find that Mr. Quain's patient died November 4th with all the symptoms of pyemia. The condition of the stump could not be ascertained, as a post-mortem examination was forbidden. I am, &c.

Vincent Jackson, Late House Surgeon to U. C. H., etc.

Library, University College.

Medical County Magistrates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I find the following names in the list of magistrates for the County Palatine of Lancaster for 1858:—

Edward Denis de Vitre, Esq. M.D., Lancaster; H. H. Broughton, Esq. M.D., Preston; Richard Martland, Esq. M.D., Blackburn; John Green, Esq. M.D., Newton, Warrington; Zachariah Sillar, Esq. M.D., Rainford-hall, St. Helens; Thomas Mather Ashton, Esq. M.D., Ormskirk; Peter Wood, Esq. M.D., Southport; George Daglish, Esq., surgeon, Wigan; John Slack, Esq. M.D., Bowden-hall, Chapel en le Frith; Sir James Lomax Bardsley, M.D., Manchester.

I believe that some of these gentlemen have retired from the active duties of their Profession. I am, &c.

Manchester, November 25, 1858. An Old Subscriber.

Army Medical Appointments.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the recent Army Medical Warrant there is a clause which says, "that no candidate shall be admitted to the competitive examination for a commission in the Medical Department of our army who does not possess such a certificate or certificates as would qualify a civilian to practise Medicine and Surgery." Could you inform me whether that implies a candidate being a member of "College and Hall?" I am, &c.

J. S.

[The part of the new warrant for Army Medical Officers referred to will not be put in force, we believe, for some little time. As there are still many vacancies, we recommend our young friends to apply to the Director-General, who will no doubt, with every courtesy, take an applicant's qualifications at once into his consideration.—Ed.]

Registrations.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—There can be no doubt that the Medical Council will have many difficulties in regard to registration. One of the most obvious at present are the double qualifications of M.R.C.S. and L.S.A. Now I think the difficulty would be removed by establishing a new and comprehensive title, and there appears none so suitable as Licentiate of Medicine and Surgery, clearly expressive of a General Practitioner. An M.R.C.S. in general practice must be registered as a Surgeon; an L.A.S. as an Apothecary. Now surely for a man to call himself a Surgeon when nine-tenths of his practice is Medical is absurd. The title of Apothecary is obsolete, and one which nobody cares for. The Chemist and Druggist, to the grief of the General Practitioner, is what the apothecary was a century back; the chemist now gets a large portion of the ordinary cases of disease for which the apothecary was called in thirty years ago. We may have gained in honour and position, but we have lost in pocket: but this is no longer a preventible disease. As Licentiates of Medicine and Surgery we should attach to our names the letters L.M.S., shorter and better than M.R.C.S.E., and looks at least as well as L.S.A. The title would be more truthful than either of the others, which is some recommendation. I know not whether the Medical Council have power to do this, or point out how a man shall be registered; but no doubt a short Act to amend will be necessary, and a clause to this effect might be added. This suggestion would make a broad distinction of Physician, Surgeon, and Licentiate in Medicine and Surgery, surely a better designation than General Practitioner.

If a man prefers to be registered only as a Surgeon, it is open to him to be so; but if he practises generally he would soon discover the advantage of taking his real title of L.M.S. If a man has a degree, and practises generally, he would sign M.D., L.M.S., or he might sink the Dr. altogether if he pleased. There are many other advantages in coining this new distinction, which must be obvious to all who have thought on the subject; and as a practitioner of forty years I have no hesitation in saying I should prefer the letters L.M.S. to my name to those of M.R.C.S.E. Of course those who were in practice before August, 1815, would be entitled to the L.M.S., as well as those who hold the double qualification, and all holding the single qualification of M.R.C.S. in practice before August, 1815. At the same time it is unquestionable that all holding a single qualification, who have been established in practice, would have every reasonable facility given them by the Councils of the College of Surgeons and the Company of Apothecaries to obtain their second qualification. In a word, I am sure the adoption of this suggestion would solve a world of difficulties. Some years hence probably the Licentiates of Medicine and Surgery may raise for themselves a College, and give degrees; then instead of L.M.S. we should be D.M.S., or Doctor of Medicine and Surgery.

The great and overwhelming reason for the proposed change is its honesty—we should all be registered for what we are—Physicians, Surgeons, or Licentiates in Medicine and Surgery; the public would have a clearer conception of the natural divisions of Medical practice, while I think it would be a blow to Homœopaths and id genus omne.

I am, &c. An Old Practitioner.

The Senate and Graduates of the University of London.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last number Dr. R. Reynolds states—in correction of your reporter—the following to be the resolution which he seconded at the meeting of the Medical Graduates of the University of London:—

"That in consequence of the recent proceedings in Senate and Convocation, it is incumbent on the Medical Graduates to give separate and distinct utterance to their opinions, at the present juncture, on certain questions involving the Medical reputation of the University."

In a circular issued to the Medical Graduates, and bearing the names of Edward Ballard, M.D., Henry Thompson, F.R.C.S. M.B., Hon. Secs., this resolution is given as follows:—

"That the meeting hears with surprise and regret of the appointment of Dr. John Storrar as a member of the Medical Council by the Senate of the University of London; and it considers that this appointment is calculated in every way to alienate from the University the respect both of the Graduates in Medicine, and of the Medical Profession at large."

It is further added that the names of thirty-four Graduates were "at once affixed to a copy of this resolution," to be forwarded to the Senate of the University; and curiously enough the name of J. Russell Reynolds, M.D., appears as one of them.

I leave it to these gentlemen to explain the discrepancy which occurs in these statements, as well as to relieve Dr. Reynolds from the singular position of having his name appended to a form of resolution which he now states is an incorrect copy of the resolution passed at the meeting. But my object in addressing you is to elicit which of these resolutions was adopted. For I, with other Medical Graduates, who were unable to attend the meeting, are undecided whether we join the movement. We are not disposed to join in any personal attack on Dr. Storrar, who, for many reasons, we esteem most highly; but we are ready to add our mites to determine the questions,—whether eight or ten gentlemen who attend a meeting of the Senate constitute "The University of London;" whether these gentlemen, urged by two graduates in law, have any just right to dictate to the Medical Graduates who shall represent their feelings and take charge of their interests; whether the gentleman named by the Senate can, from his known opinions and his overt acts, fairly be entrusted with the expression of these feelings, and with the interests of his fellow Graduates in Medicine? I am, &c.

Nov. 30, 1858. A Graduate in Medicine.

COMMUNICATIONS have been received from—

Professor Simpson, Edinburgh; Mr. Brady; Mr. Wordsworth; Dr. Diamond; Dr. Mapleton; Dr. Turner, Keith; Dr. Hawkins; Dr. Williamson, Aberdeen; Dr. Corbett, Glasgow; Registrar General; Mr. Hilliard; Mr. Millar; Mr. James; Mr. Wheatley; Dr. Parkes; Dr. Rigby; Dr. Diday, Lyons; Dr. Druitt; Mr. Vale; Mr. H. M. Williamson; Mr. Self; Messrs. Owen, Scarth, and Fricker; Secretary, General Board of Health; Mr. Adair; Mr. Gay; Mr. Lizars, Edinburgh; Mr. Easton; Mr. McDermot; Mr. Hitchman; Dr. Nelson; Dr. Gibb.

APPOINTMENTS FOR THE WEEK.

December 4. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

6. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Dr. Edward Murphy "On the Cæsarean Operation."

Epidemiological Society, 8 p.m.

7. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

8. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

North London Medical Society, 8 p.m.

9. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

King's College Medical Society. Mr. Hulke "On Mechanical Injuries to the Eye-ball: their Effects and Treatment."

10. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday) at 2 o'clock:—

Staphyloraphy—by Mr. Fergusson; Removal of Tumour from Shoulder—by Mr. Bowman.

Westminster Hospital.—On Tuesday next, at 2 p.m., the following operation will be performed at this Hospital:—

Tapping the Bladder through the Rectum for Impermeable Stricture of the Urethra. By Mr. Barnard Holt.

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE III.

THE *chorion* is the outer of two membranes which envelope the ovum, and which are called fœtal membranes proper, in contradistinction to the deciduæ, which have an uterine origin. The former are developements from the surface of the ovum itself, and are believed never to be present in the womb unless an ovum has been successfully impregnated, and has undergone some of the progressive stages of growth towards the perfection of a new individual. The chorion is thus the middle tunic between the fœtus and uterine walls, the deciduæ (taken as one) being external, the amnion lying on a plane internal to it. It is a single membrane, and a perfectly closed sac. Its inner aspect is smooth, like a serous membrane; its outer surface has a shaggy, tomentous appearance, from the projections everywhere over its circumference of filamentous processes, termed villi (see fig. 5, *d*.) During the first week of pregnancy, while the ovulum remains in the Fallopian tube, it undergoes some internal changes, and also becomes coated with a layer of albumen; but it preserves as yet the character of a small cellular body, with a comparatively smooth external outline. In the youngest embryos, however, which have been detected in the uterus, the external surface has been observed to be studded over with little cellular projections, the first rudiments of the villi, which take their origin in the delicate investing membrane or chorion, the latter being separated from the embryo by a slight interval. These cellular projections—simple and undivided at first—increase in number and growth, become compound by throwing out branches, and thus give rise to the usual shaggy appearance of this membrane. In the majority of cases of abortion during the early weeks of gestation, the ovum is extruded, wrapped in the chorion as its external envelope, which is recognised by its villous tomentum; the deciduæ being ruptured and left behind in the uterine cavity, to be expelled afterwards. According to Bischoff and Martin Barry, the villous processes first show themselves on the ovum either before it quits the Fallopian tube, or immediately afterwards when it has entered the uterus. They are developed from the zona pellucida or clear ring which, as we saw, surrounds it externally, in conjunction probably with the deposit on its surface, acquired in the transit through the tube. Be this as it may, in the second or third weeks after impregnation, it has been seen enveloped in a villous chorion, and lying loose in the cavity formed by the ovular decidua. Shortly after this period, the villi, having undergone increased growth, they become attached to the wall of the chamber, and pushing themselves into the substance of the decidua, acquire such firm adhesions to it, that separation without tearing soon becomes almost impossible. The chorion is said to consist of two laminæ—an external, the exo-chorion; and an internal, the endo-chorion. The chorion is not, however, a double membrane in the same sense as the decidua; but when first formed is simply a closed sac, the walls of which are thin and transparent, and consist of nucleated cellules, united together by their edges, as in epithelial membranes. As development advances, little hollow projections like the fingers of a glove —the rudimentary villi—are raised up on its outer surface, the hollows looking towards the chorial cavity. Up to this time the membrane is destitute of vessels; but soon a little bag or vesicle, which has been gradually approaching from the embryo, comes into contact with it, and spreads itself over its inner surface. This vesicle is called the allantois. It arises as a small sacular expansion, upon which the umbilical vessels ramify, from the caudal extremity of the embryo; and, extending itself until it encounters the chorion, it unites with it, and becomes its vascular layer or endo-chorion. Capillary loops are then given off from this vascular layer, and enter the hollow villi. They follow the development of the latter, occupy a central situation in their trunks, and penetrate as far as their distal extremities, forming an integral and inseparable part of their structure at a subsequent period. When union with the allantois has taken place, the villi take on a rapid growth, small cellular buds present themselves on various parts of the yet undivided trunks; and these, developing themselves into irregular and tortuous branches, and the branches again in the same way reproducing branchlets, compound processes of great complexity are formed, which interlace and ramify in the substance of the decidua, in so intricate a manner, that a complete network is the result, ultimately defying all attempts to unravel its meshes, or to trace any given process to its original parent trunk.

In the early weeks of gestation the villi are planted pretty closely and uniformly over the external surface of the chorion. A little later many of those which are in contact with and are imbedded in the ovular decidua, and are thus separated from the uterine wall by the space of the decidual cavity, atrophy and disappear. In the third month of pregnancy, a limited number only of villus trunks, with intervals between them, arise from the chorion at this situation, and these remind one of stunted shrubs planted here and there over a patch of ground which shortly before had a luxurious vegetation. As the ovular chamber expands with the growth of the ovum, and its walls become thinner, the villus trunks become still more widely separated and atrophied, and in later months a few only remain to unite the chorion and deciduæ together, which seem like fibrous threads passing between their opposed surfaces. They are often represented as disappearing entirely from every portion of the chorion, except at the situation of the placenta; but I have nearly always found them present in a shrunk and atrophied condition, away from the placental spot, even at the completion of gestation, when I made a careful search for them in the secundines. Both Professor Müller and Dr. Druitt mention the fact of their permanence to the full period of pregnancy. A great number of the villi present in early gestation, nevertheless, fulfil only a temporary function. As soon as the placenta is formed, this function is in a great measure superseded, and *pari-passu* with the gradual disappearance of the capillary network in the decidua ovuli, the villi in contact with it being deprived of nourishment, undergo fatty degeneration, atrophy, and thus partly disappear, a few only remaining until the end of pregnancy.

That portion of the shaggy chorion, on the contrary, which is in contact with the decidua serotina, and is thus brought close to the uterine wall, undergoes a marked and progressive development to form the placenta. The villi became concentrated on this spot, and ramify and penetrate in all directions like the roots of a tree. They constitute at length a large portion of the placenta or after birth; and containing as they do the fœtal blood-vessels, bring the fluids of the fœtus into close relation with the mother's circulation, for the purpose of effecting the double function of nutrition and respiration to the embryo.

Although I have described the villi of the chorion in the early stages as hollow cellular processes springing from the surface of the membrane, to which they are appendages, I must not omit to mention, that as growth proceeds and each little offshoot becomes developed into a great tree villus with spreading branches, the trunk becomes solid, and, losing its cellular structure, assumes the fibrous form, by which it attains greater firmness and stability, and the fœtal vessels occupy a central position in the interior. The ultimate terminations, which have a club-shaped form, retain, however, the cellular character, and little buds, composed of nucleated particles, spring up as nodules on their surface, and thus provide for a constant succession of new branches. Over both trunks and terminal offshoots, is spread a thin membranous covering of cellular structure, which seems like an outer envelope, and is supposed by Mr. Goodsir and Schraeder Van der Kolk to be derived from the decidua. This cellular layer is readily seen in the newly-formed placenta: and in breaking across the trunk of a villus, it is frequently retracted from the fibrous structure beneath, and appears as a corrugated outer coat. Even at the full time, when this membrane is firmly adherent around the villi,—if a placenta has been macerated for a day or two in water,—it may be separated as a cellular

Digitized by Google

sheath, both from the trunks and extremities of the tufts. It forms, as we shall see afterwards, a part of the maternal portion of the placenta.

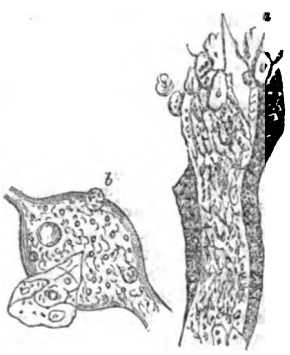
Fig. 8.

Villi of the chorion in the second month, showing their irregular and contorted form, and the cellular buds for new branches. *a*, the external cellular sheath which has been accidentally denuded from *b*, the stem of a villus having a central fibrous structure. *c*, cellular buds for new villi.

The chorion is subject to certain morbid alterations, with which it is of importance you should make yourselves acquainted. Some of these may be left until we come to the morbid anatomy of the placenta; but there is one singular transformation, which seems peculiar to the early months and which needs some description here. The pathological change I allude to is one in which the villi undergo a transformation into vesicles or cysts, varying from the size of a millet seed to that of a grape, and these are intimately united together at various points by thin stems or pedicles. When the chorion has undergone this alteration by disease, repeated discharges of blood and water take place at intervals from the vagina, and at length the patient experiences all the symptoms of miscarriage, and expels a mass from the uterus either entire or in separate portions. The substance expelled has in some cases the appearance of a fleshy cast of the interior of the womb, cysts being imbedded in its substance;—in others it bears some resemblance to a bunch of grapes, an immense number of little bladders being strung together in clusters, but united in a plexiform arrangement. These two forms are known to obstetricians under the appellation of the vesicular or hydatid mole, the one being simply a more exaggerated form than the other of the same morbid condition. The most ridiculous mistakes have been made as to the nature of these vesicular bodies thus expelled from the uterus, and it is probable that some of the alleged instances, where an incredible number of supposed ova have been extruded at one time, were cases of this description. In Pare's Surgery it is recounted "that the Countess Margaret, daughter to Florent IV. Earl of Holland, and spouse to Count Herman of Heneberg, on Good Friday, in the year of our Lord 1276, and of her age 42, brought forth at one birth 365 infants; whereof 182 are said to have been males, as many females, and the odd one an hermaphrodite, who were all baptised, those by the name of John, these by that of Elizabeth in two brazen dishes, by Don William, Suffragan Bishop of Treves." It is added "the basins are still to be seen in the village of Losdun, where all strangers go (on purpose) from the Hague, being reckoned among the great curiosities of Holland." Possibly these 365 infants, so authenticated, were nothing more than chorial vesicles, such as I have described to you; but how the sex was determined I know not. Until very recently they were supposed to be of the same nature as hydatids found occasionally in other organs. They are now known to have no affinity whatever to acephalocysts, but to be the effect simply of a peculiar disease attacking the chorion.

An excellent description of the different stages of this transformation, after Dr. Mettenheimer, is to be found in Mr. Paget's Lectures on Surgical Pathology, to which I would refer you; and Dr. Barnes has also given a good account of it in the *Medico-Chir. Review*. Instances of hydatigenous chorion are not infrequently met with, but they are not of very common occurrence. I have myself met with about half-a-dozen cases in different stages of this malformation. In three a large quantity of the round or oval vesicles of various dimensions were expelled in bunches, and unenveloped in any general covering, being united together by bands or reticula like a network. The cysts were occasionally imbedded in a fleshy matrix, recognised as thickened decidua, and in which glandular tubules could sometimes be discovered. Detached fragments of decidua were also found here and there, lying loose among the vesicles. In the same specimen all the different stages of morbid development could be traced from the healthy villus. Placing a terminal branch under the microscope, which seemed to the naked eye nearest to the normal condition, it was seen to be enveloped by a granular covering, probably derived from the altered decidua; the club-shaped extremities were observed to be distended with large nucleated cells of unequal growth, having very delicate walls, and bearing little resemblance to the small and more uniform cellules, composing a terminal villus in the healthy state. By compression the envelope bounding the villus could be ruptured, and gave egress to the cells. The cysts, fully developed, had two coats like a normal villus, the external epithelial, the internal delicately fibrous. An incision being made through these,—if the preparation was fresh,—what appeared to be a viscous or gelatinous fluid escaped from the aperture, and was found to be contained in large transparent cells, with walls of extreme tenuity, assuming the polyhedral form from the pressure to which they had been subject. The entire contents had much the appearance of the vitreous humour of the eye, which has transparent bands running across, separating the fluid into compartments: the presence of a nucleus, however, in each compartment, clearly proved it to consist of a largely-developed thin-walled cell. In the largest cysts the pellucid cells were not readily discernible, having probably undergone solution. Scattered over the vesicles and their connecting peduncles were little nodular projections, consisting of cellular buds for new branches, such as exist in healthy villi. The narrow stems uniting the cysts were fibrous, with a cellular covering, and sometimes enclosed a small vessel full of blood. Fat granules were copiously deposited in the texture of both stems and vesicles.

Fig. 9.



a. Extremity of a villus of the chorion in an early stage of cystic degeneration, the bounding membrane being ruptured, gives egress to the dropsical cells. *b*. A small but fully developed cyst, attached some distance below to the trunk of the same villus, and also to other cysts; rudimentary vesicles project from its outer surface, and pellucid gelatinous-looking cells are escaping from a rent in its envelopes. The delineation of the escaping cells gives no notion of their extreme tenuity. (Mag. 190 diam.)

Pathologists, therefore, who have noticed the progressive changes I have described to you, conclude that the uterine vesicles take their origin in an abnormal development of the cells which, under ordinary circumstances, fill the extremities of the chorial villi; that when a cyst is once formed it elongates and thins the stem which becomes its pedicle, and that branching going on in the ordinary way, a constant succession of cysts is produced, by which the uterus is at last so distended that it contracts and expels them. It is probable that in most cases an embryo perishes at a very early period, its chorion vegetating independently afterwards, and taking on the cystic formation. A blighted embryo is sometimes found in the centre of the mole, but generally no trace of it is discoverable. I show you a specimen supposed to be about the second month of gestation; the embryo is present, is small in proportion to its envelopes, and seems in a blighted condition. A number of small cysts are in process of formation on the trunks of the villi, which are attached to the chorion. It represents one of the preliminary stages of this disease. I believe the cystic formation always attacks the chorion first in the early weeks of gestation, before the formation of the placenta, and I am not aware that any placenta, when fully formed, has been found to be the seat of considerable-sized vesicles, such as those I have described. In your future practice you may be called upon for a reply to the query, Can the vesicular or hydatigenous chorion ever occur in woman, except as the

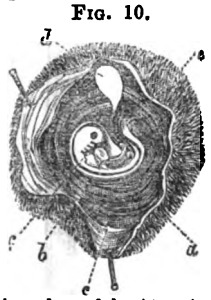
Digitized by Google

result of conception? The problem may seem to you not difficult of solution. You have been taught that the vesicles are parts of the degenerated chorion; that the chorion is an appendage of the fœtus, developed from the surface of the ovulum, and specially a part of its tissues; further, so far as we know, no fœtus can be developed in the womb except as the result of impregnation. And yet an opinion is still held by some authorities, that this abnormal condition may arise without sexual congress having previously occurred. Very recently I became acquainted with a case in which a Medical attendant was censured for having impugned the character of an unmarried lady, by stating that vesicles such as I have described, and which had escaped from the vagina, could not have existed except as the result of improper intercourse. To strengthen his position, the Medical attendant sought the opinions of most of the leading obstetricians in this country, and the result was that, although the balance of evidence greatly preponderated in favour of the opinion he had expressed, yet there was at last one notable dissentient, who believed the vesicular mole might be formed in the virgin uterus.

It is possible, too, as mentioned by Dr. Montgomery, that a portion of the chorion of a previously aborted ovum may be left in the uterus, and that this growing and undergoing a cystic transformation, may distend the uterus with vesicles, which at last make their escape thence. Under such circumstances, had the husband been absent since the previous miscarriage, unjust suspicions of the chastity of the patient might be entertained, unless a possible connexion with the previous abortion were recollected and admitted. Our knowledge on this, as on most other similar subjects, is yet very imperfect; and I advise you,—while you accept the generally received explanation of the origin and nature of the vesicular mole, which I have given you,—if you have occasion to express an opinion which involves the moral character of a patient, qualify the strong probability which exists that it is always the result of a conception, by the bare possibility that there may be instances where it is not so.

The *amnion* is the innermost fœtal membrane, and lies next the fœtus. It is present and closely surrounds the embryo at a very early period of development. Wagner represents an ovum where the embryo is not more than two lines long, and where the amnion is plainly visible. It is a delicate and transparent, but tough membrane, which is continuous with the common integument of the fœtus at the umbilicus, and is supposed to be developed from the same layer of germinal membrane as the skin, namely, the serous layer. As seen in the drawing copied from M. Coste (fig. 10), where the pregnancy dated from twenty-five to twenty-eight days, it appears separated by a slight interval from the fœtus, something after the fashion of the layer of epidermis raised by a blister, and a wide space exists between it and the chorion. By-and-by the separation between the embryo and amnion widens, the latter assumes more distinctly the form of a containing envelope, and a fluid called the liquor amnii, which is secreted on its inner surface, increases progressively in quantity, distending it outwards, until at length the membrane comes in contact with the chorion, and applies itself in close apposition; the two membranes, after this, develope eccentrically together, and equally increase their capacity during the further progress of gestation. The mode of growth, indeed, resembles the eccentric development noticed in decidua ovuli,—all the membranes being like a series of distinct and separate cells enclosed one within another, in their early formation, but being pushed outwards by the increasing size of the containing fœtus, until they become closely applied to each other and form one sac.

Fig. 10.



An embryo of about twenty-five days divested of its deciduæ, and the chorion thrown open. *a.* The shaggy chorion opened, and pinned backwards. *b.* The newly-formed amnion closely surrounding the embryo *f*. *c.* The cavity of the chorion. *d.* The umbilical vesicle. *e.* The pedicle of the allantois uniting the embryo to the chorion. (After Coste.)

In the first and second months of pregnancy, when the amnion and chorion are separated from each other, the intervening space is occupied by a gelatinous fluid, which is traversed by delicate transparent filaments, and has been designated by M. Velpeau the "corps reticulé." This celebrated embryologist regards the "corps reticulé" as the contents of the allantoid sac, which I have previously mentioned as springing up from the embryo, to unite it with the chorion. Müller and other observers, however, consider M. Velpeau's statement not confirmed in the human subject, and regard the allantois, and another sacular process adjacent to it, called the umbilical vesicle, as imbedded in the "corps reticulé," which is simply an albuminous secretion around them, filling up the interval between the two fœtal membranes proper. Be this as it may, a fluid is sometimes contained in this intervening space, external to the amnion, until the latter months of pregnancy, and constitutes a false amniotic fluid, which, being discharged during the early stage of labour, may give rise to an impression, that the waters immediately surrounding the fœtus have escaped, when in reality the true amniotic sac is unruptured.

You will have gathered from what I have just said, that besides the "corps reticulé," two vesicles, the allantois and the umbilical vesicle are situated between the chorion and amnion in the early weeks of gestation. These are temporary structures, which I shall describe more fully presently; but I may remark in passing, that their pedicles enter into the structure of the umbilical cord; and the amnion, in giving a covering to the cord, is reflected over them from the umbilicus of the fœtus, thus enclosing them in a sheath: it passes then to the fœtal surface of the placenta, becomes firmly united to that organ; and, lastly, is continued over the inner surface of that portion of the chorion which does not take part in the formation of the placenta.

The amnion is perfectly smooth like the peritoneum on its inner surface, and is bathed by the waters which surround the fœtus. Histologically, it is composed of flattened epithelial cells of an oval shape, and containing a well-marked nucleus. These rest on a delicate fibrous structure, to which the amnion owes its tenacity, and by which it is united to the chorion. No vessels have been seen in its substance.

Fig. 11.

a. Epithelial cells resting on a delicately fibrous structure from the amnion at the eighth month. *b.* Minute rings of fat granules surrounding the nuclei at the term of gestation. The arrangement of focus prevents the outline of the cells being seen. (Mag. 190 diam.)

At fig. 11 *a*, I have represented the microscopic structure as it appears in the eighth month of pregnancy. Its cells undergo little change in form with the growth of the membrane, and they are probably concerned in the secretion of the fluid which fills the amniotic cavity, and in which the fœtus swims freely. The fluid contained in the amnion, and called the *liquor amnii*, constitutes what is called "the waters" of the gravid uterus, and is discharged with a gush, or dribbles away slowly, when the membranes are ruptured at the time of delivery. Consisting of scarcely more than a few drops when the amnion first shows itself raised above the surface of the embryo, towards the full period of gestation, it averages nearly a pound in weight. It varies much in quantity at the different stages of development and in different pregnant uteri. In the early months it preponderates relatively to the weight of the fœtus; at the middle of gestation the fœtus and fluid are very nearly equal; at the full time the fœtus is four or five times as heavy as the liquor amnii which surrounds it. In some pregnancies, however, it reaches the weight of several pounds, and is then accounted one of the causes of lingering labour, acting by distending the uterus and preventing its proper contraction. At first the liquid is clear and limpid, scarcely of greater density than pure water. Later it acquires a slight increase of specific gravity, and becomes more viscid and apparently greasy, with fat globules and epithelial débris floating about in it. It has usually a faintish smell, and may be tinged yellow by the meconium or contents of the fœtal bowels. It may be turbid, or even fœtid if the fœtus has been long retained in the uterus after its death. In chemical composition at the full time, it consists principally of water, with traces of albumen, hydrochlorate of soda, phosphate of lime, and lime.

Digitized by Google

The source of the liquor amnii has been much debated, one set of authors asserting that it comes from the mother, others averring that the source is the fœtus, and a third holding that it is produced by mother and fœtus conjointly. Burns supposed it to be poured out on the inner surface of the amnion by pellucid vessels which were invisible; while M. Velpeau believes it to be the effect of simple transudation, as fluid is exhaled in the pericardium and elsewhere. I think there is reason to suspect, however, that the epithelial particles which line the amniotic sac, and which have all the characters of secreting cells, are the real agents engaged in the production of this fluid. In all probability, the superficial layer of cells having become distended with fluid in virtue of the property of absorbing, which we know like structures to possess elsewhere, burst and pour their contents into the amniotic cavity. When further secretion is no longer needed, towards the end of pregnancy, fat granules begin to occupy the cellules, and are readily discernible at the full time, grouped in minute rings round the nucleus, and obscuring its outline. (See fig. 11, *b*.)

The liquor amnii in the early weeks at least is supposed to contribute to the nutrition of the fœtus, and this because it contains more nutritious matters in the first than in the later periods of gestation. Its more obvious uses are to insulate the fœtus from the surrounding structures; to allow freely its necessary reflex movements of intra-uterine life, which without the fluid would be greatly impeded by the close apposition of the uterine walls; to protect the fœtus from external violence, and to permit it to alter its position with the varying attitudes of the parent. It also assists to keep the uterus uniformly distended; supports the placenta against the uterine walls; and by removing all pressure from the umbilical cord, it ensures the proper continuance of the fœtal circulation. During labour the liquor amnii enclosed in the membranes forms a fluid wedge, which assists in the dilatation of the maternal passages; in escaping it afterwards lubricates them. If manipulations are needed, as in turning, these are greatly facilitated if the waters have not escaped.

The amnion is said occasionally to be the seat of inflammation, with results similar to those produced in serous membranes generally. The morbid changes are, however, so far as we know them, unimportant, and are not likely to be influenced by any treatment.

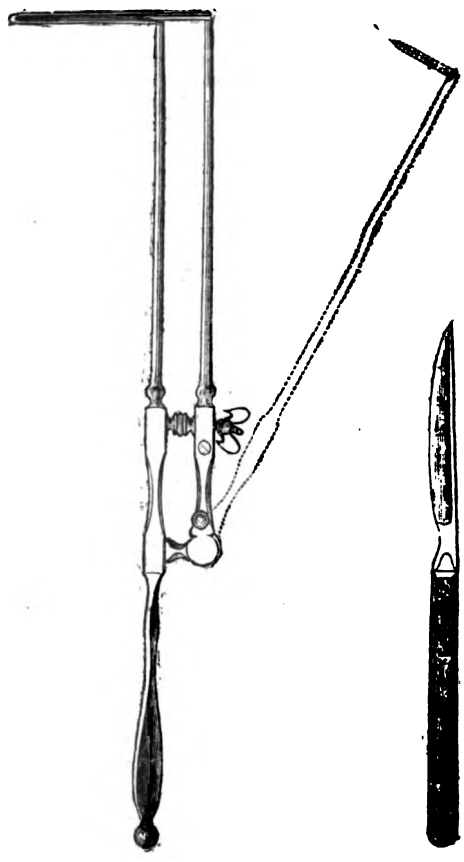
ORIGINAL COMMUNICATIONS.

LITHOTOMY SIMPLIFIED.

By ROBERT T. CORBETT, M.D.
One of the Surgeons to the Glasgow Royal Infirmary, and Lecturer on Clinical Surgery.

Lithotomy, as is well known, has engaged the attention and earnest reflection of Surgeons from an early period. It is still looked upon, almost everywhere, as an operation requiring on the part of the Surgeon for its proper performance, considerable fortitude, steadiness of hand, and practice, both upon the dead and the living. I shall not tire the reader by even naming the various instruments that have been used, and the methods of operating that have been practised by the many great Surgeons who have in successive ages adorned the Profession. Suffice it to say, that the lateral operation, as it is called, has now been for a considerable time in general use, and was practised in Glasgow and the West of Scotland till the year 1847, when, upon the 9th of August of that year, Dr. Andrew Buchanan of this city first performed successfully "the mesial operation," using a staff of his own invention, which he has named "rectangular." It would be doing great injustice to my esteemed colleague, were I to give a detailed account of the staff used by him, and of his operation, as this has already been done so ably by himself, in his contribution to the "Monthly Journal of Medical Science" for February 1848, to which communication I direct attention, as in it the lateral and mesial operations are contrasted, and the anatomical relation of the parts cut in the two operations scientifically explained. It will be necessary however, in describing the instrument which I now bring before the Profession, to make some remarks, which, although applicable to the rectangular, are equally necessary to be understood for the proper performance of the operation by the instrument to which I allude. I may mention that all the Surgeons who held office in the Glasgow Royal Infirmary during the last eleven months, have invariably used the rectangular Staff, and with great success. The operation has now been performed in Glasgow between fifty and sixty times by means of that instrument, and the average mortality has been rather less than one in thirteen. Judging from the rapidity with which the rectangular staff has come into use in this city, I scarcely think I use the words of prophecy when I say that in a few years the operation by the lateral method will be spoken of as among the things that were.

In cutting for the stone, our objects should be, to open the bladder in the safest manner, by the shortest passage, and by the easiest method. In short, *tuto, cito, jucunde*, if the last term can be used in Surgery. It was to accomplish such ends, that my mind has been for the last two years directed to the subject of lithotomy. I have performed this operation five times with Dr. Buchanan's staff, at the ages of 3, 14, 21, 40, 55, and always successfully. Still from what I experienced myself and saw in others, although I considered Dr. Buchanan's staff and method of operating a long stride indeed in the right direction, I did not consider the instrument perfect, and I have endeavoured to make it so. How far I have succeeded my professional brethren will judge for themselves; at the same time, I am quite aware that, however fortunate I may have been in my attempts to simplify the operation, time must elapse till the instrument becomes generally known before it can be extensively used, and we can have the result of numerous cases. To render the description as intelligible as possible, I subjoin a wood-cut. Still I feel conscious that



an inspection of the instrument itself, and a trial of it upon the dead body, would do far more than any written notice to break down the prejudice which is likely to arise against it—as this feeling generally opposes everything that is new.

Description of the Instrument.—The instrument may be said to be composed of two staffs: the inner is for introduction to the bladder, and has a handle by which it is kept steady when

Digitized by Google

wished; the other is for application outside, and is attached to the first by a catch joint, which is fixed to a projection under and behind the handle, and is steadied by a quadrant-looking projection which passes through it. As this projection has a screw upon its upper and under surfaces it permits the action of a nut-screw.

When the instrument is secured *in situ* for the operation, the perpendicular portions of the staffs are parallel to each other; and the short horizontal limb of the outer, which is pointed like a pen and grooved upon the left side, enters a similar groove upon the same side of the horizontal part of the inner staff, by means of which a direct groove or tract is opened into the bladder. The staffs of the instrument can be detached and united with the greatest ease and quickness.

To make myself fully understood however, I shall suppose that a patient under the influence of chloroform has been placed upon the table for operation. I first introduce that part of the instrument which is the larger of the two pieces of which it is composed, and which is in reality a rectangular staff; having struck the instrument against the stone to be satisfied that there is one, I then get the patient's feet bound to the thighs—which is much safer than binding them to the hands, as this latter practice draws the patient's body too much together and materially lessens his capacity for breathing, thereby increasing the danger when chloroform is used. The nates now being brought to the edge of the table, the upper part of the pelvis elevated by a pillow placed below it, and the knees well separated, I take the handle of the staff in my right hand, introduce the forefinger of my left into the rectum, and feel for the horizontal part of the instrument; being satisfied that I feel the prostate between my finger and the portion of the staff just named: I then move the instrument slightly backward and forward until the angle rests immediately in front of the anus, of which position I am assured by my left thumb resting upon it. The handle at this moment being perpendicular, I now desire my assistant to hold it steady, and I attach the outer portion of the instrument, which is effected in a moment by means of the spring-catch. The quadrant-looking projection from the first staff passes through the outer one; and this contrivance, with the joint named being what is called a double-joint, completely does away with lateral motion. The outer portion is then pressed down with the right hand till its point touches the skin immediately in front of the anus, and in the middle line. The nut is now fitted on to the quadrant projection, when a single turn of the screw is sufficient to establish a line of communication with the bladder. The knife used with this instrument being held at a right angle to the outer staff, is then run along the groove into the bladder till its point is stopped, and a curved incision of an inch and quarter, or inch and half in length, is made to the left of the rectum, as the knife is being withdrawn. The operator then introduces the forefinger of his left hand into the bladder and dilates the opening in the prostate if he thinks fit. The staffs having been withdrawn, the stone is removed by any instrument the operator may deem most suitable for the purpose.

The knife I use is exactly three-eighths of an inch broad, perfectly straight in the back, which is ground to a blunt edge till half an inch from its point where it is cutting, being fitted to pierce as well as cut. The blade from its point to its shoulder is equal to the length of the two grooves when the instrument is screwed up; this shows how far the knife should enter; but it is not essential that the blade should be of any particular length, as the knife is thrust home until its point is stopped by the closed extremity of the groove. In front of the shoulder of the blade there is a depression which is rounded off, in which the forefinger rests while the knife is being used. I would recommend the finger in the rectum to be applied to the horizontal portion of the staff while the knife is being thrust into the bladder, as it is unnecessary to press the rectum away from the edges of the knife, this gut never having been known to be cut by this method of operating (a).

The points in which I think this instrument possesses advantages over Dr. Buchanan's are these:

1st. That you transfix the very commencement of the prostate, where the membranous portion of the urethra ends, by which you render it impossible for the angle of the staff to shift from the position in which it has been placed, thereby rendering yourself independent afterwards of your assistant; and it follows from the instrument being fixed in the place of election, that you can with far greater certainty cut the gland in the place wanted, and with the greatest exactness to any extent desired.

2nd. A deep groove leading from the outside into the bladder, that organ can be cut into with the greatest confidence, ease, and certainty, whereas with the rectangular staff, in fat subjects, or when from any cause the perinæum is deep, there is sometimes great difficulty in finding the groove, and even in young subjects I have seen much time lost, and worse than that, before the knife was fairly introduced.

In using the rectangular staff, when an operator gets his knife entered at once into the groove, I am almost disposed to think, that either chance or good luck has had something to do with the matter; and if I should ever operate again by this staff in an adult, I will most certainly make a preliminary incision round the left side of the anus, find the angle of the staff, and then enter the knife in the groove; but I trust the instrument I have now attempted to explain will obviate this necessity.

I have operated frequently upon the dead body by means of this instrument, but have used it only once upon the living; this was three days ago, on the 9th of the current month, at 9 o'clock a.m. in the operating theatre of the Glasgow Royal Infirmary, in presence of many Practitioners and Students. The subject of this operation was a lad, aged 17, who had been afflicted with symptoms of calculus from his infancy. The sufferings he experienced from that early period had affected his general health to a considerable extent, and he looked like a boy of 14. Slight exertion produced great pain, and there was considerable mucous deposit from his urine.

The operation was performed with the greatest ease, so far as the instrument and the use of the knife were concerned, and a stone measuring 2⅛ inches in length by 1¾ in breadth, and weighing two ounces three drachms and a-half, was extracted by means of the forceps, which caught it at once. As the calculus was, however, very large, and the forceps used relatively small, some exertion was necessary before it could be brought through the opening in the bladder, although the prostate was undoubtedly cut and dilated previously as far as seemed safe. The boy lost little blood from the operation, the urine afterwards came freely away by the wound, the edges of which continued soft and free from all inflammatory swelling. He suffered as little pain as is generally experienced after this operation, but his pulse was weak, and he could not be prevailed upon to take nourishment; and he continued in this state till his death, which took place forty-four hours after the operation, the patient having had two healthy alvine evacuations about two hours before his decease. Permission to inspect the body was not granted, although urgently requested; but a young gentleman who was officiating *pro tempore* as my clerk, was allowed to make a small cut into the hypogastric region, when he saw that the prostate had been cut as nicely as possible, but the bladder was very much thickened, the result, no doubt, of chronic inflammatory action; there was no ecchymosis of its mucous surface, but the serous covering was reddened, and there was some effusion into the peritoneal cavity; but as a thorough inspection was not made, it remains doubtful what was the immediate cause of death. If I ventured upon an opinion, I would say, that sub-acute peritonitis, proceeding from a diseased bladder, was the cause. It may be remarked by some, that the principle of this operation is nothing new, in other words, that means of establishing a route for cutting-instruments into the bladder have been tried by several Surgeons in times past—this I have found out, since Mr. W. B. Hilliard, of Glasgow, made this instrument for me, now two years ago; but at the present moment I am only acquainted with two instruments so constructed; viz. those which bear the names of Sir James Earl and M. Guerin.

Without entering into a detailed account of these instruments, I content myself with remarking, that I believe them to be very unsafe (as will be apparent to every one who examines them); and I cannot find out that they have ever been used upon the living.

112, West Regent-street, Glasgow, October, 12, 1858.

P.S.—Since writing the above, I observe, in a late number

(a) I may mention here that any one wishing this instrument and knife to suit, may be supplied by Mr. W. B. Hilliard, Renfield-street, Glasgow.

Digitized by Google

of your Gazette, that the same principle has been applied in the construction of a urethrotome for perineal section; but the *principle* must have been extensively known, as during the last two years, having been a lecturer on clinical surgery, I have shown my instrument, and explained the method of using it, to hundreds of students in the Glasgow Royal Infirmary, as likewise to English, American, French, and German Surgeons.

CASE OF GREAT PIGMENT DEPOSIT IN THE SKIN,

(SO-CALLED BRONZED SKIN)

WITHOUT DISEASE OF THE SUPRA-RENAL CAPSULES.

By E. A. PARKES, M.D.

Professor of Clinical Medicine in University College.

THE preparations illustrating a case of extensive and intense darkening of a great part of the skin, which has lately occurred in University College Hospital, were brought before the Pathological Society (see Report *Medical Times and Gazette*, Nov. 27, 1858) by Dr. Harley; and as the case is one of much interest, it may be desirable to relate a few more particulars.

William Barker, aged 66, a cabman of extremely intemperate habits, was admitted into University College Hospital on October 7, 1858, with ascites, dependent on contracted liver. He was a fine strong-built man, and in spite of exposure to weather and of his habits, had had remarkably good health. The only illness he could recall to mind was an attack of jaundice seven years before, for which he was treated in University College Hospital for five weeks. He left the Hospital apparently well. Some time afterwards (four or five months) he noticed that some parts of his skin (which before had been of healthy colour) were gradually becoming darker, especially the skin of the face and neck; he then noticed dark patches on the body, and on the arms and thighs, and these increased until a very considerable part of the whole body had assumed a very dark hue. Those portions of the skin which did not become dark became, he thought, even whiter than before. This discoloration advanced very gradually and continually for several months; he was not quite clear how long; sometimes saying it was about six months, and at other times that it was a year or even eighteen months. But it seems clear that after a certain time the darkening process stopped, and since that time, now certainly five years, if not more, the skin remained unaltered, and presented the same characters as when he was admitted into Hospital in 1858. During this change of colour he appears to have had good health; he continued to follow his occupation, and to drink as before from half to three-quarters of a pint of gin daily. There seem to have been no general weakness, impairment of nutrition, or anæmia, until about four months before death.

In the summer of 1858 he began to feel ill and weak, and to lose his appetite, and in August he observed that the abdomen was swollen.

When admitted in October he presented a very singular appearance, from the extreme darkening of great part of the skin. The epithets "bronzed skin," or "mulatto skin," might perhaps be applied to it, and certainly would not exaggerate its intensity. The dark tint was uniform, or with slight variations of tint over the face, neck, shoulders, and arms; but over the trunk, and especially over the abdomen, it was diversified with irregular white patches, varying in size from one to four inches in diameter. It was uncertain whether these patches were whiter than natural. The scrotum gave the best example both of the dark colour and of the white patches. Over the upper part of the thighs the skin was also dark, with some small white patches; towards the knees the dark colour lessened, and below the knees the skin looked of a natural tint. The skin had its ordinary elasticity and sensibility. There was a little pigment on the conjunctiva, and a dark patch on the mucous membrane of the lips.

The conjunctivæ were also slightly yellow, and the urine contained a small quantity of bile pigment; but the discoloration of the skin was not like that of Melas Icterus, to say nothing of the white patches being altogether opposed to the hypothesis that the dark tint could be attributed to bile pigment.

In other respects the patient presented the usual symptoms of contracted liver with ascites, and with very scanty and deeply pigmented (red and pink) nonalbuminous urine. The lungs were healthy; the arteries at the wrist rigid; the heart was pushed up by the ascites, and there were extremely faint obstructive and regurgitant murmurs over the aortic valves. The nervous system was unaffected.

Paracentesis was employed, and eighteen pints of fluid drawn off; but the fluid collected again very rapidly; and in spite of various remedies the patient sank and died on the 10th of November. During life the blood was examined microscopically by Dr. Harley, who found no excess of white corpuscles, and no free pigment; the red corpuscles were "large, flabby, and dingy-looking;" blood crystals could not be obtained.

This patient had been regarded with much interest during life, as it was supposed to be a marked case of Morbus Addisonii. After death the microscopic characters of the skin were found by Dr. Harley to correspond with those which have been previously noticed in cases of the so-called bronzed skin; there was, namely, great pigment deposit in the rete-mucosum. There was also pigment deposit beneath the epithelium of the peritoneum, forming several black patches. The supra-renal capsules were perfectly healthy, both in size, shape, makroscopic and microscopic characters. I requested Dr. Harley to examine them, and annex his report.

"*Right supra-renal capsule.*—Normal in colour; of healthy consistence; of usual size and shape; measures 2¼ inches in its longest diameter; 1¼ in height; ¼ at the thickest part. On section the medullary substance is beautifully well marked, of the healthy slate colour, and firm consistence; no large cavity in it; no grumous matter; rows of small sinuses, distinct, full of healthy-looking blood; cortical portion well defined, running all round the medullary in a well-marked yellow ring; looks perfectly healthy."

"*Left capsule.*—Normal in colour, size, shape, and consistence; measures 2⅛ of an inch in longest diameter; 1¼ high. On section the medullary as well as the cortical substance appears perfectly healthy. Examined with the microscope, the columnar cell-masses of the cortical substance are beautifully seen; the medullary cellular matter was equally distinct; not the remotest trace of disease could be detected in either capsule."

I should mention that the capsules and a portion of the skin were modelled in wax by Mr. Tuson; and these models, as well as the capsules themselves, and a piece of skin preserved in spirit, are deposited in the museum of University College, and can be seen by any one. Dr. Harley also has made drawings of the microscopic appearances of the skin and capsules.

I need not detail the condition of the other organs at length; the liver weighed thirty-four ounces, and presented a fine example of the contracted hobnail, or granular liver; the spleen weighed 14¼ ounces, its capsule was uniformly thickened, to the amount of about a quarter of an inch; on section it was firm, not evidently hæmorrhagic, and without apparent enlargement of the Malpighian bodies; it was not examined microscopically. The kidneys 4¼ ounces each; they seemed healthy to the eye: on microscopic examination they were found to contain perhaps a slight excess of fibrous tissue, but the tubes and epithelium were quite healthy.

The facts which may be taken as certain in this case, are the existence of extensive pigment deposit in the rete-mucosum of the skin, without the slightest trace of disease of the supra-renal capsules. Whether the disease is to be received as an example of the Morbus Addisonii, and if so, whether it is sufficient to destroy the doctrine of the supposed necessary coincidence between pigment darkening of the skin and disease of the supra-renal capsules, are points in which the readers of this journal will judge for themselves. For my own part, I can see no distinction between the skin affection in this case and in those cases recorded as examples of the Morbus Addisonii, in which the skin has been microscopically examined. The anatomical condition of the skin was the same; the depth of colour, though great, was merely dependent on a high degree of the anatomical condition (viz. pigment deposit), and the fact that some patches of the skin were devoid of colour, is pointedly described by Dr. Addison as occurring in some of his patients. I therefore can come to no other conclusion than that this case shatters the doctrine of the necessary connexion between this peculiar state of the skin and

Digitized by Google

disease of the supra-renal capsules. It is true, however, that there was no anæmia, nor any of those grave but obscure constitutional symptoms of weakness and general failure, which are described so carefully and emphatically by that eminent physician; and, therefore, this case proves or disproves nothing as to the connexion between disease of the supra-renal capsules and grave anæmia with or without pigment changes in the skin.

It may be inquired, What was the cause of the cutaneous pigmentary discoloration? On so obscure a subject, one ought perhaps to abstain even from conjecture; but it appears desirable not to overlook the fact that there was old disease of the spleen, as well as of the liver, and that the pigment deposit in the skin commenced soon after an affection of the liver attended with jaundice. Coupling these facts with the late investigations of Meckel and Planer on the degeneration of blood-cells and the formation of pigment in the spleen in old intermittents, and the additional observations which Frerichs (Leber-krankheiten, p. 325) has made on pigment affections of the liver, the hypothesis presents itself, whether in this instance there might not have been an analogous process going on in these organs? If so, it is very conceivable that after the jaundice had passed off the pigment emerged from the spleen and liver gradually into the general circulation (as we know from many observations it will do), and was then excreted, so to speak, into the skin. Then, as soon as all the pigment had been thus got rid of, the darkening of the skin would necessarily stop. Of course, as we have no direct evidence of such pigment formation and circulation in this case, and as there is no certainty even of the age of either the splenic or hepatic disease, this hypothesis must be considered as merely a hint to be tested by the evidence of additional cases.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE METROPOLITAN FREE HOSPITAL.

POLYCYSTIC OVARIAN DROPSY—OVARIOTOMY—DEATH FROM PERITONITIS ON THE FOURTH DAY.

(Under the care of Mr. BORLASE CHILDS.)

We purpose to bring before our readers, in all requisite detail, all cases in which the operation of ovariotomy may be performed in the London Hospitals, whether successful or otherwise. The following is one of those to which we briefly alluded two weeks ago:—(a)

M. B. aged 58, an unmarried woman, was admitted about two months ago, under Mr. Childs' care, into the Metropolitan Free Hospital. She was emaciated and pale, but there were no symptoms of organic disease (ovarian excepted), and she had excellent spirits. Her abdomen was distended by a large ovarian tumour, of the existence of which she had been aware for more than two years. It fluctuated with tolerable freedom in most parts, but the tremulation-wave was with difficulty transmissible from distant parts, and it was quite evident that many distinct cysts existed. The sensation given to the finger in certain parts, induced the belief that the fluid in some of the cysts was very viscid. She had never been tapped. The tumour had increased more rapidly during the last few weeks, and her health and strength were fast failing her. With regard to the existence of adhesions, but little, owing to the large size of the tumour, could be ascertained. She had never been laid up by an attack of peritonitis, but had at times suffered from localised pain in the abdomen for a few days together. The fact that the patient's health was giving way, while the polycystic nature of the tumour placed it beyond hope of relief from other measures, induced Mr. Childs to advise ovariotomy. In this advice he had the concurrence of his colleagues, Mr. Chance and Mr. Hutchinson. The woman left the Hospital for a few weeks to consider the matter. When re-admitted, on Nov. 18, she was very desirous that the operation should be performed.

The Operation (Monday, November 22, at 2 p.m.) The room had been raised to a proper temperature, and the patient had previously taken a full dose of brimeconate of morphia. Chloroform was administered by Dr. Kidd. The incision first made divided the integuments in the median line from a little below the umbilicus to near the pubes. The peritoneum proved to be remarkably loosely attached, and as soon as the transversalis fascia was divided, it bulged forwards into the wound, distended by the pressure from within. Separation of it from the abdominal wall thus occurred to a considerable extent. After its division, a quantity of ascitic fluid escaped. The tumour was found to have but few adhesions to the anterior parietes. The largest cyst was now tapped (Mr. Hutchinson's very large trocar being employed), and about two quarts of fluid removed. The tumour consisted, however, of such a large number of small, distinct cysts, that it was impossible to materially diminish its bulk. The incision was, therefore, prolonged three inches above the umbilicus. The omentum, which adhered to the tumour above, having been detached, the latter was, with some difficulty on account of its bulk, brought externally. It was now found that at one spot (not larger than a sixpence) the small intestine adhered most firmly to the cyst. So close was this union that it was deemed safest to cut out a small portion of the cyst and leave it attached. The pedicle was broad but thin, and not more than about two inches long. It was secured in the metal clamp shown by a drawing in the report of Mr. Spencer Wells's case, which served its purpose exceedingly well. The shortness of the pedicle was made up for by the mobility of the uterus, which allowed of the latter organ being tilted forwards without undue stretching of parts. No ligatures were required for the vessels in any adhesions which had been divided. The blood and other fluids which had escaped were carefully soaked up by a sponge which had been softened by scalding. The wound was closed with silver wire sutures.

When removed to her bed the patient was in a very satisfactory condition, and she remained so through the afternoon and following night. Stimulants in small quantities were allowed her, and she also had a grain of opium every four hours. The stomach was irritable, and ice *ad libitum* was allowed her to suck.

Throughout the Tuesday and on the Wednesday morning she seemed doing fairly. The pulse was not more than 120, and excepting of aching in the back, she complained of no pain. The tongue, however, was rather thickly coated, and there was frequent sickness. The abdomen was repeatedly examined—and no tenderness existed. On Wednesday afternoon the pulse rather suddenly rose to 160, and became harder; she was also troubled with cough and shortness of breath. From this time she sank rapidly, and death took place at midnight (60 hours after the operation). On Wednesday morning, on account of embarrassment of breathing, the opium had been omitted.

Autopsy (performed 36 hours after death, by Mr. Hulton Webber, in the presence of Mr. Childs and Mr. Hutchinson.) The line of incision had not the slightest trace of inflammation, the parts being in excellent apposition, and union by adhesion having taken place. The part of the pedicle included by the clamp was black and dry. The intestines were moderately distended by gas. The coils in the lower half of the abdomen adhered slightly by recent lymph, and presented a condition of punctate congestion. The parietal peritoneum of the anterior wall of the abdomen was acutely inflamed. It was swollen and dotted with ecchymoses, and serum had been effused into its subjacent tissue. These conditions were the most extreme at the part where the accidental separation alluded to above had taken place, where also were some small blood clots. The right ovary had been removed, and the part of pedicle remaining (consisting of the whole broad ligament) was not more than an inch and half long. The uterus was enlarged to the size of a fist by numerous nodular fibrous tumours, which occupied its substance: its serous investment was deeply congested. The abdominal cavity contained about half a pint of blood-mixed serum, which had gravitated into the pelvic fossa. The left ovary was atrophied, and contained no cysts. In the right pleural sac was about a pint of clear serum. Both lungs were œdematous, but

(a) Since the above was written we have learnt with regret that the patient on whom Mr. Erichsen operated on Wednesday week has also died. Death from peritonitis took place on the Monday following. We may probably give its details next week.

Digitized by Google

otherwise healthy. The heart, kidneys, liver, spleen, and supra-renal capsules presented nothing worthy of note.

It is not a little remarkable that in this case, seeing that commencing peritonitis was plainly the cause of death, no material pain or tenderness should have been complained of.

SAMARITAN HOSPITAL.

OVARIAN TUMOUR AND ASCITES.—OVARIOTOMY.—SUCCESSFUL RESULT.

(Under the care of Mr. SPENCER WELLS.)

S.S. aged 33, wife of a farm labourer, was sent to Mr. Wells by Mr. Jardine, of Capel, near Dorking, and admitted into the Samaritan Hospital, November 1, 1858.

History.—She states that she was married ten years ago, and has had four children, and one miscarriage between the first and second child. The youngest child is 3 years old, and all her children are living. She was quite well up to her last labour. She got about as usual after her labour, but did not diminish in size as usual. She felt no pain, however, until two months afterwards: then she began to complain of a good deal of pain at times low down in the abdomen above the symphisis pubis, not more to one side than the other. About a year ago she could feel something hard and movable, also quite in the middle. She had increased a good deal in size, but about this time the increase became much more rapid, and for the last six months she has been about as large as at present. For nearly two years after her confinement the menses did not appear; but she was not surprised at this, as she suckled her child for twenty-one months. Three weeks after weaning, the catamenia appeared scantily. They continued regular though scanty, up to the end of May. Since then they have ceased.

State on Admission.—General emaciation—great debility—motion much impeded by size and weight of abdomen, which measures fifty-seven inches in girth at the umbilicus and thirty inches vertically from symphisis pubis to ensiform cartilage. Suffers from dyspnœa, and can only sleep in a sitting posture. Tongue clean; appetite good; evacuations as in health; pulse 100, feeble; skin dry. The heart was thrust upwards and beating between the nipple and clavicle. The liver was also displaced upwards, its upper border being just above the line of the right nipple. The skin of the abdomen was extremely tense and glistening, much marked by fissures, and presenting a very peculiar appearance, from the ramification of large superficial veins and varicose lymphatics. The form, however, was rather that of ascites than of ovarian dropsy. The enlargement was quite equal on both sides, and there was the lateral bulging outwards of ascites. Fluctuation was very decided and perfect over the whole abdomen, and was felt equally in all directions. This was not affected by altering the position of the patient. The abdomen was generally dull on percussion, but a clear note showed that the stomach and intestines were lying in the epigastric and right lumbar regions principally, but also in the left lumbar region. The situation of dull and clear sound was not altered by any position of the patient. So far the physical diagnosis pointed rather to ascites with distension so great that the intestines could not reach the surface of the fluid than to ovarian dropsy, especially as no tumour could be felt by the deepest pressure the patient could bear. Vaginal examination threw no light on the matter. The anterior wall of the vagina was felt to be depressed. The uterus admitted the uterine sound for three inches, but the organ was not so freely movable as in the normal state. It was felt impossible to say positively if there was a very large simple ovarian cyst with thin walls and contents, or ascites; but taking the positive statements of the patient as to the previous existence of a hard movable tumour, the most probable supposition was, that an ovarian tumour was surrounded by a large quantity of ascitic fluid. As the line of clear sound on percussion in the epigastrium descended about an inch and a-half on full inspiration, it also appeared probable that any tumour was unattached anteriorly.

As the woman was extremely anxious to be relieved, and left herself entirely in the hands of the Surgeon to do what he thought best, it was decided to make an exploratory puncture, evacuate the fluid, and then, having everything prepared for ovariotomy, proceed to perform it, or not, according to circumstances.

Nov. 5.—The patient's bowels having been opened the day before, and cleared this morning by enema, she was prepared for operation by a morphia suppository given two hours before, and by ice which she had sucked for an hour or two to check the vomiting likely to follow the use of chloroform. The temperature of the room was raised to 75°, and the air moistened by a kettle kept boiling on the fire. The woman was kept warm by a warm flannel dressing gown, woollen stockings, and hot water cans for her feet on footstools at the foot of the bed. The Medical staff of the hospital were present, and Drs. Tyler Smith, Priestley, and Aitken. Dr. Priestley kindly administered chloroform.

Mr. Wells commenced the operation by a small incision in the linea alba, midway between the umbilicus and symphisis pubis, cautiously dividing the integuments etc. layer by layer until the peritoneum bulged transparent into the wound. A trocar was then introduced, and fifty-seven pounds of thin turbid serum were evacuated. A very irregular tumour was then felt. The trocar was withdrawn, and an opening being made into the peritoneum to admit the finger, the tumour was felt to be quite unattached anteriorly. In the hope of emptying it by tapping the principal cysts, and then removing it through a small incision, Mr. Wells fixed the tumour by a vulsellum, and by passing a skein of strong whipcord through a part of the wall. He then inserted the trocar, but the contents of the cysts were too thick to escape. The wound was then enlarged an inch or two, and the cyst incised, but the contents were so glutinous that it was impossible to withdraw them. It became necessary, therefore, to enlarge the incision sufficiently to admit of the removal of the tumour entire. This was done, and the incision then reached from about an inch above the symphisis pubis to two inches above the umbilicus; curving round the umbilicus on the right side. Superiorly and posteriorly there were adhesions to omentum and small intestines, which were easily broken down; but there was an adhesion posteriorly round the brim of the pelvis, which was more troublesome. This, however, was also torn through. The peduncle was on the left side—very short and broad. It was secured between the blades of a metal clamp, and the tumour was then cut away. There was then very considerable hæmorrhage, which at first appeared to come from one end of the peduncle; but after securing this by a ligature, the bleeding was still unchecked and alarming. At length the source was discovered to be a rent in a very large vein on the right side, running along the brim of the pelvis. Mr. Wells caught the sides of the rent with toothed forceps, and put on a lateral ligature so as to stop the hæmorrhage without stopping the current of blood in the vein. The abdomen and pelvis were then carefully sponged clean of blood. The right ovary was examined and found healthy. The intestines appeared very red, and the peritoneum generally rough as if from chronic peritonitis. The intestines had been carefully protected during the operation by flannels wrung out of water at 96°. The wound was brought accurately together by nine harelip pins and twisted suture, the peduncle and clamp kept outside the wound, and the patient, who had been an hour under the influence of chloroform, was made dry and moved to the upper part of the bed.

Progress of the case.—There is but little to say of the progress of the case after operation, as it was almost uninterruptedly one of recovery. There was no pain, the chief complaint being of extreme distension of the intestines by gas. There was no thirst nor sickness. The pulse remained very rapid and soft, ranging from 120 to 130 for a fortnight (probably owing to the return of the heart to its normal situation), and then gradually falling to 110 and 100. She perspired freely. On the fourth day she was a good deal depressed by an attack of catarrh or influenza, which was followed by herpes labialis and some ulceration of the mucous membrane inside the cheeks. The pins were removed on the fifth day, and the wound found quite united, except at the spot where the peduncle and ligature passed. On the 13th November (eighth day), the clamp came away; and on the following day the ligature came away from the vein. On the tenth day, as she felt a desire to pass a motion, an enema of warm water was given, and the bowels acted three times without pain. From this time she gradually gained strength, and left the Hospital on the 2nd of December, exactly four weeks after operation. She had been able to walk up and down stairs

Digitized by Google

for a week before leaving, and the heart and liver had returned to their normal situations.

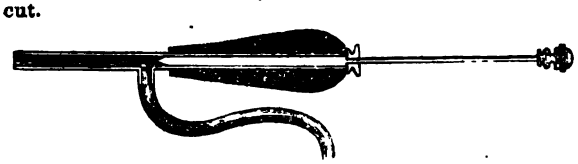
The *treatment* consisted in the use of morphia suppositories, and in giving plenty of nourishment and sufficient stimulants. No medicine was given by the mouth. A third of a grain of morphia was given at first three times a-day, by suppository, afterwards only twice, and after a fortnight it was discontinued. Beef-tea, arrowroot and brandy, wine, and the brandy and egg-mixture were given freely—one or other almost every hour as she fancied them for the first few days, and she drank a good deal of tea, but she soon began to ask for fish and meat, and took ordinary diet. The urine was removed by the catheter three times a-day for the first week, but she passed it easily as soon as the bowels were open.

Examination of the tumour.—The tumour as removed (some two or three pints of its contents having been previously emptied) weighed twenty-one pounds. It was shown at the Pathological Society last Tuesday, and a description of it will appear next week in our report of the proceedings of this Society.

Remarks.—Putting aside for the present any remarks upon this case in its bearing upon the general question, "Is ovariotomy justifiable?"—we will draw attention to two points of practical interest in the details of the operation, namely, the trocar used, and the clamp employed to secure the peduncle.

The trocar.—Tapping the abdomen with an ordinary trocar is a very clumsy proceeding. Basins have to be held up to the canula, and then emptied into pails, amid a good deal of mess, splashing, and unnecessary exposure of the patient. For some years past Mr. Wells has been in the habit of using the trocar of Schuh of Vienna, with an elastic tube attached, by which the fluid is conveyed away quietly and neatly, without unnerving the patient. But in this, and a former case, described in a former number of this volume (page 218), he has used a still more convenient instrument, contrived by Mr. Thompson, and described in our last volume, page 329, March 27, 1858.

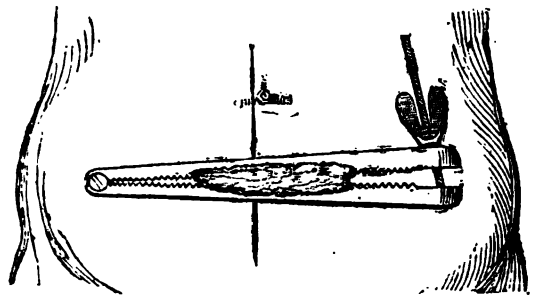
We here reproduce the cuts by which Mr. Thompson assisted his description of the instrument. The trocar is made to fit the canula closely, like the piston of a syringe. There is an opening from the lower part of the canula by a tube, on to which an elastic tube can be fixed. The instrument is used like an ordinary trocar, except that the trocar is not quite withdrawn from the canula, but is left as shown in the second cut.



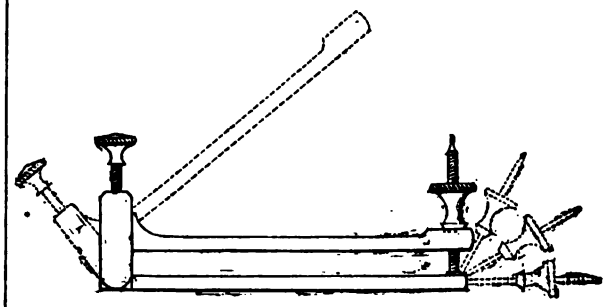
The only modification Mr. Wells has made in this instrument is to enlarge the calibre, and to add a stop-cock to the elastic tube, in order to be able to regulate the rate at which the fluid flows off in case of the patient suffering from too rapid diminution of pressure on the diaphragm.

The clamp.—There are serious objections to the older methods of securing the peduncle before division. Fatal accidents have followed the slipping of a single ligature. These have been avoided by transfixing the peduncle and tying it in several portions, but this is rather a tedious process, and without great care it is easy to transfix a vessel. The credit of suggesting and first using a metal clamp to obviate this danger and delay, is undoubtedly due to Mr. Hutchinson, who uses a clamp very much like a common pair of carpenter's callipers (described at page 471 of this volume), and which answers very well. A slight modification of this clamp was recently shown by Mr. Baker Brown at the Medical Society of London as an invention of Mr. Harper. In the case above detailed, Mr. Wells used a clamp he had contrived rather like Ricord's fenestrated forceps for circumcision. It is here seen as applied, embracing the peduncle, and lying across the wound. The drawing shows the instrument half its real size. The body to be in proportion should also be half the size of life.

The teeth are so jagged, and the peduncle is so squeezed into the fenestræ of the blades that slipping is almost impossible; but the fixed portion of the stem made the



application of this clamp difficult, and the rust which formed on it after a day or two caused some irritation of the skin around the wound, although it was protected by lint. Accordingly Mr. Wells determined to have an instrument strongly gilt to prevent rusting, and made so that the stem was movable to admit of easy application, and a screw at either



end ensured an equable pressure on the peduncle. Mr. Blaise, acting up to these instructions, made the instrument here depicted, which was used by Mr. Childs in his case at the Metropolitan Free Hospital, and found to answer remarkably well. The only alteration Mr. Childs suggested was that the screws should be flat, as in the first instrument, rather than round—as when the Surgeon's hands are bloody it is not easy to turn the round screw.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF OVARIOTOMY.

(Under the care of Mr. ERICHSEN.)

[Reported by Mr. WILKINSON.]

Mary H. aged 28. Had noticed first signs of the disease in May, 1855. She was tapped in June or July, and twenty-nine pints of fluid drawn off; and again tapped in August, and half-a-pint of tincture of iodine injected. She was very ill after this, but recovered in about two months. Nothing more was noticed of the tumour till May 1858; and from that time to the end of October, when she was admitted into this Hospital, the abdomen gradually increased; and, on examination, a multilocular cyst was discovered. Mr. Erichsen, in consultation with Drs. Murphy and Garrod, decided on performing ovariotomy. She was to have been operated on on the 10th of November, but the catamenia were present, and on the 17th she was not in a fit condition, so that the operation was necessarily delayed till November 24, when, after the patient had been placed in a private ward, and the temperature raised to between 70° and 80° F., by means of an incision extending from about 1½ inch below the ensiform cartilage to about 1½ inch above the pubis, Mr. Erichsen removed the tumour, which was of large size, weighing between 8 and 9 pounds (after several of the large peripheral cysts had been opened and their contents lost). There was but one old adhesion on the back on the right side—it was a piece of omentum, and conveyed an artery, about the size of the interrosseous of the fore-arm. It was firmly secured by a stout ligature, as also the pedicle; but

Digitized by Google

these were both too short to be brought outside the abdominal cavity. The wound was brought together by silver-pointed probes, used as hare-lip pins. Strips of plaster were now placed between these, and the whole supported by a flannel roller. She was removed to bed, and her diet consisted of ice, barley-water, beef-tea, wine, brandy, soda-water, or anything she could fancy. She was ordered a grain of opium occasionally, or a few drops of the black drop; but she complained they made her more uncomfortable, and would not take any. She could keep nothing on the stomach for some time: after forty-eight hours it became tranquil; and although she partook of aliments the most nourishing, she nevertheless continued to sink gradually, and eventually died on the evening of the 29th, the sixth day after the operation. On making a post-mortem there was diffuse peritonitis, but in general not of a severe character; however an abscess was found occupying the space in the left iliac fossa, circumscribed by the sigmoid flexure of the colon above and the pedicle on the inner side—the wound had not united.

GUY'S HOSPITAL.

CASE OF CHRONIC HYDROCEPHALUS TAPPED FOUR TIMES.

(Under the care of Dr. WILKS and Mr. BRYANT.)

[Reported by J. C. GOODING, Clinical Clerk.]

John Frederick R., aged 9 months, was admitted into Guy's Hospital, under the care of Dr. Wilks, June 20, 1858. His father and mother are healthy; but his mother's father, two brothers and sister, all died of phthisis, and her nephew is the subject of hydrocephalus. His mother's labour with him was natural, and he was born a well-formed and apparently healthy child. When five weeks old he suffered an attack of convulsions, which were occasionally repeated during the following fortnight. His mother, when he was three months old, first noticed that there was fulness of the anterior fontanelle, from which time she states that the head has continued to enlarge; and symptoms indicative of cephalic mischief, such as sudden screaming out at night, fingers clenched over his thumbs while asleep, and occasional attacks of convulsions, showed themselves. The head was ordered by Dr. Wilks (whom she attended first as an outpatient) to be strapped; this was done for the first time on the 30th March, 1858, at which time the head measured twenty-one and a quarter inches in circumference, and this was repeated four times; the child screaming at each time very much, and the mother being tired of a process which did not prevent increase of the head, requested that something else might be done. While the strapping was being used the child's limbs and body became more developed and plump. Dr. Wilks, in conjunction with Mr. Bryant, determined to tap the head, which was done by the latter at 2 p.m. on the 29th June, 1858, by introducing a trochar and canula at the anterior fontanelle, a little to the left of the median line, after an elastic band had been bound round the cranium, more than five ounces of a transparent, colourless, slightly albuminous fluid of sp. gr. 1004 were allowed to flow, after which the opening was closed. The child did not suffer at all from the removal of the fluid, nor was the pulse, which was previous to the operation 150, affected. The child cried a great deal during the following night. On the 30th of June, 11 a.m., the trochar and canula were introduced at the same spot after the child had been placed under the influence of chloroform, and ʒv. ʒij. of fluid slightly tinged with blood, but free from flakes of lymph, were drawn off.

July 2nd, ʒiij. ʒij. as clear as that first drawn were removed to-day. The child has been pretty well, not fretting so much as it did after the first operation; there is, however, some jerking of the limbs during sleep, and the thumbs are clenched over by the fingers.

4th.—It was tapped a fourth time to-day, and ʒiv. of clear fluid removed; the bandage was removed and reapplied, this being necessitated by the side of the head in front of the left ear, which had been irritated by the strapping, threatening to ulcerate under the continued pressure of the bandage.

8th.—The part alluded to, as well as another spot on the forehead, has ulcerated, and presents an unhealthy appearance. The child seems pretty well, and is quiet.

12th.—Last night the child had an attack of convulsions; the ulcers are very unhealthy, being covered with a greyish slough, all bandaging has been done away with for several days past, and water dressing is applied to the ulcers.

14th.—The mother left with her child to-day for the country, in order, if possible, to improve its health; and it was heard that the child died a fortnight afterwards. Although the paracentesis failed to afford any permanent relief it was surprising to see with what impunity the brain bore the successive tappings.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 274.—WARM AND COLD-BLOODED ANIMALS.

"Organic are thus distinguished from inorganic beings; and organic beings are distinguished amongst each other by the rapidity with which this heat is supplied, and the facility with which it is radiated. Thus the terms warm and cold-blooded animals are defective. No animals have cold blood; and all plants produce heat. But the heat of plants is only sensibly greater than air during their germination and flowering; and they part most readily with it. Cold-blooded animals produce heat so slowly that they are never more than two or three degrees above the medium in which they live; sometimes they are below it, owing to the rapidity of their evaporation of it. Insects—bees, for example—produce heat very rapidly, but they part with it so rapidly that their temperature is little above that of the air. In a hive their heat is sometimes found, collectively, great."—*Blackwood.*

No. 275.—TUBERCLE AND CANCER.

"Tubercle possesses no fibrous stroma, but is infiltrated among the elements of various organs, the vascularity of which it tends to destroy. A cancerous tumour increases by growth, which tubercle cannot be said to do; the former is vascular, the latter is not; in the one cells are formed which have the power of redevelopment, in the other no reproductive cells are produced. In cancer, the morbid matter circulating in the blood—whatever it be—is concentrated or attracted to the cancerous part; and should none afterwards be present, the healthy blood is made subservient to the purpose of nourishing a foreign growth. In tubercle, successive exudations are made, which by their accumulation augment the volume or amount of the morbid product."—*Bennett's Principles of Medicine.*

No. 276.—COMPLAINTS OF A MODERN PARISIAN DOCTOR.

"In these days of severe competition and envy, all things have become very dear. At Paris the Doctor cannot house himself suitably for less than a hundred or hundred and twenty pounds a-year; and then he must throw away to the cabinet and carpet makers some four or five hundred pounds more for furniture, all which capital remains unproductive; then if he is married and has children, his wife's dresses will each absorb the revenue of several acres of land, and his children's education will exhaust his resources; to keep up his house suitably costs him £500 a-year in the most moderate quarters. He finds himself besides in the midst of 1500 confrères, all on the look-out for clients; these 1500 confrères having their heels more and more trampled on every day by the advances of quackeries and illegal practices! What is more fragile and capricious, and more inconstant than the reputation of a Doctor! *Success is more often obtained by the parade of qualities which are really wanting, than by the qualities which a man really possesses, and which he has the modesty to conceal.*"—*L'Union Médicale.*

No. 277.—L'HÔTEL DIEU DE PARIS.

It is generally believed, but without proof, that the foundation of the Hôtel Dieu was due to St. Landry, Bishop of Paris, in the seventh century. The canons of Notre Dame only possessed at first the half of this establishment; the other part was ceded to them in 1202 by Renaud, Bishop of Paris. At that time not only the poor sick, but also the healthy poor were admitted into it; it was an Hospital in the true sense of

Digitized by Google

the word. Philippe Auguste was the first king that gave donations to it. We read in one of his letters:—"We give to the Maison de Dieu de Paris, for the poor there, all the straw in our room and house in Paris each time that we leave the town to sleep elsewhere." The increase of population brought an increase of sick, and thus the Hôtel Dieu became insufficient for their accommodation. In 1217 Dean Stephen, conjointly with the Chapter, charged four priests and four clerks with the spiritual care of it; thirty priests and twenty-five clerks provided for the wants of the sick. Under St. Louis the Hospital was rebuilt and enlarged. It then took the name of Hôtel Notre-Dame, and was exempt from all taxes. In 1511, the rue des Sablons was closed, in order to increase its size. In 1531, Cardinal Duprat built a ward, which was called before the Revolution, Salle du Legat. In 1602 Henry IV. constructed the Salle St. Thomas; in 1606 the Salle St. Charles was finished through the liberality of Pomponne de Bellièvre. Louis XIV., like his predecessors, favoured the Hospital. In 1772 the accumulation of sick was so great, that as many as eight patients were put in one bed; and on the morrow almost always three or four were found dead. The mortality rapidly increased, and the Hôtel Dieu became a permanent source of infection to the city; and this brought about an improvement in its administration. Under the Revolution the Hôtel Dieu was rebaptised, and called Maison de l'Humanité. The Hôtel Dieu is now about to be entirely demolished.

No 278.—Indian Medicine.

The Hindoos possess a work on Medicine, which dates from before the Christian era, "The Science of Medicine by Susruta." This medicine is full of legends, and religious practices, and theological principles. To exercise the art permission of the Brahmins is necessary. Then as now the Physician was taught that it was necessary for him to be acquainted with all the matters having any relation to Medicine. "He who knows the doctrine completely, but is unskilful in operating, is, when he approaches a patient, like a timid soldier going into battle. And he, on the other hand, who is well versed in Surgery, and presumptuously neglects the doctrine, does not deserve the esteem of good men. Each of these men is only half instructed, and is incapable of performing his office properly, and resembles a bird that has only one wing. Susruta tells us that he who is destined to Medicine should be noble, young, handsome, pure, vigorous, instructed in sacred sciences, modest, intelligent, discreet, and patient. He should prepare himself by sacrifices, prayers, and invocations, and should be chosen by a Physician of a caste superior to his own. He must study long before he goes into practice. Before the public he should appear dignified and superior to others in his manners and habits; he should be gentle and kind; clothed in white, with a cane in his hand, his hair short and his nails cut. He should avoid joking and gossiping with females. Susruta also enjoins the Physician never to assist the wicked and *those who hunt*. There are, he says, three means of recognising diseases; by inspection, touch, and questioning; and he adds that for a good diagnosis the five senses must be used. The immediate causes of diseases are bad division of the humors. Diseases are natural and supernatural. The natural are four: accidents, external injuries; corporeal, internal injuries; moral; and natural; viz. hunger, old age, death, etc. The remedies are almost all from the animal or vegetable world. The surgery of Susruta, though less advanced than that of the Greeks, was still much developed. The greatest operations must have been practised by the surgeon of his day, although the knowledge of anatomy was almost unknown—their religious scruples preventing them from studying it. Perineal cystotomy, embryotomy, antoplastic operations, etc., are spoken of."—*Gazette Hebdom.*

ANSWERS.

Sir,—Your correspondent, N.H.S., in No. 273, seems in doubt whether the postural method of Marshall Hall might not have been suggested by the amusing quotation he gives from the "Adventures of Sir L. Greaves." I can solve his doubts on this subject, having assisted in the experiments which established the Marshall Hall method. The rolling the body was not the first idea of Marshall Hall, it was one gradually arrived at (after very many experiments) as the most effectual way to restore the dying spark of life to flame.

London, Nov. 1, 1858. C. H.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

Medical Times & Gazette.

SATURDAY, DECEMBER 11.

THE LATE TRIAL FOR ABORTION AND MURDER IN SCOTLAND.—THE INCONSISTENCIES OF MEDICAL EVIDENCE.

In one of the Introductory Lectures delivered to Medical students at the commencement of the present session, the lecturer took especial pains to point out to his hearers the differences which exist between the advocate, the divine, and the student of Medicine. It is the business of the advocate to contend for the success of the side, whether right or wrong, on which he may happen to be retained. The divine, though employed in the inculcation of truth, has to deal only with what is already revealed and ascertained—while it is the honourable distinction and privilege of the student of Medicine, and we may add of the medical witness, to be engaged through life in the pursuit and exploration of truth, and in enunciating it for the benefit of his fellow-men. Although all will admit the correctness of this view of the respective duties which attach to the three learned professions, we fear that Medical Practitioners, in giving evidence, too frequently lay themselves open to the charge of adopting, if not the venal rhetoric, the tricky procedure of the advocate.

A person of the name of Reid has been lately tried in Scotland on a charge of criminal abortion and murder. The medical evidence given at this trial has justly come in for a fair share of professional criticism. To the unreflecting public the case may present only an illustration of the common saying that "Doctors differ," and that the Medical evidence was, as usual, "conflicting." To those who take the pains to review the medical facts and conclusions, however, as they are reported on both sides, it will appear that there was really no conflict in the evidence. There was cross-swearing as usual on matters of *opinion*; but the medical facts properly brought out are all consistent with one view of the case, and inconsistent with the other. In the clearest case it is always easy, by cutting and paring medical evidence—by inventing a few facts,—by keeping some in the back-ground, and placing others prominently before the Court,—to lay a foundation for a conflicting opinion. This trimming of medical evidence to suit a particular hypothesis necessary for a defence is not always apparent to the Court, and is generally overlooked by the public—the greater number of whom would at all times prefer an acquittal to a conviction in a case of alleged murder. It is also a matter of observation that medical men will often indulge in hypotheses for a defence which they would be ashamed to put forward for the prosecution; and thus we are constrained to arrive at the conclusion that, whatever refinements and quibbles may appertain to the law, they are frequently surpassed by those which are enunciated by "Experts" in a less detectable form, under the guise of medical evidence.

Digitized by Google

Reid's case is very simple in its details. A young woman pregnant by the prisoner, while in the enjoyment of fair health is suddenly taken ill; the violent pains of abortion come on, and she sinks exhausted,—a fœtus of from two to three months of uterine age being found at the mouth of the womb. The body of the woman is examined by two physicians and a surgeon:—

"The uterus was about seven inches in length, and internally presented the appearance of having recently contained a fœtus. Its internal surface was intensely red, and its substance extensively ecchymosed. Both ovaries, and the textures immediately surrounding them, contained large masses of coagulated blood, and *the right one was ruptured*, so that blood could escape from it into the cavity of the abdomen, in which about an imperial pint of bloody serum was found. On the internal surface of the uterus near its mouth, two small holes or punctured wounds were found,—one passing to the left side, the other to the right, and each approaching on its respective side to the corresponding broad ligament of the uterus. A probe passed into these small holes to a depth of between three and four inches. On the internal surface of the uterus, about two inches higher, three other small holes or punctured wounds were observed. Into two of these the probe just entered. Into the third it passed backwards, somewhat downwards and outwards towards the left side, to the extent of about three inches, running into one of the ecchymosed patches behind the uterus."

The conclusions drawn from these appearances were such as we believe most professional men of experience would have drawn, namely, that the wounds described were inflicted during life; that the womb had been penetrated by some instrument used *per vaginam*, and that the wounds, by the effusion of blood and inflammation consequent on their infliction, were the cause of death.

By the terms of this report no one was accused; but it appears that the prisoner was implicated in the charge on which he was tried, by a statement made to her mother by the deceased woman while she was suffering from the pains of a miscarriage. "It is all his blame: he introduced an instrument and opened the neck of the womb." The time at which this was done was specified by the dying woman; the general evidence made it certain that the accused had the opportunity, as he certainly had the motive. It further transpired that he was aided and abetted in this nefarious act by an unworthy member of the Medical profession, who, when he heard of the girl's death, destroyed himself by poison!

What was the answer to this very plain charge? Precisely that which a lawyer, only regarding the interests of the accused and reckless of scientific truth, would have adopted—viz. that the woman died from abortion as the result of natural causes, and the wounds said to have been found in the uterus were the apertures of blood-vessels, which two physicians and a surgeon of good experience, as we are informed, had confounded with punctures or holes made by a wire or a similar instrument! This may be called a bold defence, especially as it wholly ignored the dying woman's unsolicited statement,—the corroboration of this statement by evidence, and the suicide of a medical man, who we presume from this very act must have held a different opinion respecting the cause of abortion and the cause of death!

If such a defence under such circumstances had been left to the lawyers, whose business it is to struggle, not for truth, but for success,—and, whether right or wrong, to save a criminal at all hazards from the retributive hand of Justice,—we should have passed the matter over as unworthy of comment. But when we find this legal view adopted and actually supported by two physicians who appeared for the defence in the capacity of "Experts," we feel that the case demands inquiry. It must not go forth that medical men never agree on these matters; we believe that there is only one feeling in the Profession in reference to this case, namely, that there was not the slightest foundation for a *medical* defence; and we must express our surprise that two gentlemen of repute, Dr. Matthews Duncan, and Dr. H. D. Littlejohn, lecturer on Medical Jurisprudence to the Royal College of Surgeons, could have been found to undertake it.

The questions at issue were of a simple kind:—Were the holes observed by the three inspectors the openings of blood-vessels, or punctures by some instrument? Was the rupture and effusion of blood from the ovary a result of abortion criminally induced, or was it the primary and natural cause of the abortion and death?

Dr. Duncan, as we gather from his evidence, tells the Court that the point of attachment of the placenta in the uterus was not found: "no statement would be complete without that fact being noted,"—the placenta is supplied with large blood-vessels, which are cut across when the placenta is removed. The orifices of the blood-vessels are *wounds!* It requires knowledge to detect the difference between these natural wounds, and wounds caused artificially. "From the description given in the report," he continues, "I am of opinion that the examiners were not sufficiently careful to determine whether these holes were wounds or uterine sinuses." Dr. Littlejohn objects that no connexion was traced between the holes and the ruptured ovary; but assuming that they were wounds, and not mere orifices of divided blood-vessels, he had "no doubt from the report that the wounds were made by a skilled hand,"—*i.e.* not by the hand of the accused, but that of the dead medical accomplice, who was beyond the reach of the law.

Now we believe that in a case of abortion at this early period, the point of attachment of the placenta may be so small as not to attract notice, and we shall not surrender this belief to any mere obstetric speculation. If these witnesses had met with even one case of violent abortion at this early period, in which they had had no difficulty in finding the point of attachment of the placenta, and at the same time *had* met with sections of blood-vessels, which medical men of good experience could possibly mistake for punctures by instruments—why have they not given to the country and the profession the benefit of their experience? Instead of this they express a naked opinion on a condition of parts which they had not seen—unsupported by any facts, and contrary, as we believe, to general experience. That the apertures observed were punctured wounds we entertain no doubt. According to our information they were examined by a magnifying-glass; similar punctures were artificially made in the uterus, and compared with these holes; lastly, they were slit open throughout, and it was found they were *not vessels* but lesions of continuity; they were also in close connexion with patches of ecchymosis. The determination of the existence or non-existence of a punctured wound is a question of fact. On what pretence do these gentlemen presume to settle this question, when they have not even had an opportunity of seeing the injured parts? This is like making a jump in the dark for the special benefit of the accused. That the evidence was adjusted to this purpose appears clear from the admission of one of these gentlemen, that the open mouths of the placental blood-vessels were wounds made by a "skilled hand." "It would be difficult," says Dr. Littlejohn, "for an unskilled hand (*i.e.* the hand of the accused) to reach the region where they were made." We must presume that this witness was not giving evidence with a mental reservation. He must have believed that the apertures were either the torn ends of blood-vessels, or wounds mechanically produced; if the torn ends of vessels, a question of skilfulness or unskilfulness in their production could not possibly arise: but as he undertook to swear that they must have resulted from a skilled hand, and assigns a reason for this opinion, we do not see how he could consistently hold the views which he had already given on oath. This mode of giving evidence reminds us of the

Digitized by Google

pleas in a case said to have been tried on the other side of the Atlantic. The action was for damage to a teakettle, and the pleas in defence are said to have been: 1. The kettle was cracked when we borrowed it. 2. It was whole when we returned it. 3. We did not borrow it at all! The evidence plainly amounts to this: These are not wounds, but if they are wounds they were very skilfully made. *Ergo:* our client did not make them!

As to the rupture of the ovary, Dr. Duncan informed the Court, that "In the case of a female whose monthly courses are attended with pain, rupture of the ovary might occur from natural causes, when the period came round, if she were in a state of pregnancy, and *if* she had a diseased ovary." Again, "*If* I had found that the ovary was in a *very friable condition*, etc. it would be a highly morbid condition, probably of some standing." Dr. Littlejohn followed up this series of speculative propositions by saying, "I am of opinion that the ovary was ruptured through disease, and then occasioned death. I see nothing inconsistent with death from natural causes."

The medical evidence for the prosecution had clearly set forth that "there was no appearance of disease further than congestion of the right ovary. Both ovaries were congested, and the right was ruptured." Dr. Duncan's "diseased" and "very friable" ovary appears to have had no existence excepting in his own imagination; and the deductions drawn by him from this assumed condition are altogether beside the question. The same observation applies to Dr. Littlejohn's hypothesis of rupture through disease. These gentlemen appear to be as deficient of facts and as abundant in speculations in the obstetric as in the surgical branch of the Profession. An ovary may be ruptured as the result of abortion. Dr. A. Thomson has published a case which shows that this accident may occur and prove fatal (a) after abortion from natural causes. Whether the deceased died from rupture of the ovary or from exhaustion as the result of the efforts at abortion, is of no moment. There was no morbid condition of the ovary in this case beyond that which is incident to the pregnant state—the alleged friability is either a legal or medical fiction, and whatever may have been the cause of rupture, the wounds in the substance of the uterus, which could not have been made by an "unskilful hand," have still to be accounted for. In short, taking the medical facts alone, there is nothing inconsistent with the death of this woman from the injuries charged in the indictment, while there is no other consistent explanation which we believe can suggest itself to an unbiassed mind. To assign death to "natural causes" under such circumstances, appears to us to be a species of wild license which would excuse every criminal atrocity. When the medical facts are taken in connexion with the statement of the dying woman, and the suicide of the "skilled hand," who, upon Dr. Littlejohn's theory, must have acted for the criminal, we have as strong proofs of guilt as we can ever hope to produce in crimes of this nature (b).

We have no desire to shut out a prisoner from an honest scientific defence. Charges of criminal abortion may be falsely made, and an inculpated person may have a difficulty in proving his innocence. If a medical man, reviewing all the medical facts, truly believes that a great mistake is about to be committed, and that an accused person is exposed to the risk of being condemned on unsound scientific evidence, he is in duty bound to come forward, not as the advocate of the prisoner, but in the interests of public justice. He has, however, no right to distort or alter the medical facts; he has no right to assume lightly a want of common observation, and to impute a serious mistake to his brother practitioners, when, from the special care taken in the investigation, none could have been committed. He has no right to base his opinions upon speculations and "ifs," to be found in the brief drawn by a special pleader, and with only one object in view, that of procuring the acquittal of a probably guilty man. If Drs. Duncan and Littlejohn had been consulted by the Crown in a similar case, and had met with similar treatment at the hands of Experts, they would, we believe, have complained of hard measure. If told that their facts were imaginary, and their opinions unsound, they would, we believe, have considered themselves ill-treated, and have complained of these unprofessional attempts to screen criminals from justice. Let them do as they would be done by. On this occasion, they have placed themselves in a false position,—the position of the advocate,—and they are unconsciously strengthening a belief on the part of the public, that there is no crime however great, or however clear the circumstances may be, for which a medical defence may not be provided.

(a) Edinburgh Medical Journal, December, 1858, p. 505.

(b) The jury returned a verdict to the effect that the act of the prisoner had caused the abortion, but they acquitted him of the murder, although the death of the woman was a result of the abortion.

THE WEEK.

We beg to draw especial attention to an advertisement we publish this day giving the necessary information as to the mode of registration by qualified practitioners. It is clear that time will not allow any very large number of gentlemen to register before the 1st of January, as their qualifications must be compared with the certified lists of the various licensing bodies; but it is of the utmost importance that the register should be completed with the least possible delay; and we would urge every one of our readers to register as soon as possible, in order to protect himself from the disabilities and penalties imposed by the Act should the register be printed and published without his name. We have been requested to explain that the Registration Fee will not, and cannot, be raised from £2 to £5 in the case of any person now qualified, or who may become qualified before the end of the year. The larger fee of £5 will be required only of those who will be admitted into the Profession, for the first time, subsequently to the end of this year.

The *British Medical Journal* indulged its readers last week with an account of the provisions of the new Charter of the College of Physicians, stating that "the authorities at Pall Mall have determined to grant this liberal programme," namely, admission of all British Graduates on payment of a small fee, without examination, and the appointment of Fellows by seniority, not by election. We need hardly state that this announcement is very premature. We reported some weeks ago the appointment of a Committee to prepare a draft-Charter for the consideration of the Fellows: this Committee has held several meetings, but has not yet agreed upon a report on the proposed draft-Charter. When agreed upon this draft will be discussed by the Fellows, and must then be submitted to Government and approved before a Charter can be granted. In addition to this an Act of Parliament must be passed rescinding those portions of the old Charter which were inserted by Act of Parliament. We have no doubt whatever that the new Charter will be a most liberal one—but it is a great error to suppose that even its leading principles have been agreed upon.

At a preliminary meeting of Members and Fellows of the Royal College of Surgeons of England, held at the Freemason's Tavern, on Friday, the 3rd instant, it was unanimously resolved, "That this meeting, considering that the election of a Member of the General Council of Medica[l]

Digitized by Google

Education by the Council of the Royal College of Surgeons of England, is contrary to the provisions of the New Medical Act, hereby resolve it is expedient that a Conference of the 'Members and Fellows' of the College be convened on the 20th instant, at the Freemason's Tavern, at 7 p.m., to consider what measures shall be taken to vindicate these rights." We are informed by advertisement, that "An adjourned meeting of the Committee will be held at the Freemason's Tavern, on Friday, the 10th instant, at 8 p.m., at which the Members and Fellows of the College are invited to attend, preparatory to a General Conference on the 20th instant." All this appears to us to be very unnecessary. A simple question of law has to be decided. This can only be decided in the Court of Queen's Bench. The expense will be from £50 to £100. Let this sum be raised by a general small subscription from Members interested in maintaining their rights as electors, and the judgment of the Court will be very easily obtained. It seems injudicious to name any one candidate at the present time; indeed, we believe that a large number of gentlemen who are determined to endeavour to establish the principle of election by the Colleges, and not by the Council, would still support Mr. Green as their representative, or at least, would very much prefer him to either of the gentlemen named as his probable successor at the meeting at the Freemason's Tavern.

The general press seems disposed to support the movement in favour of medical peerages. The *Illustrated News* has an excellent note on the subject, and *Punch* contributes the following lines:—

Don't you observe the vulgar sneer
On the thin lip of fawning toady?
"O law, my Lady, listen here,
They're going to make a peer of Brodie!

"He was a doctor, near the Park,
Some kind of surgeon or physician,
How true your ladyship's remark,
'The country's in a sad condition!'"

But no, your fright is premature,
You ancient, toad-devouring virgin,
The Peerage will be still kept pure
From contact with a titled surgeon.

It's not to be; but if it were,
While men are born, men live, and men die,
Some recognition might be fair
Of those who use the *ars medendi*.

Lords from hereditary trees
(My lady's gone: we've sadly shocked her),
Where were your lengthening pedigrees,
If vain the cry "*Fer opem*, Doctor!"

If the good sword may claim its fee
In titles, as our codes determine,
'Twere no unseemly thing to see
The scalpel laid away in ermine.

You, Peer, for having understood
All the dark labyrinths that our laws have,
What Saving Clause has done the good
That Brodie's forcèps' saving claws have?

To cut bad throats, and stretch bad necks
Are claims on Fortune's purblind goddess,
But clear-eyed Honour gladly decks
The man who heals good people's bodies.

But, wise and kind old man, you know,
A bauble's, what the thing will fetch, worth;
And *Punch* still bows to you, although
He greets Sir B., and not Lord Betchworth.

We feel convinced that a general expression of the Medical Profession in favour of the establishment of Life Peerages would be received with attention by the Government. It is felt that the Law Lords, like the Bishops, should be Life Peers; and if Medical Lords are created on the same terms one great obstacle to the attainment of the honour would be removed. A large fortune would not be thought necessary to maintain an hereditary title, and men of mark would not be kept out of the House of Lords because they are not also men of money.

The epidemic at Windsor, which has led to the departure of the Court for Osborne and the clearing of Eton College, is and has been a true typhoid fever, with the characteristic rose spots and intestinal affection. Its dependence on bad drainage and impure drinking water has been made out most clearly. A number of very interesting facts supporting this belief have been brought before us; but we are compelled to delay their publication until next week.

We are requested to state that steps have been taken towards the formation of an Obstetrical Society in London. There ought to be but one opinion as to the propriety and utility of such an undertaking. The union of the Obstetricians of this great metropolis and of the country at large must powerfully tend to the promotion and advancement of this important branch of Medicine. Already the great majority of the metropolitan and provincial lecturers on midwifery have entered cordially into the project, and we trust the Obstetrical Society of London may enjoy a long and flourishing career. Sir Charles Locock has agreed to accept the post of Honorary President.

A good deal of interest has been excited in Dublin by an action for alleged negligence in the sale of medicine. The plaintiff asserted that acetate of lead had been sold to him instead of tartaric acid in the white papers of seidlitz powders, and that he had suffered in consequence. The defence was, that he was really supplied with tartaric acid; and that if he took lead at all, it must have been some he had in the house, which he was proved to have taken in an attack of hæmoptysis some time before. Mr. Wilde, who saw the plaintiff a few days after the alleged poisoning, stated that he did not present any of the appearances of lead poisoning. From the evidence of Dr. Carter, lately Deputy Inspector-General of Hospitals, it appeared that the plaintiff had spitting of blood in 1857 (said to have been caused by a kick from a mule); while Dr. Neligan proved that he admitted his life for insurance in January, 1858, which he would not have done if the plaintiff had stated that he had had hæmoptysis. To the credit of the Apothecary profession in Ireland accusations of this kind are of great rarity; the only instance of an accident of this nature coming before the public, was that in which improper Medicine was obtained from the shop of an unlicensed Practitioner, who had been previously fined for vending and compounding Medicine by the Apothecary's Company.

Certain objections have been made to Dr. Storrar, as a representative of the University in the Medical Council, on the ground that he is not the most fitting man to hold that position. On this question, says Dr. Ballard and Mr. Henry Thompson in a circular to the Graduates:—

"It is sufficient to make the following statement. Seventy-five Graduates, among whom are many of the most distinguished members of the Faculty of Medicine, have forcibly stated in writing their convictions to this effect, and have signed a copy of the resolution expressing them, with a view to its being laid before the Senate; while a considerable number who have not signed this document, have given adhesion to the sentiments which it expresses. The fact that

Digitized by Google

Dr. Storrar does not represent a very large and important portion of that Faculty is now indisputable. Personally, and on behalf of our associates, we most emphatically disavow any objection to Dr. Storrar, except such as exist on purely public grounds. The duty of making a protest against his election has been to us an unpleasant and painful one, the more so that we are aware how zealously he co-operated with the original Graduates' Committee in promoting the objects for which it was organised. But while according him all the credit he may claim for these services, we maintain that they confer on him no title to represent the interests of our Profession in the National Medical Council. An effort has been made to identify this movement with a section of the Graduates who belong to the College of Physicians. A complete reply to this utterly unfounded allegation is the fact, that of the seventy-five Medical Graduates who have recorded their signatures, a large majority are not members of that body. Nothing can be more irrelevant to the question at issue than its complication with this subject. We are at a loss to understand how good service can arise to any cause by attempts to perpetuate party jealousies between the various sections of our Profession."

A correspondent has favoured us with a report of a meeting of the members of the Medical Institution of Liverpool, held for the purpose of passing a resolution, the effect of which was to exclude from the Institution all Homœoquacks. Reporters for the press were excluded. Sixty-nine Medical men were present on the occasion, and the discussion lasted from 7 p.m. to 11 p.m. The upshot was, what is called by the newspaper report (derived from a private source) "a triumph of the liberal Doctors." Forty voted for the resolution, and twenty-nine for an amendment, which declared that no person should be excluded from the Institution on account of his holding any particular principles of Medicine. The excluding resolution, however, was not carried, because by the laws, the vote of two-thirds of those present is necessary to alter a law. We have so often expressed our opinions on Homœoquackery, that we need hardly say our sentiments go entirely with the forty gentlemen who voted for the exclusion from their Institution of the Practitioners of that veritable deceit. The question is not one of liberality or illiberality; the talk about persecution for opinions, and so forth, is nothing but sheer claptrap, put forth to catch the sympathies of the *profanum vulgus*. Who persecutes the Homœoquack? He has full and free swing to carry out his principles to the extremest limits which the gullibility of mankind will give him. Nobody thwarts him. Nobody stands in his way. It is, therefore, nothing but trickery with him to attempt the martyr-dodge before the public. What right have they who separate themselves from Medicine to seek shelter under its wings? Medicine and Homœoquackery are as opposed as light and darkness. The Medical man, of necessity, regards the thing as an utter cheat; and can he honestly patronise the existence of it by his silent approbation? He does so undoubtedly, if he allows it to be said to the world, that he associates *as a Medical man* with those who practise it. We beg our brethren at Liverpool to remember this, that Homœoquackery is a parasite, and that it draws its vitality from the stately stem of Old Medicine, clinging to it for support, and sucking nourishment from it; that rent away from the stem, the parasite would perish to-morrow. It is as clear as the day, that it is impossible for a Medical man to associate as such with people of this class in a Medical institution, without giving a certain air of patronage to it in the eye of the public. Why do not these professors of the Hahnemann trick establish their own Colleges, their own institutions, and keep to them? Who hinders them from doing so? Why are they for ever attempting to associate with the practitioners of an art which they declare to be a lie and a deceit? We have already answered the question. And we trust, that those of our brethren who think they are acting a liberal part in not excluding Homœoquacks from Medical Societies, will reflect upon the injury which they thereby inflict upon Medicine. The alliance of Medicine and Homœoquackery under the same roof is false in itself, and deceitful to the public. Can a man honestly associate himself thus with those who he *knows* in his conscience are practising an injurious deceit upon the world?

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING OF SATURDAY, NOV. 27, 1858.

Mr. Green took the Chair at 12 o'clock.

Roll called.

Present—

Dr. Watson (London).	Dr. Smith.
Mr. Nussey.	Dr. Williams.
Dr. Acland.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir James Clark.
Dr. Alexander Wood.	Sir Charles Hastings.
Dr. Andrew Wood.	Mr. Lawrence.
Dr. Watson (Glasgow).	Mr. Teale.
Mr. Syme.	Dr. Christison.
Dr. Lawrie.	Dr. Stokes.

Dr. FRANCIS HAWKINS, Registrar and Secretary.

1. The Minutes of the previous Meeting were read and confirmed.

2. The Council proceeded to consider the orders proper to be made for regulating the Register and its Form, pursuant to sections 16, 27, and Schedule D of the Act.

It was moved by Mr. SYME, and seconded by Dr. LAWRIE—

"That the Register be made out in strict conformity with Schedule D of the Medical Act, and shall set forth the name in the first column; the residence in the second; the qualification in the third; and that the fourth be left blank."

Amendment moved by Dr. ALEXANDER WOOD, and seconded by Mr. LAWRENCE—

"That whereas, by Clause XVI. of the Medical Act, it is provided that the General Council shall make orders for relating the Registers to be kept under this Act, as nearly as conveniently may be, in accordance with the Form in Schedule D to this Act; and inasmuch as the Act and Schedule draw a distinction between qualifications and titles, be it enacted that the Registrar be instructed to fill up the three first columns according to the exemplars given in the Act, and the fourth column with the titles, given in Clause XL. of the Act; and that those only be entered in the column of titles as Physicians who are Fellows or Licentiates of a College of Physicians, or M.D.'s of Oxford, Cambridge, or London; those only as Surgeons who are Fellows or Members of a College of Surgeons; and those only as Apothecaries who are Members of the Society of Apothecaries; and as Surgeons and Apothecaries those only who hold the double qualification."

Amendment moved by Dr. CHRISTISON, and seconded by Dr. LEET—

"That in pursuance of the discretion left to the Council by Clause XVI., in which it is provided that 'the Council shall, from time to time, as occasion may require, make orders for regulating the Registers to be kept under this Act, as nearly as conveniently may be, in accordance with the Form set forth in Schedule D to this Act, or to the like effect,' the Council consider it to be inconvenient, at this their first Meeting, to fill up the Title column of Schedule D."—The last Amendment was put and carried.

3. Moved by Dr. ANDREW WOOD, and seconded by Dr. SMITH—

"That the following Members of Council, resident in London, viz.: the President, Dr. Watson, Mr. Green, Mr.

Digitized by Google

Nussey, Sir James Clark, Mr. Lawrence, and Dr. Storrar form the Executive Committee."—Agreed to.

4. Moved by Dr. ANDREW WOOD, and seconded by Dr. STOKES—

"That the publication of the Register be superintended by the Executive Committee."—Agreed to.

5. Moved by Dr. CORRIGAN, and seconded by Dr. WILLIAMS—

"That the words, 'or any qualification,' in Clause XXX., line 2, mean any of the 'qualifications' mentioned in Schedule A., and none other."—Agreed to.

6. Moved by Dr. ACLAND, and seconded by Dr. STORRAR—

"That the President, or any eight Members of the General Council, may summon a Meeting of the General Council at any time, by letter addressed to each Member."—Agreed to.

7. Moved by Dr. CHRISTISON, and seconded by Dr. CORRIGAN—

"That by virtue of the powers conferred on the Council by Clause XVIII. of the Medical Act, the Secretary be instructed to require the delivery, on or before the 31st of March next, from the several Colleges and Bodies in the United Kingdom, mentioned in Schedule A of the Act, of a statement of the courses of Study and Examinations to be gone through, in order to obtain the respective qualifications mentioned in Schedule A and the ages at which such courses of Study and Examinations are required to be gone through, and such qualifications are conferred; and generally as to the requisites for obtaining such qualifications. The returns to be made, in the first instance, to the Branch Councils, and corrections obtained by them when necessary; and the completed Returns to be transmitted to the Registrar of the General Council."—Agreed to.

8. Moved by Mr. TEALE, and seconded by Dr. WATSON (of Glasgow)—

"That these Returns be printed and circulated among Members of the Council, on or before the 31st of May."—Agreed to.

9. Moved by Dr. CHRISTISON, and seconded by Mr. SYME—

"That the Minutes of the Branch Councils and Executive Committee be printed; and that copies of them, marked *Confidential*, be sent to every Member of the General Council."—Agreed to.

10. Moved by Dr. ALEXANDER WOOD, and seconded by Dr. CHRISTISON—

"That by the Stamp Act a Duty is imposed on the Diploma of M.D. of Universities; that by the same Act a duty is imposed also on Licentiates of Medicine and Fellows of the Colleges of Physicians: the Council is of opinion that such tax is injurious to the interests of the Profession, and remits to the Executive Committee of the Council, to prepare and forward to the Lords Commissioners of Her Majesty's Treasury, a memorial, seeking to relieve the Profession of the tax, and generally to use all exertions to secure its removal; and they authorise the memorial to be signed by the Chairman."—Agreed to.

11. Moved by Sir JAMES CLARK, and seconded by Mr. SYME—

"That it be an instruction to the Executive Committee to apply to Government for Apartments for the Meetings of the General Council and Executive Committee."—Agreed to.

It was agreed, that until the Council obtain an Office, permission be given to the Registrar to transact business at his own house.

12. Moved by Dr. ANDREW WOOD, and seconded by Dr. EMBLETON—

"That the Petition from certain Practitioners in the North of England be referred to the Executive Committee."—Agreed to.

13. Moved by Dr. CORRIGAN, and seconded by Dr. LAWRIE—

"That the Minutes of the several Meetings of the Council, from its commencement, as well as of Committees generally, be printed in uniform 8vo. size; and that two copies be transmitted to each Member of the Council, as well as to the several Registrars."—Agreed to.

14. Moved by Dr. ALEXANDER WOOD, and seconded by Dr. CORRIGAN—

"That the General Council, before separating at their first Meeting, beg to record the comfort they have had in the apartments placed at their disposal by the College of Physicians of London, and again vote their thanks for their liberal accommodation. They also beg to express their appreciation of the services of Mr. William Copney, Secretary to the College of Physicians; and authorise the Executive Committee to vote him such gratuity as they may think advisable for his services."

A letter was read, addressed to Thomas Watson, Esq. M.D. acknowledging, on the part of the Secretary of State for the Home Department, the information that Sir Benjamin Collins Brodie, Bart., had been elected President of the Medical Council.

Also an official announcement, by the Lord President of the Council, of the appointment by Her Majesty, with the advice of her Privy Council, of Six Members of the Medical Council.

An opinion was expressed, unanimously, that the next meeting of the General Council should take place on Wednesday, August 3, 1859.

BRANCH COUNCIL FOR ENGLAND, AND EXECUTIVE COMMITTEE.

NOVEMBER 29TH, 1858.

Present—

Sir James Clark, Bart., in the Chair.

Dr. Watson (London).	Sir Chas. Hastings.
Dr. Bond.	Mr. Green.
Dr. Storrar.	Mr. Lawrence.
Mr. Nussey.	Dr. Embleton.

1. On the motion of Sir CHAS. HASTINGS, seconded by Mr. GREEN—

It was Resolved—"That the Salary to be given to a Clerk be £150 per annum."

2. On the motion of Sir CHAS. HASTINGS, seconded by Dr. STORRAR—

"Mr. Hardy was elected Clerk."

3. Resolved, on the motion of Dr. STORRAR, seconded by Dr. BOND—

"That the Registrar be authorised to obtain whatever additional temporary assistance he may require, at such remuneration as he may judge proper, and report thereupon to the Executive Committee."

4. Resolved, on the motion of Mr. GREEN, seconded by Sir CHARLES HASTINGS—

"That three be the quorum of the Branch Council for England."

5. Resolved, on the motion of Mr. GREEN, seconded by Dr. STORRAR—

"That Sir James Clark, Dr. Watson, and Mr. Lawrence be a deputation to wait upon the Secretary of State for the Home Department, to carry into effect the instruction of the General Council, viz. to apply for apartments for the meetings of the General Council and Executive Committee."

6. The Memorial was read of certain Licentiates of the London Society of Apothecaries, residing in North and South Shields, stating that, by Clause XXX. of the Medical Act, they will be unable to recover for Surgical aid and appliances; and, by Clause XXXIX., they will be liable to a penalty, should they continue to use the title of Surgeon.

The Registrar was directed to reply that the Council have no power to interfere with the provisions of the Medical Act.

7. It was agreed that the Registrar be instructed to require, that in all cases in which applications for Registration are made by persons whose names do not appear in any of the certified lists referred to in Clause XV. of the Medical Act, and who do not produce the proper documents proving their qualifications, the applicant's claim shall be attested by a declaration made before a magistrate, and by the signature of a person Registered under the Medical Act.

And that the Registrar be permitted to require similar proof, even when the conditions above mentioned have been fulfilled, should any doubt arise as to the identity of the applicant.

That he be also authorised to require the same corroborative proof of declarations made pursuant to Schedule B.

8. Resolved, on the motion of Dr. WATSON, seconded by Dr. STORRAR—

Digitized by Google

"That the Registrar be authorised to take the proper steps to make known to the Profession, by advertisements in the *London Gazette*, in the Medical journals, and in the newspapers, the means necessary to be taken to secure registration."

9. Resolved, on the motion of Dr. STORRAR, seconded by Mr. NUSSEY—

"That the Registrar be authorised to procure the books and stationery, and other appliances necessary for conducting his business."

The Registrar was further authorised to issue summonses for meetings of the Branch Council and Executive Committee, with the sanction of the President, or of two of the members.

(Confirmed) THOMAS WATSON.

DECEMBER 2ND, 1858.

Present—

Dr. WATSON, in the Chair.

Sir James Clark, Bart.	Mr. Lawrence.
Mr. Green.	Dr. Storrar.

The minutes of the last Meeting were read and confirmed.

A letter having been read from Mr. Hardy, declining the appointment of Clerk, it was moved by Dr. STORRAR, and seconded by Sir JAMES CLARK—

"That Mr. John Crosse Roope be elected Clerk, provided that he be found efficient after a month's trial."—Agreed to.

MEDICAL TITLES.

We have been requested to publish the following opinion on this subject, obtained from a lawyer of eminence, upon a case submitted to him by direction of a Fellow of the College of Physicians:—

"The form of the Registers given in the schedule to the Act would seem to require that the applicant for registration should furnish the local Registrar with the precise Medical title which he desires to register. This, however, is a mistake; for all that is incumbent upon a Medical Practitioner is, 'to produce to the Registrar the document conferring, or evidencing his qualification;' or, 'to transmit information of his name, address, and qualification.' From the evidence thus supplied, the Registrars will have to fill up the column headed 'Title.' The selection of this word has not been very appropriately chosen. The term 'addition' would have better accomplished the object sought to be attained, as that word has a well-known definite meaning, recognised in law; and besides, is also correctly understood in common parlance; while that of 'Title' possesses a doubtful significancy unknown in the law, except with reference to real property. By the aid, however, of the 40th section of the Act, it would seem clear its framer intended that the fourth column in the Register should be filled up with one or more of the names or titles specified in that section, viz. Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary. These specific designations, I conceive, will be those which the Registrars can alone recognise or insert upon the Register. For the future, should any person falsely use one or other of the above titles, he will assuredly expose himself to the penalties which the Act inflicts; consequently, Medical Practitioners must now be very careful not to assume a title or designation which they are not strictly and legally empowered to use; since the above clause imposing the penalties for falsely assuming a Medical Title, is one of great stringency. This prohibition against the improper use of a name, is a novelty in modern legislation; as heretofore, Parliament has been content only to impose a penalty upon parties *practising* their particular profession so assumed without being possessed of the necessary Professional qualification. For instance, to act as an Attorney alone of the Courts of Law without having been admitted member, the person so acting is liable to heavy penalties; but, except for the fraudulent use of a professional name (when the punishment is for the fraud) there is nothing prohibiting any one from professing to be that which he is not. Now, however, in so far as regards the Medical Profession, all will be changed. The protection which this prohibition gives cannot but prove extremely beneficial to the Medical Profession, and also useful to the public generally, as it must have a strong tendency to expose and so put down quackery, which unfortunately at present prevails in many districts of the country, especially among an ignorant population. With regard to the qualification which will legally entitle parties to use the name of Physician, Surgeon, and so forth, we must await the orders of the General Council issued for the guidance of Registrars. It is, however, probable the Council will declare that none shall be entered on the official register as Physician who are not members of some College of Physicians, and so in reference to Surgeons, and likewise Apothecaries. This I conceive to be the correct rule to follow. The *London Gazette*, containing the notice of the appointment of six members of the General Council, nominated by her Majesty, gives an excellent and appropriate illustration how Medical Titles are recognised in public departments of the State. There Mr. Lawrence is specially described as 'William Lawrence, Esq. Surgeon;' thus showing that it was his connexion with the Royal College of Surgeons which entitled him to have the true designation 'Surgeon' added to his name. In the same manner we consider Dr. Mayo will be entitled to have his name inserted in the Register as Thomas Mayo, Physician. The holder of a degree of Doctor in Medicine will, of course, be qualified to register and use that designation; but this alone does not authorise him also to assume the title of Physician. According to learned Jurists, well able to express an opinion upon such subjects, it is now often very confidently asserted, that while Universities can confer the Medical Degrees of Bachelor and Doctor of Medicine, as also a Licence to the person so dubbed to practise within certain limits, Colleges of Physicians are the only tribunals entitled to make Physicians, analogous to the right alone belonging to any College of Surgeons, to make Surgeons, or of an Apothecaries' Company to license Apothecaries. Universities may create LL.D.'s; but Inns of Court are the sole bodies who, at present, are legally, in England, empowered to convert candidates—even alumni decorated by Universities—into Barristers. Whatever designations, therefore, may have been heretofore erroneously assumed, through previous unchallenged custom, henceforward no person can, strictly speaking, use any title without having been first enabled to do so by the competent and legal authority."

P.S.—Since the preceding observations were written, I have seen the minutes of the Medical Council, where they resolve that "the Council consider it to be inconvenient, at this their first meeting, to fill up the title column of Schedule D." I, however, still retain the opinion before expressed. I consider the words of the 27th Section, specifying "Medical Titles," and so forth, imperative upon the Registrar; and as the Profession has been already warned respecting the serious consequences of falsely assuming Medical titles, so I would also warn the Registrar against omitting from the official Register any designation which the requisite document produced by the applicant for Registration discloses. The resolution of the Medical Council will be no justification for this omission. If the Registrar acts upon it, a wrong will be thereby done to the Practitioner; and an injury likewise to the public. Without the fourth column, the provisions of the Act are not fully carried out according to the declared intentions of Parliament. The words, "to the like effect," do not at all justify its omission; and the powers conferred by Section 16 upon the General Council to make orders for regulating the form of the Register, will not sustain the order, if order it be really, which they have ventured to make, should it hereafter become questioned in a Court of Law. A Register published without the specific insertion in the fourth column "of Medical titles, diplomas, and qualifications conferred by any Corporation or University," will be liable to be quashed, as not being issued strictly in conformity with the direct provisions of the Act. Such defective Registers would not enable persons, when requiring Medical aid, to distinguish qualified from unqualified Practitioners. The case of the London University graduates is in point. In the now proposed form of Register, they would appear as "Graduates in Medicine of the University of London." This, however, I apprehend, would not disclose correctly or sufficiently their qualification to practise "*Physic, but not Surgery, Pharmacy, or Midwifery*," which is entirely dependent upon possessing the degree of Doctor or Bachelor of Medicine.

Digitized by Google

DISCUSSION ON HOMŒOPATHY AT THE LIVERPOOL MEDICAL INSTITUTION.

A large meeting of the members of the Medical Institution assembled on Monday evening last, in the theatre of the building, to discuss the propriety of adding the following words to the existing laws:—"But any one practising homœopathy shall be ineligible for election either as a member of the institution or as a subscriber to its library; and any regularly elected member or subscriber subsequently becoming a practitioner of homœopathy shall *ipso facto* cease to be a member of or subscriber to the institution." The ordinary mode of election has been for two members to propose any applicant, stating his name, residence, and professional rank; the proposal is then exhibited for at least a fortnight in the library, and the individual is next balloted for by the council. The council consists of eighteen members annually elected, but with a proviso prohibiting any member from being in office for more than three years consecutively. A majority of two-thirds is necessary for admission, five members at least being present. The intention of the present movement was to render homœopathists for the future ineligible for membership. The institution numbers ninety members, of whom seventy were present, namely, Dr. Ayrton, Mr. E. Batty, Mr. R. Batty, Mr. Blower, Mr. Bickerton, Dr. Cameron, Dr. Collingwood, Mr. Coeks, Mr. Callon, Mr. Dawson, Mr. Chalmers, Mr. Denton, Mr. Desmond, Dr. Dickinson, Dr. Drysdale, Dr. Duncan, Dr. Eager, Mr. Ellison, Mr. Fletcher, Dr. Gee, Mr. Gill, Dr. Gruggen, Mr. Grimsdale, Mr. Hakes, Mr. R. Hamilton, Mr. Harris, Mr. Hey, Mr. Higginson, Mr. Hutchinson, Mr. Hulme, Dr. Imlach, Dr. Inman, Mr. Jones, Mr. Johnstone, Mr. Ellis Jones, Mr. Lister, Mr. Lewtas, Mr. Lowndes, Dr. Macnaught, Mr. Manifold, Mr. Millett Davis, Mr. Moore, Dr. M'Cheane, Mr. Marsh, Dr. Nevins, Mr. Newton, Mr. Oldham, Mr. Paterson, Mr. Pope, Dr. Petrie, Mr. Rowe, Dr. Sinclair, Mr. Slack, Mr. Stephens, Mr. Smyth, Dr. Skinner, Mr. Steele, Dr. Stookes, Mr. Stubbs, Mr. Swinden, Dr. R. H. Taylor, Dr. William Taylor, Mr. Towrson, Dr. Trench, Dr. Turnbull, Dr. Vose, Mr. A. Whittle, Dr. Whittle, Mr. Worthington, Mr. Waters.

Dr. Macnaught was called to the chair.

A conversation took place respecting the admission of reporters from the newspapers.

The sense of the meeting was taken, and it was decided that the meeting was a private one, and that reporters should not be admitted.

The sense of the meeting was then taken whether any member should be allowed to send a report to the public journals of the proceedings of the meeting.

The meeting almost unanimously decided that a report might be sent to the Medical journals; but that no report ought to appear in the local papers.

Dr. Vose moved the following resolution, that to law 2, "The Liverpool Medical Institution shall consist of Physicians, Surgeons, and other legally-qualified Practitioners," there be added; "but any one practising homœopathy shall be ineligible for election, either as a member of the Institution, or as a subscriber to its library, and any regularly elected member or subscriber subsequently becoming a practitioner of homœopathy, shall *ipso facto* cease to be a member of or subscriber to the Institution."

Mr. Ellis Jones seconded the resolution.

Dr. Inman moved the following as an amendment—"That the members of the Medical Institution do not consider it just or expedient to deprive any legally-qualified Practitioners of the privileges of the Institution solely on the grounds of the Medical opinions they entertain, and they feel confident that the present laws are sufficient to maintain the honour of the Profession."

Dr. Cameron seconded the amendment.

Dr. Chalmers supported the original motion.

Dr. Petrie supported the amendment.

Mr. Grimsdale supported the amendment.

Dr. Dickinson supported the original motion.

Dr. Imlach and Dr. Eager supported the amendment.

Mr. Steele and Mr. Waters supported the original motion.

Mr. Fletcher and Dr. Drysdale supported the amendment.

Mr. Desmond supported the original motion.

The members then voted. The amendment was put and lost. The original motion was then put, when there appeared, for the motion, 40; against, 27. The motion was accordingly lost, as it is necessary to have a majority of two-thirds of those present at a general meeting to make any alteration in the laws of the Institution. The following are the names of those who voted for and against the motion:—

FOR.		AGAINST.	
Dr. Macnaught	Mr. Dawson	Dr. Cameron	Mr. Moore
Vose	Swinden	Gee	Higginson
W. Taylor	Stephens	Drysdale	Harris
Stookes	Batty	E. Whittle	Cocks
Skinner	R. Batty	Eager	Oldham
Turnbull	E. Jones	H. Taylor	Paterson
Chalmers	Manifold	Nevins	Hakes
Ayrton	Waters	Trench	Fletcher
Dickinson	Lister	Collingwood	Grimsdale
Gruggen	R. Jones	Petrie	Slack
K. Ellison	Bickerton	Inman	Pope
Townson	Blower	Duncan	Smyth
Denton	Lewtas	Imlach	Hamilton—27
Worthington	A. Whittle	Mr. Sinclair	
Lowndes	Marsh		
Johnstone	Callon		
Rowe	Gill		
Millett Davis	Stubbs		
McCheane	Desmond		
Steele	Hey—40		

(Signed) JOHN MACNAUGHT, *Chairman.*

AN ITALIAN'S VISIT TO EDINBURGH DURING THE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

(*Translated from the "Gazette de Nice" for the Medical Times and Gazette.*)

"Chez les montagnards écossais l'hospitalité se donne et ne se rend jamais," says the libretto of the *Dame Blanche*, and the libretto is right. In Scotland hospitality is of the most cordial.

To pay a tribute of gratitude to this proverbial hospitality, and to render homage to the noble efforts of Scotch savants to diffuse science, such is the double motive which induces me to publish these few lines relative to a trip I have recently made in this picturesque country.

I shall not have to speak of the capital of Scotland; pens more fluent than mine have given, better than I could give, a description of it, and have traced the history of the country of Sir Walter Scott, of Blair, of Barclay, of Hume, of Robertson, and of many other illustrious men. All that I could say of Edinburgh would not increase the renown of this capital, justly called the city of savants, which has given birth to so many men, celebrated alike in science and literature, and which has ever been the home of the learned.

I shall confine myself to publish some details on the too short sojourn I made there on the occasion of the last Medical congress, which took place within its walls last July.

Finding myself in London with the object of visiting its numerous Hospitals, in which I had studied a whole year, my friends, Dr. Edward Smith, author of several papers, and Dr. Priestley, editor of the standard work on Obstetrics by the celebrated Simpson, of Edinburgh, often mentioned to me the annual Medical congress about to be held in the latter city, under the patronage of the British Medical Association, and begged me to take part in it.

This association was founded by Sir Charles Hastings, under the name of the "Provincial Medical and Surgical Association." Its object was to advance science, and to sustain the honour of the Medical Profession in the provinces. An annual congress was with this view instituted.

The number of members belonging to the Association having considerably increased since 1853, it was resolved at the meeting held at Birmingham in 1856 that the Association should thenceforth bear the name of the British Medical Association.

It would be unnecessary to enlarge upon the numerous advantages of such an association for science, and for the Medical Profession. I leave, then, this question, and return to my subject—my stay in Edinburgh.

A few days before the time fixed for the meeting of the Association, I wrote to my friend Story of Edinburgh, and

Digitized by Google

begged him to engage apartments for me. Story, who often saw Professor Simpson, and who knew that we were formerly acquainted, showed him my letter. Simpson at once let me know through my friend that he could not think of allowing me to stop at an hotel, nor in any other house than his own. I could not refuse so friendly an invitation from one of the princes of science. Arrived at Edinburgh, I was welcomed by Dr. Simpson with the warmest expressions of friendship: "Make yourself at home," said he, shaking me heartily by the hand, "you must look upon this house as your own, during the short absence I am obliged to make."

The learned doctor was, indeed, at this very moment called to London on important business. Parliament was taking into consideration Scotch University Reform. A few days before I had been at these debates in company with the intelligent and hard-working member of the House of Commons, the Honourable Arthur Kinnaird.

Dr. Simpson counted on arriving in London before the close of the debates; he therefore intrusted his numerous patients to the care of two distinguished young Physicians, who lived with him, Dr. Alexander Simpson, a very able young man, and the not less able Dr. Coghill, and set out for London, where he arrived in time for his purpose. He returned immediately to Edinburgh, where he arrived on the very day of the opening of the congress, in the labours of which he was to have a share.

My readers will excuse me for entering into all these details relative to Dr. Simpson; but his great reputation, his fine character, and gratitude, impose on me the duty of acting thus, and of acknowledging and declaring that one rarely finds so many good qualities in one man. I may add that he is the personification of that hospitality which England and Ireland look upon and exercise as a social, and which Scotland regards and practises as a religious, duty.

The first days of my stay were devoted to looking up old friends, accompanied by my friend Dr. Warburton Begbie, and by his father, a distinguished Medical man, both of whom, in the two trips I have made to Edinburgh, have shown me marks of the most sincere friendship.

The first general meeting of the Association was held on the 29th of July. Dr. Alison, Dean of the Faculty, gave the opening address. In the evening there was a meeting at the Royal College of Surgeons. Dr. Sanders, the Curator, gave a lecture on the more remarkable objects of the Museum.

The next morning there was a meeting of the Members of the Council. Dr. Christison delivered an address on "Therapeutics," after which several papers were read. At 2 o'clock Professor Miller read a lecture on the Progress of Surgery, followed by the reading of other papers. In the evening there was a conversazione at the Royal College of Physicians, where the Professor of Technology, Dr. George Wilson, delivered a lecture on Physical Chemistry.

On the 31st an address on Midwifery was delivered by Professor Simpson, who, speaking of the use of chloroform in accouchements, took upon himself to combat the prejudice of those who, relying on the *parturiens cum dolore* of Scripture, condemn this proceeding as contrary to religion. He acquitted himself of this task, difficult to perform in religious Scotland, with as much wisdom as skill. He subsequently refuted the philosophic and medico-physiological arguments opposed to this treatment, with that force of reasoning and that simplicity of expression which are familiar to him, and arrived at the conclusion that chloroform, which he was the first to employ in accouchements, could in no case be prohibited. After this address Professor Balfour received the members of the Association in the Botanical Gardens.

At 4 o'clock a grand dinner closed the 26th annual meeting of the Association. Speeches were made, numerous toasts were drunk to the health of the Queen of England, of the royal family, of our much-beloved Victor Emmanuel, and of the most distinguished members of the Association.

Sir Charles Hastings, founder of the Association, adding to a fine figure, a remarkable facility for speaking, and a frank affability of manner, assisted at the meeting. He was also one of the guests of the excellent Simpson, among whom were also Dr. Winslow, known by his writings and by his special knowledge of mental diseases. He it was who reported to the House of Commons concerning the English engineers of the *Cagliari*, Dr. Lees, a distinguished Physician of Dublin, and the eminent Medical publisher, of London, Mr. Churchill, were also stopping with Dr. Simpson.

The house of the celebrated doctor is, one may say, the temple of hospitality, and he does the honours with a touching solicitude, seconded in this hospitable work by his excellent wife, whose engaging and agreeable manners call from all their guests respect and acknowledgment. It is not only on the occasion of the meeting of the Association that this temple is open to visitors, but every day in the year.

I cannot conclude without mentioning the cordial reception I met with on the part of the Professors of the University, of the celebrated operating Surgeon Syme, of Pillaus, of the dear Allman, of Balfour, of Christison and others. I here give expression to my deep-felt gratitude, and record my sincere thanks.

I mentioned at the commencement my double motive for taking up my pen—to express my acknowledgments, and to do homage to the eminent qualities of Scotland's learned men: such is the task I imposed on myself, and I regret not to have fulfilled it in a better manner. I conclude, then, without speaking of the monuments, museums, and libraries I visited. I will say nothing of the handsome edifices of the University of Edinburgh, the most remarkable of Europe, according to Mannoechi. I abstain from all reflections on Abbotsford, the place which calls to mind the celebrated Scotch novelist. But I find I must, in concluding, declare that, living as I do in a climate more clement than that of Scotland, under the more serene, ever blue sky of our beautiful Nice, breathing as I do its ever mild atmosphere, even in the most severe winters, I shall never forget hospitable Scotland, and shall ever remember with happiness and gratitude the welcome and cordial reception I received in its magnificent capital.

GAETAN DE PASCALE, M.D.

REVIEWS.

The Microscope in its Application to Practical Medicine. By LIONEL BEALE, M.B. F.R.S. Physician to King's College Hospital, etc. Second Edition, pp. 390. With 270 woodcuts.

Dr. Beale has, in this second edition of his work on the Microscope, wished to render the subject-matter of it as useful as possible to the Physician. "Much that related merely to manipulation in the first edition has been omitted in the present one. In place of this, much matter bearing more exclusively upon Medicine has been introduced, and upwards of sixty new and original woodcuts have been inserted." Many of the articles have been entirely re-written; the work has been revised throughout, and brought up to a level with the science of the present day.

Dr. Beale's desire is to explain to the uninitiated the manner of submitting structures to microscopic examination, and also to show the appearances these exhibit under the microscope. In both of these particulars we think he has been very successful. Woodcuts are scattered in luxurious abundance throughout the work, and being essential to the right understanding of things microscopic, will materially assist the learner of these matters. A rapid glance at a good woodcut teaches the pupil more of the nature of the thing he is to search for under the microscope, than an hour's study of a mere verbal description of it can do. We therefore will not object to our author that many of his illustrations are repeated two and even three times in different parts of his work.

Happily now-a-days, the microscope, like the stethoscope, requires no apologist. The services it renders to the Medical man are so many and so great, that it has ceased to be an object merely of luxury with the few; it has of necessity become one of the *armamentaria medica* of all educated men in our Profession. Those who can't, or don't, or won't use it, wilfully exclude from their consideration a vast amount of information, and right down practical information too; we mean the sort which directs the curer to the treatment of disease.

But, of course, like all worthy instruments, the microscope requires skill in the handling, and the benefits to be derived from it can only be gained when this skill is obtained. And here is Dr. Beale's book, which gives the instruction necessary to make a man a proper observer; it explains the instrument and its working; the accessories necessary and the way

Digitized by Google

to use them. The learner may not only read of the things requisite for his operations in this direction, but he will also see them all depicted; and, as we have said, luxuriously depicted. And we suspect that there are very few manœuvres, which he may be desirous of attempting, for which he will not here find the receipt duly detailed. What Faraday once did for chemistry in his "Chemical Manipulations" Dr. Beale has done for microscopy in his Microscopic Manipulations. He tells us how to use it; and then shows us how to turn its uses to account in clinical investigations. We, of course, cannot attempt to follow our author through his details; but we can well recommend this work of his to all those who are desirous of a guide to conduct them to a right knowledge of Medical microscopy. We believe that nothing which science has revealed to us up to the present time on this subject has been omitted from it. The work is, therefore, on a level with the times, and we need hardly add that its author is a master of the subject upon which he treats.

Guy's Hospital Reports. Edited by SAMUEL WILKS, M.D. and ALFRED POLAND. Third series. Vol. IV. London: 1858.

THE present number of these Reports contains a great variety of interesting matter, and is well calculated to maintain the high character of the series. The first case is one of epithelial cancer of the œsophagus, in which gastrotomy was performed for the purpose of allowing food to be injected into the stomach. We published full particulars of this case at the time it occurred. The operation was so far successful that the patient survived forty-four hours after its performance, the distressing feelings of hunger which he previously experienced being relieved. Dr. Wilks contributes a miscellaneous paper, the most important feature of which is a disquisition on cancer and new growths. The views expressed on this subject by Dr. Wilks are exceedingly ingenious, and they tend to prove that there are no peculiarities which will constantly distinguish cancer from other morbid growths, or even from healthy structures; but that, according to circumstances, and the period of life, a given injury or abnormal tumour, will give rise to cancer, adenocele, or other form of morbid enlargement. It has long been admitted that the microscope gives no decided characters by which cancer can be certainly distinguished, especially when it is in the incipient state, and when, indeed, it is uncertain what form of tumour may be in course of development. Mr. Thomas Bryant communicates the details of eighteen cases in which the urethra was opened in the perinæum, and he concludes, from his observations, that although this operation is unnecessary in ordinary cases of stricture, yet that it is necessary in cases complicated with extravasation of urine and laceration of the urethra. Mr. France has a paper on ophthalmostasis, with an account of an improved method of extraction of the cataract, and he gives twenty cases in which the globe of the eye was kept immoveable by the forceps, which he figures and describes. In a paper on the Existence of Copper in Organic Tissues, by Dr. Odling and Dr. Dupré, the writers confirm the suspicion hitherto entertained by some chemists, that copper exists in greater quantity, both in vegetable and animal substances, than is generally imagined. Dr. Gull continues his contributions on paraplegia, illustrated with cases and engravings. Dr. Pavy has a very interesting paper on the Alleged Sugar-forming Function of the Liver, in which he proves that the opinion advanced by Bernard as to the glycogenic function of the liver, is erroneous; and that although the conversion of the blood into sugar does take place, it is a post-mortem change, and not due to physiological action during life. These views are supported by Dr. Pavy with great weight of argument, and a number of well-executed experiments certainly appear to justify his doubts of M. Bernard's theory. Dr. Alfred Taylor contributes a short but interesting paper upon Poisoning by Nicotina, founded upon a melancholy case of suicide by this alkaloid which recently occurred. Two or three drops of this alkaloid, which is a fluid, are a fatal dose, and the symptoms are those of a pure narcotic poison.

From the above brief sketch of some of the principal papers in the present number of the Reports, it will be perceived that they embrace many topics of great importance and novelty.

GENERAL CORRESPONDENCE.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

LETTER FROM DR. MCDONNELL.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the columns of your Journal of November 27, there appeared a letter, headed "The College of Surgeons in Ireland," and emanating from the pen of "a Dublin Surgeon," which I admit I read with considerable dissatisfaction. That "our College" should be held up as "a grinding shop, competing with and underselling, as they were lately proved to be doing, the other schools," is unfair; and such an accusation I feel it my duty to resent. The writer of this letter, nevertheless, raises some questions which are of great general interest to the Surgical Profession of this country; and I am much mistaken if you will not afford to myself and others who are concerned in the subject every facility for discussing fairly and openly any such general question relating to Professional matters. Without further comment, therefore, I venture to lay before the Profession the views which I, and some others connected with the Irish School of Surgery, hold with reference to the present position of the Royal College of Surgeons in Ireland and its School of Surgery; and the position which we conceive that College ought to hold.

It is necessary to state that the Irish College of Surgeons, in one particular, stands alone among the Colleges of Physicians and Surgeons of these islands; it alone of these corporations has connected with it a chartered school for the education of students. It not only grants diplomas, but also educates Surgeons, appointing professors for this purpose, and maintaining a school. At the time when, in the reign of George III. the original charter was granted to the College of Surgeons in Ireland, no school of Surgery existed in Dublin. It would have been absurd to have established a college to grant diplomas by examination when no surgical school existed in the country; and it was at that time wisely deemed expedient to found a school of Surgery in connexion with the college. Affairs, however, are now altered; for, not to speak of the very excellent provincial schools in Ireland, there exist in Dublin, besides those of the University and College of Surgeons, four schools of Anatomy and Surgery.

In spite, however, of this alteration of affairs, the school of the Royal College of Surgeons in Ireland still exists, connected by charter with the college, and supported by its funds. Now the question is, does the existence of a school thus circumstanced act beneficially or prejudicially on the progress of Surgical education in Ireland? It is argued, and no doubt with some truth, that the school of the college is a model school; that it maintains a high and independent place; that, in fact, it sets a good example to its *step*-brethren, and offers a considerable inducement to the teachers in less-favoured schools to work hard, in the hope of some day being numbered among its professors;—and indeed, if the remuneration enjoyed by its professors were sufficiently large, unquestionably individuals would be found who, casting aside all other views of Professional success, would aspire to fill the Professorial chairs of the school of the college; and with this hope would give their time and labour exclusively to scientific research and teaching. But unfortunately the remuneration is not sufficient to enable these professors to devote all their time to the branch of science which they teach, and hence it results —I say it without disrespect to the Anatomical Lecturers of Dublin—that an Allen Thompson, a Goodsir, an Owen, is not to be found among us.

It seems, then, that the school connected with the College of Surgeons in Ireland does not in any great degree act as a stimulant to the younger scientific men, while its existence in another point of view militates against their interests and paralyses their energies; for a school supported by the funds of the College cannot be said to engage in fair competition with others, which receive no money and little patronage from that corporation. It matters not how fairly and honourably the affairs of the College may be conducted, students will be slow to believe that there is not a certain advantage in attending the school which is connected with the body

Digitized by Google

which is to examine them for their diploma; so that it would appear that its connexion with the College of Surgeons, not merely on account of the funds derived from the College, but on other grounds, places this school in a position of unfair rivalry with others. The race is no longer to the swift; it is no longer energy and talent that wins, for they cannot compete against a monopoly such as this.

It has been already said that the circumstances have long since passed away, which rendered it desirable to maintain a Surgical school in connexion with the College of Surgeons. Let me now try and point out what I conceive the College of Surgeons should be to the members of the Surgical Profession in Ireland. There is no lack of schools in this island of excellent schools, for the teaching of Practical Anatomy and Surgery. Many circumstances, even among others the very poverty and distress formerly existing in Ireland by creating many Hospitals and yielding many subjects to the dissecting-room, tended to give the Irish School of Surgery that practical character which is its greatest merit. If, however, we are candid we must admit that in some of the sciences collateral with Medicine and Surgery, the Dublin school does not keep pace with those of the sister kingdom. Ireland is on the confines of Europe; out of the way of that personal intercourse with men distinguished in the various walks of science, which does so much to invigorate the mind and stimulate the faculties; our College of Surgeons should seek in some degree to make up for this want; to improve the education of her Surgeons, rather than spend her resources on the teaching of Medical Students; her library should be extensive; her museum still further enriched; her professors teachers of the Profession in those departments of the science and art of Surgery in which they have themselves become famous; and, above all, we should hope to see from time to time men of scientific reputation brought from different parts of Europe to lecture on those subjects which they have made their own.

That a limited number of lectures on some Surgical subject, as well as on the progress made in the rapidly growing sciences of Physiology, Comparative Anatomy, Pathology, etc., should be delivered yearly to the Medical public within the walls of the Royal College of Surgeons in Ireland, would be an unspeakable boon to the Profession in this island; to be elected for a certain period to such a post would be indeed an honour; and the hope of arriving at the dignified position of a Royal College Professor would encourage a legitimate rivalry in the various schools of Surgery. Such posts would be sought for, and would be filled by the most learned and accomplished members of the Profession, not only in Dublin, but throughout Ireland.

All this, and even more, might, I believe, be accomplished without violating any private interests, or acting unjustly towards the present Professors of the School of the College of Surgeons; the funds of the College are amply sufficient to give retiring allowances to those who have so long and ably discharged the duties of teachers in this school, and some of whom would be among those best suited to be raised to the real dignity of Professors to the College.

I must apologise for the prolixity with which I have entered upon this subject; it is one, however, of importance to the Profession, and this must be my excuse. Some will say, no doubt, that I reason as an interested party, being myself a lecturer in a school in rivalry with that of the College. This may be true. I think, however, that I am too much interested in the real advancement of Medical education in this country, to be much biassed by private motives. I wish the question to be considered calmly, and discussed without acrimony; it is for the members of the Royal College of Surgeons in Ireland to determine, whether the project sketched out is not one likely to prove beneficial to the Profession and the public. I am, &c.

ROBERT McDONNELL, M.D. F.R.C.S.I.
Lect. on Anat. and Phys. Carmichael School of Med. Dub.

11, Lower Pembroke-st., Dublin, Nov. 1858.

THE ENTRANCE OF OVARIOTOMY INTO FRANCE.—An enormous ovarian cyst was recently extirpated at his clinic, by Professor Schutzenberger, of Strasburg—this being the first operation of the kind in France, "in modern times," says the *Gazette Med. de Strasburg*.

A CASE OF REAL DISTRESS.

LETTER FROM W. ADAMS, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since publishing in your journal of the 9th Oct. the list of subscribers to the Emigration Fund for the widow and daughters of a Medical man who died, leaving his family in great distress, a few additional subscriptions have been received by Dr. Barker of Bedford and myself, by the announcement of which you will much oblige, Yours, &c.

5, Henrietta-street, Cavendish-square. W. ADAMS.

Dec. 4, 1858.

	£	s.	d.
Amount previously received	80	7	6
Thos. Watson, M.D. Henrietta-street, Cavendish-sq. ..	5	0	0
Jas. Townley, Esq. Kennington	3	3	0
H. Sterry, Esq. Paragon, New Kent-road	2	0	0
J. Propert, Esq. New Cavendish-street	2	0	0
H. Bullock, Esq. Cumberland-street	1	0	0
J. Arnold, Esq. Great Barford	1	0	0
J. Usher, Esq. Blunham	1	0	0
Anonymous	1	0	0
C. Brooke, Esq. Keppel-street, Russell-square	0	10	0
Total Subscribed	£97	0	6

"MEERSCHAUM-WASHED PIPES."

LETTER FROM WALLER LEWIS, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I enclose a copy of a circular, which I have found it necessary to issue, as a caution to the officers of this Department.

I have seen several, and heard of more such cases occurring among the general public, few of whom are aware of the "*causa tanti mali.*" I am, &c.

WALLER LEWIS, M.B. Cantab.
Medical Officer to Her Majesty's Post-office.

Dec. 4, 1858.

"MEERSCHAUM-WASHED PIPES.

"*Caution.*—The Medical Officer cautions the men against the practice of smoking short pipes—more particularly those known under the above name. Several cases of disease of the throat, gums, and stomach have recently occurred, traceable to this cause. The Meerschaum-washed pipes are frequently, if not always, prepared with powerful mineral acids, and the narcotic oils inhaled through them exert a more than ordinarily pernicious influence on the health.

"November 26, 1858. WALLER LEWIS."

ON TURNING AS A RULE IN LABOUR.

LETTER FROM DR. SILVESTER.

[To the Editor of the Medical Times and Gazette.]

SIR,—Without entering upon the discussion of the question whether or not turning ought to be the general rule in labour, allow me to point out two classes of cases in which the duration of labour may be much diminished and the delivery of the child rendered safe and expeditious by this method of treatment.

The first class of cases is where the fœtal head presents, and the child is known to be dead.

The second class includes most of the cases of premature delivery with cranial presentation.

The danger to be apprehended from turning is chiefly to the child, and arises from two circumstances; firstly, from an injurious pressure on the cord occasioned by the delay of the head in passing through the pelvis; and secondly, from the fœtal head becoming immoveably fixed.

In the first class of cases, pressure on the cord is of course not injurious. If the child has been dead some days there is little to fear from the second source of danger, because from the brain and other tissues becoming soft the cranial bones readily overlap each other; and even supposing the

Digitized by Google

head to be immoveably fixed, craniotomy is very easily performed behind the ear.

In the second class of cases the head would necessarily be small compared with the pelvis, and would be comparatively flexible.

The following illustrates the advantages of this method of treatment in the first class of cases. A short time since I was sent for to a patient in labour with her second child; upon examination, I found the os uteri dilated, the membranes entire, and the head presenting, but high up in the pelvis. I soon satisfied myself that the child was dead, and on inquiry learnt that the first child had died some time before birth, and the labour was very lingering. The patient much dreaded a repetition of her prolonged sufferings. The operation was suggested to her, and she at once assented. I immediately turned the child in the usual way, and drew it without trouble through the pelvis, much to the delight of the patient, for the child was entirely born within twelve minutes of my entering the room. The placenta followed as usual, the uterus contracted firmly, and no bad symptoms have since arisen.

My patient is highly delighted with the plan of treatment, and compares it to painless tooth extraction.

I am, &c.

Henry R. Silvester, B.A. M.D. Lond.

Clapham, Dec. 4, 1858.

Letters from Dr. Oldham and Mr. Harris to Dr. Lee.

[To the Editor of the Medical Times and Gazette.]

Sir,—The publication of the paper referred to in the following letters excited in my mind the conviction that the author was insane or not in earnest, and was practising a hoax on the Profession. You assured me that the name of the author was not fictitious, and I see by a "Notice to Correspondents," that the paper was sent to you by Dr. Simpson. I continue to view the doctrines inculcated in the paper as atrocious, and I deeply regret that such a paper should have been permitted to appear in your respected journal.

I am, &c. R. Lee.

December 7, 1858.

[Dr. Lee seems to forget that this journal is freely open to the communications of all men holding a respectable position in the Profession. We no more support Dr. Figg's doctrines by inserting his paper, than we do Dr. Lee's denunciations of chloroform by affording him the means of making his opinions known. It is not our province to check free discussion. On the contrary, it is our duty to submit any innovation upon established practice to the criticism of the Profession.—Ed.]

[For the Medical Times and Gazette.]

Redruth, Cornwall, Dec. 4, 1858.

Sir,—Having read a letter this week from Dr. Ramsbotham addressed to yourself, relative to Mr. Figg's obstetric practice, I beg to state that, after a very extensive practice in midwifery, I totally disagree with Mr. Figg, as to his treatment in turning the child *in utero*. I think it to be very dangerous work, and Medical men should express their opinion against such conduct.

I quite agree in your opinion on this subject, and it is well that some able Medical men have come forward and expressed their opinion on such a very important subject.

I am, &c. Henry Harris.

Dr. Lee, 8, Portman-square, London.

[For the Medical Times and Gazette.]

26, Finsbury-square, Dec. 2, 1858.

Sir,—I have delayed replying to your note, as I had hoped to have called at your house to talk over the subject of your inquiry; but day by day I have been prevented doing so. I have read Mr. Figg's two papers, and his proposal of delivery by turning in natural labour appears to me to be the worst specimen of a corrupt and cruel midwifery practice that I have ever met with. It is too bad and revolting to be attractive to the least experienced of educated men; and I think it would do more harm to notice it than to leave it alone.

I am, &c. Henry Oldham.

Dr. R. Lee.

SUPERFŒTATION.

Letter from Dr. Ramsbotham.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the last number of your journal, Mr. Irvine of Lancaster publishes a case of labour, in which a premature fœtus of between four and five months' intra-uterine age was expelled, and in three hours afterwards a mature living child. He looks upon "these facts as testifying that superfœtation may occur even at the fourth month of utero-gestation."

Although he does not directly tell us the premature fœtus was born still, we may infer that it was so from his having "concealed it under the bed-clothes," as well as from his having observed on subsequent examination of its body that "it was in a high state of preservation."

It is by no means a very unusual thing for a dead, premature fœtus to be expelled from the uterus at the same birth with a full-grown living child. I have seen three or four such instances in my own practice. Generally the living child is born first, and the premature one in a few minutes, either before the placenta, or with it; or perhaps even some hours or days after it was presumed that the labour was completed. But I must differ with Mr. Irvine in the belief that these cases prove the possibility of superfœtation occurring in the human subject, at a time when the uterus already contains one ovum. They merely show that the woman had originally conceived of twins, that one fœtus died early in gestation,—probably from some fault in its own structure, and that the process was continued uninterruptedly for the benefit of the other. The only difficulty in the way of this explanation is the fact that these secondary fœtuses, as they are called, are usually, if not always, thrown off without any appearance of putrefaction or decay. But this may be accounted for by supposing that the vital influences, so fervid in the gravid uterus, act as an antiseptic power, and preserve the dead mass from the changes that would otherwise take place.

If an instance ever happened in which a living child at full time, and a living fœtus of four or five months were expelled together, or within a few days of each other, an argument might be raised in favour of superfœtation in the human being; but no such case is on record, at *least none deserving* of credit.

I am, &c.

Francis H. Ramsbotham.

8, Portman-square, December 4, 1858.

MEDICAL NEWS.

Apothecaries' Hall.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 2nd of December:—

Cooper, Richard Wiseman, Ferry viâ Bawtry.
Gill, John Bradnell, Bromley, Middlesex.
Hammond, Samuel.
Hall, Frederick, 1, Jermyn-street, St. James's.
Hanks, Henry, Somerford Magna, Wilts.
Howitt, Francis, Heanor, near Derby.
Kelly, Walter M'Donnell, Crook.
Larkin, Henry William, Canterbury.
Mackintosh, Matthew, Birmingham.
Niblett, Stephen Berry, Dorking.
Reed, George, Portsmouth.

APPOINTMENTS.

Dr. J. Strange Biggs, House Surgeon of the Devon and Exeter Hospital, has been appointed an Assistant Medical Officer to the Surrey County Lunatic Asylum.

Mr. Alfred Haviland has been appointed Surgeon to the Bridgewater Infirmary, vice Mr. John Giles Toogood, Senior Surgeon, resigned.

Mr. Henry Brook has been appointed Surgeon to the Bridgewater Infirmary, vice Mr. James Coles Parker, deceased.

Digitized by Google

At a meeting of the branch Medical Council for Ireland, held in the hall of the King and Queen's College of Physicians on Thursday, December 2nd, Henry Maunsell, M.D., was elected Registrar and Secretary.

DEATHS.

Blanchard.—Dr. Blanchard, editor of the scientific department of the *Siècle*, has just died at the age of 70. He preserved his faculties and his *vivacité d'esprit* to the last.

Bonnet.—The Profession at Lyons has just sustained a severe loss in the person of Professor Bonnet, who has just died of apoplexy. We shall shortly furnish an obituary notice.

Cottingham.—On the 28th ult., at Bexley, Kent, Edwin Cottingham, Esq. F.R.C.S. M.R.C.S. Eng. 1847; L.S.A. 1846. Aged 63.

Eddowes.—On the 1st inst. at Loughborough, John Henry Eddowes, M.D. Glas. 1850; M.R.C.S. Eng. and L.S.A. 1846. Aged 62.

Shelley.—On the 2nd inst. at Streatham, John Nicholls Shelley, M.R.C.S. Eng. 1805; formerly Surgeon to H.M.'s Forces.

Medical Registration Associations have been formed at Sunderland and Folkestone.

Electricity in Tooth-drawing.—Some extractions made at the Hôpital St. Antoine by M. Bygrave, during the action of MM. Legendre and Morin's induction machine, have been attended with very favourable results, only one patient out of seventeen suffering any pain, and in his case there was interruption of the current.—*Gaz. des Hôp.* No. 140.

Legacies to Medical Charities.—St. George's Hospital is still happy in legacies. This time it is a legacy of £100 from Sir C. Des Vœux. The Samaritan Hospital has just received £1000, and the German Hospital £10,000 under the will of the late Mr. M. Schacht, of Cheapside.

Vulpiphagy.—A party of *Chasseurs* in one of the departments of France, having killed their fox, bethought themselves that he might be a good comestible. They therefore had him cooked, and declared his *cotelettes* excellent.

Edinburgh University.—On November 25 last, 1257 students had been enrolled, being 118 in excess over the number at the corresponding period of last year. Of these 463 were medical students, 576 literary, and 218 law students. There is this year a larger proportion of first year medical students.

Cupping the Inside of the Uterus.—Dr. Storer, of Boston, has performed this operation, he says, with apparent success. He says that "it was conceived and apparently first practised by Dr. Simpson, of Edinburgh; but he is not aware that it has as yet, by himself or another, been made public or described." Dr. Storer procured his instrument for performing it from Edinburgh in 1854.—*American Journal of Medical Science.*

Paris Medical Students in 1858.—The number of "Inscriptions" amounts to, for the Doctorate, 994; for the Officier de Santé, 71; total 1065. The number of new inscriptions amounts to 251. For the last eight years the numbers of inscriptions have been as follow:—1850, 1223; 1851, 1300; 1852, 1437; 1853, 1054; 1854, 964; 1855, 966; 1856, 1000; 1857, 1027. It will be recollected there are also Faculties at Strasburgh and Montpellier.

New Professors at the Paris Faculty of Medicine.—The Faculty, now that *concours* is abolished, has to recommend two candidates for every vacant chair, one of whom the Minister of Public Instruction selects. The Faculty has recommended for the vacant chair of Surgical Pathology, M. Gosselin in the first line, and M. Richet in the second: and for the chair of Anatomy, M. Jarjavay in the first line, and M. Sappey in the second. It is to be observed that all the "Chefs des Travaux Anatomiques" in Paris have in time become professors at the Faculty. Thus Duméril obtained the chair of Anatomy; Dupuyten that of Operative Medicine; Béclard, and Breschet, and Denonvilliers, that of Anatomy; Blandin on Operative Medicine; and now MM. Gosselin and Jarjavay, the one the late and the other the present "chef."

Royal Institution of Great Britain.—The following arrangements have been made for the Lectures before Easter, 1859:—Six Lectures on Metalline Properties (adapted to a juvenile auditory), by Michael Faraday, Esq. D.C.L. F.R.S. in the Christmas vacation, 1858-9; twelve Lectures on Fossil Mammals, by Richard Owen, Esq. D.C.L. F.R.S. Fullerian Professor of Physiology, R.I.; twelve Lectures on the Force of Gravity, by John Tyndall, Esq. F.R.S. Professor of Natural Philosophy, R.I.; nine Lectures on Organic Chemistry, by Dr. W. A. Miller, Professor of Chemistry at King's College, London: Mr. J. P. Lacaita will commence a course of ten Lectures on a Literary subject on Saturday, April 2.

Venomous Bees.—In one of the French Medical journals was recorded a few days ago an account of an Hungarian priest, who died very rapidly in consequence of the sting of a bee. One of our own countrymen appears from the following account to have been in danger of his life from a similar cause:—"Lord Howard, Minister of England at Brussels, has just escaped a great danger. After a sting from a bee, he experienced all the symptoms of the malady commonly called 'carbuncle.' One of his Lordship's arms swelled rapidly: but we are happy to say that the energetic remedies which were employed stopped the further progress of the mischief; and Lord Howard may now be considered as in the way of recovery."

Influence of Respiratory Movements over Diseases of the Lungs.—M. Piorry tells us: That the lungs when affected with hypostatic pneumonia, hæmorrhagic engorgement of their posterior parts, have become under the influence of deep and frequently repeated respirations, sonorous and elastic. Recent pulmonary congestions around tuberculous masses, under the same influence, have been observed to be at once in great part dissipated; from which fact is derived the material proof, that the induration was in part caused by the congestion. In cases of congestions and even of inflammations, repeated respirations may be followed by a very marked improvement in the state of these organs, and by a return to their condition of health. "I have also," he says, "obtained a remarkable amelioration in the case of a tuberculous patient, who had serous peritoneal effusion. Having made her respire deeply and frequently many times in the course of the day, the fluid which was accumulated in large quantities in the peritoneum almost entirely disappeared in forty-eight hours. We can judge of the dimensions of the right auricle of the heart by plessimetry, and the heart diminishes rapidly in size under the influence of deep and accelerated inspirations. By this means we learn whether the heart is simply hypertrophied or hypertrophied and dilated."—*Gazette des Hôpitaux.*

Tariff of Fees at Antwerp.—The Medical Committee of the arrondissement of Antwerp has just published a tariff of fees. Patients are divided into 4 categories:—1. Rich persons, such as the aristocracy, large landed proprietors, merchants, state functionaries, bankers, consuls, etc. 2. Persons in good circumstances, as proprietors, merchants, superior employés, etc. 3. Persons of the same station as the last class, but less advantageously placed as regards fortune. 4. Operatives, retail dealers, etc. For a visit in town from 3 to 5 francs are to be charged to the 1st class, 2 for the 2nd, 1½ for the 3rd, and 1 for the 4th. Every person is to count as a patient, though more than one may be of the same family and seen at the same time. When the visits are made urgently, or are prolonged (*e. g.* about half an hour) double is to be charged. Visits made between 6 and 8 in the morning or between 8 and 10 in the evening, and those made on Sundays and recognised holidays to be charged double; this extra charge not to be made during the regular course of attendance on a patient. Night visits (*i. e.* between 10 at night and 6 in the morning) are to be charged from 10 to 25 francs for the first two classes and from 5 to 10 for the others. Consultations to be charged as visits in the night, and double when they take place at night. Every hour passed with the patient beyond the period required for the visit or consultation to be charged 10 francs. Certificates are to be charged three times, and a declaration of death double the price of an ordinary visit. Natural accouchements to be charged 100 francs and above for the 1st class, 60 for the 2nd, 30 for the 3rd, and 15 for the 4th. Delivery of twins one and a-half times, and a laborious labour double or three times an ordinary labour. For the

Digitized by Google

examination of a nurse from 10 to 20 francs are to be paid by the first two classes, and from 5 to 10 by the others. Exploration by the *toucher*, or the application of a dressing of a blister, is charged the price of a visit. Bleeding, extraction of a tooth, female catheterism, or the application of a speculum, is charged double a visit. Application of leeches, vaccination, catheterism, opening an abscess, etc., is charged as a triple visit. Cupping is charged 6 visits, paracentesis 10, reduction of a hernia from 3 to 10, reduction of a dislocation from 5 to 20, and the application of a starch bandage or a fracture apparatus, 5 to 10 visits.

THE MECCA PILGRIMS.—A letter from Beyrout addressed to the *Union Médicale*, states that the Mecca pilgrims have again this summer been decimated by dysentery. Some interesting particulars explaining why this must always be so, are stated by an intelligent young Mussulman, who has been on his first pilgrimage this year. The caravan assembles at Damascus, from Turkey in Europe and Asia Minor, a few weeks before the appointed time of departure. The voyage to Mecca is not attended with much suffering, water and provisions being in sufficient abundance, and the caravan usually arrives in excellent health. But then commences a most laborious life, to enable the pilgrims to get through all the fatiguing ceremonies imposed by their religion. Six hours before reaching Mecca, at the last resting-place, on entering the sacred territory, they divest themselves of all their clothing to put on the *Ihram*, this being the costume imposed by the religious law on the pilgrims. It consists of two pieces without seam, composed either of linen, cotton, or wool, one covering the loins, and the other the neck and shoulders, leaving the right arm, neck, and instep uncovered. The *Ihram* must be worn day and night during the whole pilgrimage, and nothing must be added to it to protect from the heat by day or cold by night; the rich having it made of wool, do not suffer much, but most of the pilgrims can only afford linen or cotton. During August at Mecca, the days are usually very hot, and the nights cold, an abundant dew arising, the pilgrims having nothing to protect them but a slight tent, or even only their *Ihram*. During the ten days which the ceremonies last the pilgrim is constantly in motion, having to make at least five prayers daily with their numerous genuflexions, and seven walks round the Ka-Aba. Covered with sweat and exhausted with fatigue, he repairs to the sacred well, the water of which when drank cures all his diseases, and used in ablution effaces all his sins. Next the pilgrims have to repair to Mount Arafat, six leagues from Mecca, to hear the preaching, where Mahomet first addressed his disciples. This takes three days, and they then have to visit the valley of Mussa, and sacrifice a sheep in memory of Abraham, after which the pilgrimage is at an end, and the pilgrim goes back to Mecca in order to prepare for returning home. During the pilgrimage Mecca is one immense bazaar, where are displayed the richest products of Yemen, India, and Africa, and even French and English goods. The number of pilgrims are calculated at 50,000 or 60,000; and the alimentary resources of the place are found insufficient for so large a multitude; and articles of food of the worst quality are sold at exor..ant prices. The Arabs of the Desert bring sheep, and some good fruit is brought from Taif; but these are only for the rich, and the poor have to content themselves with dry vegetables and salted provisions. Sometimes these fail them, and they then subsist chiefly on fermented liquors. Only the rich can afford to take lodgings, seeing that a room costs 500 francs for ten or fifteen days; and the mass of devout mussulmen, scarcely clad and ill-fed, remain exposed for nearly a month to the atmospheric vicissitudes. To these causes of sickness, already sufficient, are to be added many hundreds of the carcases of camels, mules, and sheep which lie rotting around the encampment or even within the city, without any one interfering for their removal. So infected is the air that the Arabs of the Desert, who come to Mecca during the pilgrimage, plug their nostrils with morsels of cotton, which are suspended by a thread round the neck. Such are then the causes which give rise to the epidemics of dysentery and malignant fever which every year decimate the pilgrims. Those who escape with life frequently exhibit a distended abdomen, and excessive debility. Those who return by sea may still recruit themselves in the Egyptian towns which they soon reach, and where they find suitable food and lodging; but the unfortunate beings who are compelled to journey by land are exposed during another month to all the fatigues of a journey through the Desert. Although the conductors of the caravan, in their journey to Mecca, take care to leave at every stage, in towers constructed for the purpose, provisions, and frequently water, they usually find on their return both provisions and water spoilt, when they have not been stolen by the Bedouins. The caravan is then obliged to double or even triple its distances, leaving behind the dead and the dying; and arrives at Damascus preceded by the most sinister reports. The frightful mortality is always attributed to the cholera, but arises from nothing more than epidemic dysentery, brought on by fatigue, privations, and a wretched alimentation.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 4, 1858.

BIRTHS.

Births of Boys, 898; Girls, 865; Total, 1763.
Average of 10 corresponding weeks, 1848-57, 1569.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	862	876	1738
Average of the ten years 1848-57	590·1	585·3	1175·4
Average corrected to increased population	...	...	1293
Deaths of people above 90	..	..	7
Deaths in 15 General Hospitals	53	29	82

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	...	3	16	5	2	
North....	490,396	3	15	38	16	2	
Central ..	393,256	4	8	21	16	2	
East	485,522	5	6	26	15		17
South	616,635	1	7	27	17	5	6
Total ..	2,362,236	13	39	128	69	13	1

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·476 in.
Mean temperature	46·3
Highest point of thermometer	53·8
Lowest point of thermometer	
Mean dew-point temperature	·5
General direction of wind	S.W.
Whole amount of rain in the week	·39 in.
Amount of horizontal movement of air in the week ...	miles.

BOOKS RECEIVED.

On Dislocations and Fractures. By J. Maclise, F.R.C.S. Fasciculus VI.

A Manual of Qualitative Chemical Analysis. By A. B. Northcote, F.C.S. and A. H. Church, F.C.S. London: 1858.

The Urine, in Health and Disease. By A. H. Hassall, M.D. London: 1859.

On Malaria. By Thos. Wilson, Esq. London: 1858.

Leçons sur le traitement des Tumeurs Hémorrhoidales par la méthode de l'écrasement linéaire. Par M. E. Chassaignac. Paris: 1858.

Typhus Fever in Great Britain. By J. B. Upham, M.D. Boston: 1858.

De la prophylaxie de l'infection purulente. Par le Professeur Deroubaix. Brussels: 1858.

Address to the Gentlemen attending the Lectures on Surgery of A. M. Edwards, F.R.C.S. Edinburgh: 1858.

On Hysterical Affections. By George Tate. 3rd Edition. London: 1858.

Introductory Lecture. By D. J. Corrigan, M.D. Dublin: 1858.

On the Radical Cure of Inguinal Hernia. By C. Holthouse, F.R.C.S. London: 1858.

The Administration and Organisation of the British Army. By E. B. de Fonblanque. London: 1858.

On Irritative Congestion of the Windpipe. By C. B. Garrett, M.D. 2nd Edition. London: 1859.

Engravings of the Ganglia and Nerves of the Uterus and Heart. By Robert Lee, M.D., F.R.S. London: 1858.

Digitized by Google

Popular Astronomy. By F. Arago. Translated and edited by Admiral W. H. Smyth and Robert Grant, Esq. London: 1858.

Locke and Sydenham, with other occasional papers. By John Brown, M.D. Edinburgh: 1858.

The History, Pathology, and Treatment of Cancerous Diseases. By Oliver Pemberton. London: 1858.

TO CORRESPONDENTS.

Dr. Conolly's next paper will appear on the 25th instant, with Two Illustrations.

Dr. Wilks's letter arrived too late for insertion this week.

Dr. Anthony.—Many thanks.

A Subscriber of more than ten years can only recover for attendance in *Medical* cases under the new Act.

A Subscriber, Tadcaster, has not stated his case fully. He should send all the particulars, and an answer will then be given.

C. L. O. will find the information he requires under the head of the Week.

A. W.—The recommendation of Mr. Courtenay's work on Stricture as a book which "ought to be found in the *private study of all who are subject to Stricture,*" is just what one might expect from such a journal.

Erratum.—In a paragraph at page 578 of our last week's number, on the use of metallic sutures, a very absurd typographical error occurs. Instead of "For *tying* arteries and *arresting* bleeding in Surgical operations," it stands, "for *tapping* arteries and *assisting* bleeding in Surgical operations."

Mr. Hayward, Epham.—We shall be happy to publish an account of the case; but it seems to be one merely of imperfect development of the penis, with hypospadias, and a deficient descent of both testicles. The scrotum also appears to have been small, but sufficient to cover in the testis; it would of course be divided into two great labia well marked by the meatus urinarius opening at the root of the penis. This condition of things is often mistaken for hermaphroditism. The sex seems to have been undoubtedly male; not necessarily even impotent, although if the testicles were very imperfect, he probably would be so. The so-called clitoris was no doubt capable of erection, and if the testicles were sound the position of the meatus urinarius would be the main obstacle to fruitful copulation.

Amputation by Rectangular Flaps.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last number referring to an amputation at St. George's Hospital, by rectangular long and short flaps, you state that you believe it to be the first time that this mode has been adopted in our London Hospitals. This, however, it is not, as an amputation of the leg by this method was performed in our Theatre by Mr. De Morgan, on the 7th of October. The patient being a woman with considerable disease of the os calcis and astragalus, involving the ankle-joint to such an extent as to render Syme's operation inadmissible. I am, &c.

Nov. 30, 1858. Wm. H. Rix, House-Surgeon, Middlesex Hospital.

The Druggists and New Medical Bill.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The Medical Act I believe is intended, by certain rewards and punishments, to separate the qualified from the un-qualified Practitioner; but I should be glad to know how far that Druggist, whose boldness takes him out of his legitimate calling of a retailer of drugs, can be allowed to proceed in advising and prescribing Medicines for gain in a Medical case, before he is amenable to the penalties under this Act.

I am not alluding to the case of a Druggist keeping a man in his shop who may have attended a few lectures at a Hospital, and that is all, and "gulling" the lower classes with the assurance that "he has a qualified Practitioner on his premises, competent to treat their complaints," be it a toothache or any other ache; but I am alluding to him who presumes to give advice, then the medicines, and finally the prescription also if asked, and of course for pecuniary gain.

If you will spare room for this in your next, and favour your readers with your opinion, I have no doubt you will much oblige many who are annoyed with these pseudo medici, as well as your obliged and old subscriber. General Practitioner.

Margate, December 6, 1858.

[Our opinion was expressed last week.]

The University of London.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Your Correspondent, styling himself "a Graduate in Medicine," is puzzled with difficulties of his own creating. He has made so complicated a mistake with regard to so simple a series of facts that it is impossible to correct the former without detailing the latter. I will therefore do so as briefly as possible.

At the meeting in Cavendish-square the first resolution adopted was:—

A. "That in consequence of the recent proceedings in Senate and Convocation it is incumbent on the Medical Graduates to give separate and distinct utterance to their opinions, at the present juncture, on certain questions involving the Medical reputation of the University."

The second resolution was:—

B. "That the meeting hears with surprise and regret of the appointment of Dr. John Storrar, as a Member of the Medical Council, by the Senate of the University of London; and it considers that this appointment is calculated in every way to alienate from the University the respect both of the Graduates in Medicine, and of the Medical Profession at large."

In the *Medical Times and Gazette* of November 20, the first resolution A. was reported thus:—

C. "That it was expedient that the Graduates should express an opinion on the late election of Dr. Storrar by the Senate of the University, and on the conduct of the Graduates' Committee clique at Convocation."

In the *Medical Times and Gazette* of Nov. 27, I wrote a letter placing A and C side by side, adding that "a simple comparison" of the two would render unnecessary "any comment upon the accuracy of the latter."

A circular was issued by Dr. Ballard and Mr. Henry Thompson, containing the second resolution, B, for the purpose of obtaining expressions of opinion from those Graduates who were not present at the meeting; and whose opinion coincided with resolution B, a signature to that effect.

These are the facts, with regard to which your Correspondent makes the following mistakes:—

1. He states that in the circular the "the resolution A is given as B;" whereas such was not the case, the two things being quite distinct.

2. He asserts that a "discrepancy" exists between my statement and that of the circular; whereas the circular referred to B, and my letter to A.

3. He remarks that I have declared the resolution of the circular B, to be an "incorrect copy of the resolution passed at the meeting;" whereas I made no statement upon either the circular or resolution B, but simply placed side by side C, the report of the *Medical Times and Gazette*, and a correct copy of the resolution A, adding that it was unnecessary to comment upon the accuracy of C.

If your Correspondent will look more carefully at the documents in question he will see that there is no "no singular position" from which I require to be "relieved." The "singular position" is that of "a Medical Graduate," who confounds two resolutions together, and fails to see that an incorrect copy of the one is not necessarily a correct copy of the other.

As, however, your Correspondent states that his "object in addressing you is to elicit which of these resolutions (A and B) was adopted," the answer is simple enough, viz. both of them.

It is unnecessary for me to give any explanation of the present position of the questions in which the Graduates are so deeply interested; for a second circular, issued by Dr. Ballard and Mr. Thompson, will afford your Correspondent all the information that he seeks.

I am, &c. J. Russell Reynolds.

88, Grosvenor-street, Grosvenor-square, Dec. 7, 1858.

COMMUNICATIONS have been received from—

The Lord Justice Clerk, Edinburgh; Dr. R. Lee; Dr. Oldham; Dr. Cockle; Mr. Wordsworth; Mr. H. Thompson; Dr. Waller Lewis; Dr. Corbett, Glasgow; Dr. Priestley; Mr. Lizars; Dr. Anthony; Mr. Gant; Mr. W. Adams; Dr. Williamson; Dr. Reynolds; Mr. A. P. Owen; Mr. Morgan, Grey Mountaintop; Mr. Rivers; Mr. Fitzgerald; Mr. Wilkinson; Mr. Easton; Registrar General; Mr. Haviland; Mr. I. Brown; Mr. E. Force; Mr. R. S. Taylor; Mr. A. W. Babington; Mr. G. Pringle; Dr. F. Deane; Mr. T. L. Davies; Mr. J. Wilson; Mr. Buckley; Mr. R. Duke; Mr. J. Bourke; Dr. F. Hawkins; Mr. W. Buchanan; Mr. McDermott; Mr. Hughes; Mr. Barlow; Dr. Hawkins; Mr. Brady; Professor Laycock; Mr. Wilde, Dublin.

APPOINTMENTS FOR THE WEEK.

December 11. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Mr. de Meric "On Fungus of the Testicle in Syphilis."

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 7½ p.m., Ballot. 8½ p.m. Dr. George Johnson's "Case of Malignant Disease affecting a Testicle retained in the Abdominal Cavity." Mr. John Birkett's "Case of Excision of the Head of the Humerus."

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

16. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

King's College Medical Society. Mr. Heath "On some minor points in the Practice of Surgery."

17. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following operations will be performed this day (Saturday):—

Vesico-Vaginal Fistula (two cases); Fistula in Ano; Polypus Nasi; Hare-Lip. By Mr. Fergusson. Plastic Operation on Face; For Contraction of Fingers. By Mr. Bowman. Varicocele; Radical Cure of Hernia. By Mr. Lee.

Digitized by Google

Maw's Patent Feeding Bottle.—By

the use of this Feeder the child is prevented drawing air with its food. It is so simple, clean, and durable, that it contrasts favourably with the cumbrous and complicated expedients that have been hitherto resorted to, almost all of which (being made of wood, bone, &c.) get sour, split, and are troublesome to use. The price, complete, with India-rubber nipple attached, is 2s. 6d. each, case included.

S. MAW, Surgical Instrument Maker, 11, Aldersgate-street, London, E.C.

H. Silverlock's Medical Label Ware-

HOUSE, Letter-Press, Copper-plate, and Lithographic Printing Offices, Wardrobe-terrace, Doctors'-commons, London, E.C.

H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

To Druggists having a Tobacco Licence.

—BEWLAY'S GENUINE SHAG, Selected Birdseye, Cut Manilla, and other Tobaccos and Stuffs, in perfect condition and packed in ¼lb. and ½lb. lead packets, command a large and steady sale wherever they are kept; as it is always found that only best quality articles retain as well as get custom. Wholesale Price-lists and any information forwarded on application enclosing trade card. Samples sent for approval, and Goods warranted to sample.

THOMAS BEWLAY and CO., Tobacco Manufacturers, 49, Strand, W.C.

*** Genuine well-flavoured Cigars: 1lb. sample sent for any price remitted.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes, ELASTIC NEW CORSETS of the same beautiful fabrics. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

The Expansible Respirator.—To this

recent and important improvement, by the original inventor of the Respirator, Mr. Jeffreys, J. E. PERCIVAL respectfully invites the attention of the Profession. Possessing a warming power equalling 40 degrees (Fahr.), it can be instantly reduced, through any of four grades, down to a power of 20° or 15°, and by practice without even removing the instrument from the face. Thus, while the air temperature may range from 30° to 50°, the wearer may enjoy one equal climate of 65° or 75°, duly tempered also by moisture. To the importance of the in-door use of the Respirator, especially at night, and in its nasal and orinasal forms attention is also particularly invited.

Chief office, 25, Bucklersbury: J. E. Percival, manager.

The instruments are procurable of the agents every where. The public are recommended to consult registered members of the profession, who will guard them against deception by defective imitations.

Sydenham Clerical Suit: Trousers,

17s. 6d.; Waistcoat, black corded, 12s. 6d.; Frock Coat, black or steel, 50s. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Top-Coat, 42s.—Simple,

easy, warm, waterproof, and elegant; undeniably the most perfect overcoat out. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Trousers, 17s. 6d.—A new

and entirely unique pure woollen fabric, in Oxford and Clerical mixtures, are now applied to the Sydenham Trousers. SAMUEL BROTHERS, 29, Ludgate-hill.

Sydenham Collegian's Suit.—Trousers,

17s. 6d.; Waistcoat to match, 8s. 6d.; Lounging, Boating, Riding or Shooting Coat, to match, 33s.; Top Coat, 42s. SAMUEL BROTHERS, 29, Ludgate-hill.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

in the PURCHASE of

NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
14 dr., and 2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
½ oz. graduated in 3 doses, ,,	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full*, *made payable in London*.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, London, W.C.

6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.
3 and 4 oz. ditto ditto	blue tinted	7s. 6d. do.
½ oz. Moulded Phials	of a very superior quality.	4s. 6d. do.
1 oz. ditto		5s. 6d. do.
1½ oz. ditto		6s. 0d. do.
2 oz. ditto		7s. 0d. do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

Wines from the Cape of Good Hope,

W. and A. GILBEY'S SOUTH AFRICAN PORT, SHERRY, MADEIRA, MARSALA, &c., 20s. per Doz., all of the first growths only. Any two samples for 12 stamps.

"We have recently been engaged in making some careful examinations of the Cape or South African Wines, our samples being selected from the stock of Messrs. Gilbey, of Oxford-street. We find them to be both genuine and wholesome."—Lancet, June 5th, 1858.

"We have examined eight samples of different wines from the Cape, forwarded by Messrs. Gilbey, and find them equal in most respects, and in some superior, to the ordinary wines from Spain, Portugal, and Madeira."—Medical Times, April 10th, 1858.

Price Current with full particulars, and Dr. Hassall's and Dr. Letheby's Analysis sent free on application.

FINE OLD BRANDY, U. V. brand, 15s. per gallon, or 30s. per dozen.

Carriage paid, if requested, to any Railway Station or Port in the Kingdom for 1s. per dozen. No charge made for Bottles, Casks, and Cases, if returned.

W. and A. GILBEY, Wine Importers and Distillers, 357, Oxford-street, London (W.), and 31, Upper Sackville-street, Dublin.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, City, and 2, Upper Copenhagen-street, Islington.

E. and H. Harris and Co. beg to submit the following prices, for quantities of 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.
3 & 4 oz., do. do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials do.	of a very superior quality.	4s. 6d. do
1 oz. do. .. .. do.		5s. 6d. do.
1½ oz. do. .. .. do.		6s. do.
2 oz. do. .. .. do.		7s. do.

No remittance required until the goods are received. Immediate attention to country orders. Packages free. Delivered free within 7 miles. Post-office orders payable to E. and H. HARRIS and Co., at Chief Office, London. Bankers: Union Bank of London.

BROWN & POLSON'S

B P TRADE MARK

PATENT CORN FLOUR.

For Puddings, Custards, &c., preferred to the best Arrow Root, and unequalled as a Diet for Infants and Invalids. The Lancet says, "This is superior to anything of the kind known."—See Reports, also, from Drs. Hassall, Letheby, and Muspratt.

Sold by Grocers, Chemists, &c., at 8d. per 16 oz. packet.

Paisley, Manchester, Dublin, and 28, Ironmonger-lane, London.

WINES FROM SOUTH AFRICA.

Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c. 20s. PER DOZEN, BOTTLES INCLUDED.

A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England

(Extract from the Lancet, July 10, 1858.)

"THE WINES OF SOUTH AFRICA.—We have visited Mr. Denman's stores, selected in all eleven samples of wine, and have subjected them to careful analysation. Our examination has extended to an estimation of their bouquet and flavour, their acidity and sweetness, the amount of wine stone, the strength in alcohol, and particularly to their purity. We have to state, that these wines, though brandied to a much less extent than Sherries, are yet, on the average, nearly as strong; that they are pure, wholesome, and perfectly free from adulteration; indeed, considering the low price at which they are sold, their quality is remarkable."

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, "Bank of London." Price Lists, with Dr. Hassall's analysis, forwarded on application.

JAMES L. DENMAN, 65, FENCHURCH-STREET
Corner of Railway-place, London

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

LECTURE VII.—*Concluded.*

In October, 1842, a man was admitted into St. George's Hospital, having, it appeared, fallen two days previously from a stable loft. When picked up, he was perfectly insensible, and, in this state, he remained until the following day, when he rallied, and then complained of being very hungry. Subsequently he got up and walked across the room; but soon afterwards became very restless and somewhat delirious. At the time of his admission into the Hospital, he was in a half conscious state, and there was well-marked tonic spasm of several of the muscles: arms, and fore-arms flexed; hands clenched; and great tension of the muscles of the belly. Unless forcibly roused, he remained in a dozing state; but there was no stertor, neither was there any paralysis. He never rallied, and died two days afterwards. The subarachnoid tissues covering the upper and anterior surface of both hemispheres were infiltrated with blood. The structure of the brain, at the anterior part of the hemispheres, was bruised and slightly lacerated, with numerous bloody puncta, both in the grey and in the white substances, at these spots. There was also some slight infiltration of blood just over the right lobe of the cerebellum. No traces of inflammation were detected about the brain or its membranes, and no injury about the bones of the skull.

In 1846, a man applied at St. George's Hospital, for pain in his shoulder and hip. He was drunk at the time, and no accurate history of the accident could be obtained. He went home, but was brought back to the Hospital on the following day, as he had been very violent during the night. It was then ascertained that, while drunk on the previous day, this man had fallen backwards down a flight of stairs. After his admission he remained in a very excited state, and, on the following morning, became partially comatose, with occasional delirium. At this time the limbs, both upper and lower, were strongly flexed. He died on the third day. In the cavity of the arachnoid, at the upper surface of both hemispheres, were several clots of blood flattened and membrane-like. Some spots of blood were also found in several parts of the subarachnoid tissues; but no traces of injury could be detected in any of the external parts of the brain, the grey substance of which was, however, of a very dark colour throughout from intense congestion. The lateral ventricles contained a small quantity of bloody fluid, and the septum lucidum was lacerated in nearly its whole length; this part looked as if bruised, and several spots of ecchymosis were found in its remaining portion, as well as in the fornix at the back part. There was no fracture of the skull.

In both these cases you will have observed the extreme restlessness and the marked contraction of the muscles, and in both cases the brain substance was bruised and lacerated. Bear in mind, however, that in neither case did the symptoms show themselves immediately, or even within twenty-four hours after the accident, the time at which, according to Sanson and his disciples, they ought certainly to have been manifest.

But, further than this, the following cases will show contusion of the brain without any tonic spasms of the muscles, or extreme restlessness to denote the injury.

A lad, aged 11, was admitted into St. George's Hospital, in December, 1852, under the care of Mr. Tatum, at 1 p.m. having a short time previously fallen from a first-floor window. He was perfectly insensible, and in a state of extreme collapse, with profuse bleeding from the left ear; but there was no flexure of the limbs, neither was there any paralysis. He remained much in the same state for some hours, and then gradually recovered, so as to be able to ask several questions There was not the slightest degree of restlessness; neither was there any tonic spasm about the limbs. On the following morning I found him perfectly quiet, apparently asleep, and in a state of half unconsciousness, asking, however, for anything he chanced to want. By the second day he had quite recovered, was no longer drowsy, and answered all questions rightly. There was no pain whatsoever about the head, and he stated that he thought he had merely hurt himself a little. On the third day he became somewhat restless, tossing about in bed, and now and then there was a peculiar tremor of the limbs. There was pain in the head, referred especially to the left side, the seat of the injury, but there was no contraction of the limbs. For the next four days there was but little variation in the symptoms; but after this he again rallied, paid attention to everything going on around him, and indeed began to read a little. All pain in the head disappeared; the pulse was quiet, and the appetite good. And thus he went on for five days more, when he was suddenly, and without any apparent cause, seized with a severe shivering fit. This was followed by intense pain in the head, and great fever. On the day following extensive ulceration, of an aphthous character, was observed about the lips and mouth. Then came squinting of the left eye, followed by a kind of epileptic fit. The convulsions recurred several times, and at last he became perfectly insensible, with his head drawn forcibly backwards, and in this state he died. Passing over the extensive fracture spreading from the vault into the base of the skull, large quantities of blood were found in the cavity of the arachnoid over both hemispheres of the brain, but there was little or no extravasation in the meshes of the pia-mater. The under part of both anterior lobes, as well as of both middle lobes of the brain, was bruised to some extent, and softened; the bruised appearance extended also to some depth. The whole of the under part of the right middle lobe, of a saffron colour throughout, was extensively softened, so much so that it became shreddy, and broke down under a gentle stream of water. The under surfaces of both lobes of the cerebellum were also bruised, and somewhat softened. And, in addition to all this, there was extensive diffuse inflammation of the subarachnoidean tissues at the base of the brain, where the subarachnoidean spaces were filled with sero-purulent fluid.

From the nature of the accident, and evident fracture of the base, in this case, thinking it more than probable that the brain was severely bruised, I watched carefully for any symptoms which might serve to confirm the opinion I had come to; but I watched in vain. For several days there was not the slightest symptom to prove that the brain-substance had been so severely injured. My suspicions, however, proved to be correct.

In another case, admitted into St. George's Hospital in May, 1855, under the care of Mr. Cæsar Hawkins, portions of bruised brain escaped through a compound fracture of the skull after the removal of some depressed pieces of bone. Half an hour previously the patient, aged 16, had been kicked on the forehead by a horse; he had been stunned for about two minutes only, and then recovered. His manner became somewhat oppressed shortly after his admission into the Hospital; but this passed off, for the most part, after free vomiting, and he answered any question when sharply spoken to. After the operation, he remained perfectly sensible, and all that occurred was an occasional twitching about the left arm. He went on perfectly well for two days, when the dura-mater sloughed, and portions of brain gradually protruded through the opening. These increased daily, but there were no tonic spasms about the muscles, neither was there the slightest degree of restlessness. Large portions of brain ultimately came away, and he sank on the eighteenth day after the accident, having lost some power over his right arm, and passing his motions and urine under him.

Here is a case with severe contusion of the brain, in which brain-substance bruised, of a purple colour, and broken up, was seen oozing out of a large wound; and yet there was not, from first to last, a single one of the symptoms mentioned, and dwelt upon by Sanson, as indicative of this serious injury. Knowing how much the brain was bruised, I watched the case most carefully, and from beginning to end there was no restlessness; there was no tonic spasm of any one muscle; there was no unconsciousness. Far from this, the patient was throughout singularly calm, and clear in his intellect up to within a short time of his death.

Digitized by Google

I might bring forward several other cases of the same nature, but I avoid doing so lest I should become wearisome. They would all bear the same stamp, and simply prove the same thing over again.

With this evidence before me, I feel myself justified in rejecting the doctrine of Sanson. I have, I think, fairly tested the value of this doctrine, both in the wards and in the dead-house; and, from all I have seen, I have been led to conclude that contusion of the brain does not give rise to any symptoms immediately after the injury, that it has no characteristic signs of its own.

M. Fano, to whose valuable thesis I have already referred, has come to the same conclusion. And in this thesis you will find an able analysis of M. Boinet's Memoir, which was written for the express purpose of maintaining and proving the correctness of Sanson's views. In summing up the nineteen cases brought forward in this memoir, M. Fano proves that seven cases only were really of any value for M. Boinet's purpose. In these seven cases the so-called characteristic symptoms co-existed with contusion of the brain; but then in these seven cases there were also other lesions of a serious nature about the head, which may perhaps have had just as much to do with the symptoms as the contusion of the brain.

Why should not a thin stratum of blood widely spread over the brain—why should not laceration of the investing membranes of the brain, have something to do with the tonic spasm and the restlessness? Bear in mind the frequency with which these membranes are lacerated, and the outspread extravasations of blood when the brain is severely bruised. Blood was thus extravasated, you will recollect, in no less than sixty-three out of sixty-nine cases of bruised brain. And then bear in mind, too, the intense congestion which we know takes place in the brain-substance almost immediately after an injury of this kind.

But, after all you may ask, why is it that such symptoms exist in some injuries of this kind, and not in others? And all I can answer is, that I believe this to be one of those questions which cannot be fairly met in the present state of our knowledge.

There are, then, no characteristic signs by which we can clearly recognise a contusion of the brain; but we may, nevertheless, predict that the brain has been bruised, whenever the brain symptoms are severe after an injury of the head. At least, certain it is that in severe injuries of this kind, and especially after diffused blows—the most common form of accident in our civil Hospitals—certain it is, I say, that in the vast majority of these cases I have found the brain bruised. Nay, more, if we bear in mind which parts of the brain are the most frequently thus injured, we may even go so far as to say that it is the under surface of the middle or anterior lobes which is bruised.

Contusion of the brain must be considered as a most dangerous injury; but is it always fatal?

One sees patients recover after an injury of the head, in whom it was more than probable, from the nature of the accident, and the severity of the symptoms, that the brain was bruised. But of this you will readily understand that we cannot, unless in very rare circumstances, obtain any positive evidence. The contusion is repaired in the same manner as apoplectic hæmorrhage into the brain.

In the slighter cases, all traces of the contusion may have passed away, if death occurs independently of, and some time after, the accident; or the only trace left may be a hardened cicatrix, with, perhaps, some colouring matter in its centre.

But it occasionally occurs that we find clear evidences of a former contusion of the brain. And, here, the appearances, as might have been expected, are precisely similar to those observed in old apoplectic effusions. If on the surface of the brain, the portion which had been bruised may present some of the well-known appearances, so accurately described by Rokitansky, in his peripheral form of apoplexy. This is well illustrated in a case of Mr. Henry Lee's.

The man, aged 45, recovered after an injury of the head, notwithstanding some very severe cerebral symptoms, attended with bleeding from the ears, the mouth, and the nose, for which he was under treatment for nearly seven weeks. He then returned to his employment, that of a porter on the Great Western Railway, and performed his duty with the greatest exactness; but his habits became silent and solitary. Five months and a half afterwards he was killed by another accident. The brain was removed without the least violence, and, on its inferior surface, corresponding to the right petrous bone, were found the following appearances:—The dura-mater, in this situation, was externally of its natural structure, and adherent, with its usual degree of firmness, to the bone beneath. The arachnoid and pia-mater were here deficient, and there was a cavity, about fifteen lines in length, nine in breadth, and three in depth, coated throughout with a light yellow lining. Below, the cavity was formed by the dura-mater, and above, by brain substance which, in this situation, did not appear to have been disturbed by the recent violence, except that, from the upper part of the cavity, a probe was readily passed into the descending horn of the lateral ventricle. The cyst, thus formed, contained a turbid serum, in which were seen floating numerous exceedingly minute white globules. Both ventricles were filled with a large quantity of bloody serum, but none of this had escaped into the cyst below. The brain generally appeared perfectly healthy; even within a line of the cyst and its yellow lining, there appeared not the slightest change of structure. Immediately under the cyst, the petrous bone presented evident marks of a consolidated fracture. Such appearances about the brain and its membranes evidently belong to a contusion of the under part of the right middle lobe of the brain, from which the patient had recovered some months previously.

In speaking of concussion of the brain, I have already remarked that it is more than probable that some of the cases so often quoted as instances of slight paralysis, or of loss of memory after concussion, were in reality cases in which the brain had been bruised. Of this, I think that there can be no longer any doubt.

That which we have most to fear, when the brain has been bruised, is inflammation of the surrounding substance, and this it is which we have to guard against as much as possible. The great tendency, in injuries of this kind, assuredly is that the brain and its membranes should become inflamed; and, knowing how insidiously this inflammation may creep on, it behoves us closely to watch every case of injury of the head, in which the symptoms have been marked, and to treat it accordingly. Our watching ought to be carried on for days, for oftentimes the symptoms of traumatic inflammation suddenly show themselves, and without any manifest cause, when all was apparently going on well. The fourth or fifth day was stated by Dupuytren and Sanson to be the period at which the febrile symptoms were likely to make their appearance. This then is the period when we must be most watchful for even the slightest sign of inflammation of the brain and its membranes—but of this I intend to treat at length in another lecture.

ORIGINAL COMMUNICATIONS.

PRACTICAL OBSERVATIONS ON THE TREATMENT OF CLUB-FOOT.

By JOHN LIZARS,

Late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary of Edinburgh.

The numerous cases of failure in the attempt to cure club-foot which have come under my notice, since the publication of my third edition on that subject, have induced me to direct the attention of the Profession, through your influential Journal, to the more prominent causes which I am persuaded have rendered operative assistance hitherto so abortive in this department of Surgery. I shall select talipes varus, this species of deformity being of the most frequent occurrence.

1. The child is commonly operated upon when too young to enable it to assist in the cure.

2. The proper or necessary tendons or fasciæ have not been divided. This is an obvious and necessary cause of failure.

3. The proper apparatus and boot are not used after the division of the tendons and fasciæ. This is the chief and common cause, which frustrates all mere Surgical measures to effect a permanent cure.

With regard to the first, I consider the child should be about 3 years old, at which age the skin is not so liable to be chafed from the apparatus, the application of which is so indispensable after the tenotomy, and that it may be old enough to

Digitized by Google

walk, and thus assist in the cure. The majority of orthopœdists operate when the child is only a few weeks or months old, and, as might be expected, the operations fail. The two following cases will illustrate my first position: Mrs. R. brought me her son in the beginning of this last summer, 1858, affected with marked talipes varus of both feet. She stated that he was operated upon by Professor Syme in the Royal Infirmary of this city when only six weeks old—both feet being cut on the same day. The mother, a shrewd, sensible woman, avers that there was no wound in the sole of the foot, and there is no cicatrix discernible indicative of the plantar fascia having been divided; and that only the boot, of which I have given a description, was put on after the operation. The boy had scarcely recovered from hooping-cough, and as he was only 3 years old, I deferred operating until Monday, the 9th August last. By division of the tendo-Achillis and plantar fascia, and the use of the apparatus depicted in figs. 1 and 2, I have succeeded in accomplishing a perfect cure of his worst foot, the right. My uniform practice is never to cut both feet at the same time. I was consulted by a respectable farmer and his wife in January of 1856, about their son, a remarkably fine healthy boy, affected with talipes varus of his right foot, who had been also operated on when only seven months old, by the same Professor, assisted by an Accoucheur here. I told the parents that he was too young to promise success, being then only fifteen months old, an advice which seemed to amuse and surprise the parents. In this case I did not wait until the boy had completed his third year, as the child was strong and robust, and was firm on his legs. With the same treatment as in the last case I effected a perfect cure. The opinion of Drs. Little, Adams, Brodhurst, Syme, and the majority of Orthopœdists is, that "four or six weeks after birth is not too early if the infant be robust." I have found all such cases, when operated upon at so early an age, have turned out failures, and these are not a few. With respect to the second objection, that the proper tendons and fasciæ have not been divided, I beg to state, that in all the failures of Professor Syme, and his followers, which have come under my notice, I have never seen any trace of the fascia plantaris having been divided, but only the tendo-Achillis and tibialis anticus. (See *Lancet*, March 17, 1855.) Now in all these failures, the tibialis anticus had no concern in the distortion, while the fascia plantaris appeared to be more the cause of the inversion than even the tendo-Achillis. I may observe, that I have never seen any grounds whatever for dividing the tendon of the tibialis anticus. I have all along contended that the division of the plantar fascia is as indispensable as that of the tendo-Achillis.

3rdly.—The proper apparatus and boot are not used after tenotomy has been performed. I have elsewhere stated that tenotomy, however dexterously performed, is totally unavailing without the constant employment and long-continued application of apparatus carefully adjusted according to circumstances from time to time, and that by the use of such means the most abnormal cases of pedal deformity, if timeously subjected to mechanical treatment, can be effectually cured. The Profession is indebted to the late Messrs. Fortune, and Mr. Marshall, 20, Frederick-street, of this city, for the great improvements made by them in the apparatus here delineated, which was originally invented by Scarpa and Delpech.

FIG. 1.

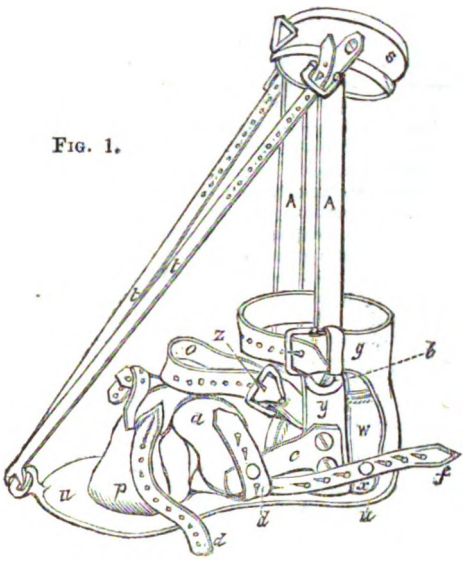
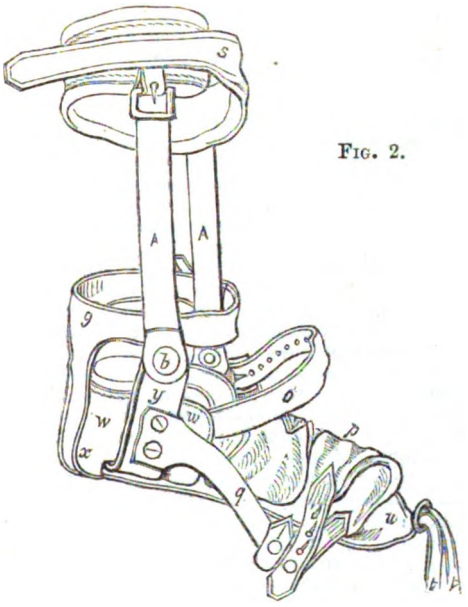


FIG. 2.



DESCRIPTION OF THE FIGURES.

Figs. 1 and 2 represent the apparatus to be applied on the third, fourth, or fifth day, according as the wounds are nearly healed, a piece of lint the size of each wound, spread with simple cerate, having been previously applied with a bandage over all. It is a modification of Scarpa's shoe, or what is used in the Royal Orthopœdic Hospital, but not a copy. It is, in my opinion, superior to it.

u u, is a foot-board of steel, or the sole, which should have on it a padded sole.

y, a steel-plate, which extends across the foot-board, and is hinged by the most simple hinge at *b*, to the inner lateral steel-prop A.

w, a heel-plate well padded, and open at *x*, being here only leather.

o, is the first strap which should be buckled: it extends from the heel-plate *w*, on the outside of the apparatus, to the buckle on the inside *z*. It passes across the ankle or instep, and keeps down the heel of the child, an important point to be attended to.

c, a short steel spring, fixed to the steel-plate *y* by two screw nails, and having a strap marked with the letters *d*, buttoned to it at both ends—this passes over the tarsus nearer the toes than the first or ankle strap *o*—it binds down and flattens the foot, and antagonises the most important strap *p*. It is a decided improvement on the apparatus by Mr. Marshall.

p, a broad strap buttoned to the steel-spring *q*, the latter only seen in fig. 2; this is the chief strap and spring to evert the foot and toes, round the latter of which it passes. This strap is fixed to the heel-plate *w*, is marked *f*, seen only in fig. 1. All these straps are broad in the middle, and well padded. The spring *q* is fixed by two screw nails to the outer portion of the steel-plate *y*.

g, a broad strap fixed by two narrow straps to the foot-board of steel at the heel. It passes round the outer steel-prop A, round the leg, immediately above the ankle-joint, but comes within the outer steel-prop A. Its object is to turn the tarsus flat on the foot-board *u*, and keeps down the heel: this is an improvement by Mr. Marshall.

t, t, two straps extending from the toe of the foot-board *u*, to the knee straps. It is these straps that lengthen the tendo-Achillis, which should be slowly elongated, otherwise it is rendered very thin and weak—generally speaking, three weeks ought to be taken before it is lengthened.

The above apparatus can, generally speaking, be applied to the foot on the 4th day. It should be daily taken off, the foot and leg anointed with lard and bandaged. In the course of two weeks a stocking is preferable to the bandage. On the 6th day the child should be coaxed to walk for a few minutes at a time, and every day longer and longer. In some cases it requires to be continued for months. A boot should be put on at the end of three or four weeks, and worn during the day longer and longer. It is so simple as to require little or no description here. It extends up to the loins, round which it buckles, being attached by a steel prop on the outside of the limb, with simple joints at the knee and hip, and leather straps. There is an elastic strap, extending from the knee to the outside of the toes of the boot, which assists to turn the toes outwards. The beauty and efficiency of the apparatus consists in its springy nature, the straps acting constantly and gently.

Digitized by Google

The great advantage of the apparatus is derived from the elastic springy motion which it imparts; and while it enables the patient to use the foot, it modifies and regulates all unnecessary pressure arising from the superincumbent weight of the body. I consider it superior to any represented in Mr. Bigg's excellent work "on the mechanical appliances for the treatment of Deformities." Professor Syme merely puts on "a simple splint for two days," and then "a leather boot with firm sole and sides, laced in front." Every case thus treated could not be otherwise than a failure. In the face of such unsuccessful practice his comments are altogether inexplicable: as an illustration of this, I extract the following from a paper of his, which appeared in the *Monthly Journal of Medical Science* for June, 1852: "I now divide," says he, "the *tendo-Achillis* by subcutaneous incision, and the heel is at once set free; but the inversion is still obstinate, and I therefore in the same way divide the tendon of the *tibialis* anticus; immediately upon which the foot admits of being straightened, and kept in this position by means of a simple splint. This will be allowed to remain for two days, when what remains requisite for complete recovery may be trusted to a leather boot, with firm sole and sides, laced in front. Such is the simple process by which the worst forms of club-foot are now easily remedied; and there is no triumph of modern Surgery more creditable to the advance of our art, than the control thus acquired over one of the most unseemly, inconvenient, and previously unmanageable deformities to which the human body is subject."

One would imagine from the preceding statement, that Mr. Syme's cases or operations were all successful, and that he had never seen any of his patients on whom he had operated for club-foot. Whereas, on the contrary, he not only saw Master James Brown after the first operation had failed, but after he had been cut a second time, nay, even a third time. This case is recorded in my 3rd edition, page 16, and Plate V., where those who take an interest in this department of Surgery will find various cases recorded accompanied with drawings.

Edinburgh, 15, South Charlotte-street.

ON CERTAIN AFFECTIONS OF THE CEREBRUM AND CEREBELLUM,

CAUSED BY INTERNAL OTITIS, AND SIMULATING ADYNAMIC FEVER.

By JOHN COCKLE, M.D. F.L.S.

Licentiate of the Royal College of Physicians,
Lecturer upon Medicine at the Grosvenor-place School of Medicine, &c. &c.

(Read before the Medical Society of London.)

THE difficulty too frequently admitted in the diagnosis of cerebral disease, is in part attributable to the fact, that with the same organic change the symptoms are at one time strongly marked, and at others altogether latent. That form of brain disorder which is either caused by, or is associated with, internal otitis, is no exception to the rule.

I would premise that this paper is to be considered simply as a contribution to clinical medicine, neither trenching upon the domain of pathological anatomy nor physiology, otherwise than as these sciences may, incidentally, elucidate questions directly involving the subject matter discussed.

It is familiar knowledge in pathology that affections of the internal ear induce, occasionally, severe, and even fatal disease within the cranium. Among such disease encysted abscess occupies a prominent position. The writings of Stoll, Itard, Abererombie, Andral, Lallemand, Lebert, Toynbee, and other pathologists, furnish numerous illustrations of this important fact. By far the most comprehensive survey, however, of the entire pathology of cerebral abscess, from the pen of Lebert, is to be found in the tenth volume of Virchow's Archives of Anatomy and Physiology, published in 1856, and a more recent *résumé* in his great work on Pathological Anatomy now publishing. He has well nigh exhausted the literature of the subject. It would appear from his paper that up to the time of its publication not more than eighty recorded cases of cerebral abscess were met with scattered among the annals of Medical literature. Out of these eighty cases, eighteen, or nearly a fourth, were associated with internal otitis. It is, however, to be regretted that Lebert has overlooked some important contributions. For if we take into consideration the addition made to this department of pathology by Mr. Toynbee, as well as some isolated cases in the periodicals, we shall obtain a still higher per-centage than that indicated by Lebert.

The causal relation between otitis and cerebral abscess is universally admitted; but in some cases the immediate mechanism is involved in the greatest obscurity.

That irritation, or organic change in the membranes lining diseased bone, should excite disease in that portion of the nervous structure in their immediate proximity, is intelligible enough; but why such change should excite the suppurative process in remoter parts of the nervous centres, in the very midst of perfectly healthy cerebral structure, is by no means so clear. Many examples of this fact are furnished by Andral in the fifth volume of his Clinique Médicale. Similar testimony is borne by Calmeil, another most experienced pathologist, in the eleventh volume of the Dictionary of Medicine. It is to be understood that, here, reference is expressly made to non-pyæmic abscess. Lebert's explanation of this unquestioned fact is, to my mind, unsatisfactory. He admits that inflammation is transmitted from the membranes, first to the cortical, and then to the medullary portions; and when suppuration has occurred in this latter situation he assumes that the inflamed parts disengorge themselves, and return to a perfectly healthy condition, save slight alteration of colour.

In the present state of science, it would, I conceive, be a somewhat hazardous proposition to assert that, in all these cases, inflammatory action was the *sine qua non* of the phenomena. Even microscopic examination must be received with distrust, if in the granular cell or other element which it detects, there is an implied recognition of inflammatory change—taking such term in its ordinary acceptation—as invariably anteceding the changes with which such cell or element is found associated. From an analysis of the recorded cases it would appear that, generally, the middle and posterior are more frequently affected than the anterior lobes of the brain; and this observation applies still more particularly to the cases associated with internal otitis. Of this latter complication, too, abscess of the cerebellum is a very frequent result. Of the eighty cases of cerebral abscess, from all causes, analysed by Lebert, the cerebellum was twelve times the seat of abscess. And out of the twelve cases *eight* occurred on the left side. Pathological anatomy, furthermore, invests the diagnosis and prognosis of abscess from otitis with unusual interest. It would appear that the abscess resulting from this complication is almost invariably encysted. Now, if this assertion stand the test of enlarged experience, it will place pyæmic and non-pyæmic abscess in separate categories, and so remove one great source of controversy(a). Neither time, nor the object of my paper, permits me to enter into the history of the formative stages of the cyst wall. Those who desire further information may consult the fourth letter of Lallemand, who has treated the subject with surpassing excellence. But there are some other important facts connected with its perfect development of sufficient importance to dwell upon. The limitary membrane, when well characterised, must, it is supposed from comparative observations, be the work of many days or even weeks, inasmuch as it eventually acquires a sufficient thickness to be divisible into two or more layers, and to possess a complete circulation of its own. Now, it really seems very extraordinary that this limitary membrane, which in some apoplectic and other cysts is the very means which nature sometimes adopts as the instrument of cure, should in the case of abscess become the medium of augmenting mischief. Lebert asserts that in the case of encysted abscess the cyst wall, by means of its independent circulation referred to, exercises its fatally endowed power of increasing the original mischief, by the act of supersecretion of pus. And this, he maintains, is the reason why the curative process is never observed.

He states, additionally, that the influence of this membranous wall, specifically distinguishes, with reference to cerebral symptoms, between Tumours and Encysted Abscess.

Tumours, for the greater part, are of slow growth; and, by the law of accommodation, the brain is, as it were, passive under their presence, while, in the case of encysted abscess, the more sudden increase of a fluid pressure upon brain matter

(a) It is not contended that pyæmic deposit is *never* encysted, but that such condition would be the exception rather than the rule.

Digitized by Google

awakens a reaction, to the influence of which the patient succumbs. There is an additional peculiarity, I would mention, with respect to encysted abscess of the brain, having reference to the fluid contents of the cyst. In a singularly large proportion of the cases, remarkable fetidity has been mentioned as a characteristic, and this, perhaps, may be assigned as an additional reason for the gravity of such cases. Here, we apparently discern the final cause for a boundary non-absorbing cyst wall, while the physical cause for super-secretion of pus is still debateable. Still, on the other hand, Lebert has omitted to cite any case in favour of the possibility of the removal by absorption, from the cyst wall, of matter, under the condition of non-fetid contents. There is a case well known, at least, to French pathologists, detailed by Broussais in his "History of Chronic Inflammations."

A French officer died of chronic cerebritis. Post-mortem examination detected an extensive anfractuous cavity in the left hemisphere, not opening between the convolutions. The walls were "collapsed as if the pus had been partially absorbed." The excavation, however, does not appear to have possessed any distinct limitary membrane. Bouillaud quotes the same case, the 25th observation in his treatise on "Encephalitis," stating, additionally, that the entire hemisphere was diminished in volume.

This last pathologist holds views greatly differing from those of Lebert as to the function of the cyst wall. He admits the occasional divisibility of the cyst into layers; its circulation more or less complete; and points out the occasional presence of false membrane upon the inner wall. But, he further compares such cysts to the ordinary false membranes of pleuritis, pericarditis, etc. and advances the speculative opinion that the fluid contents of some encysted abscesses may be absorbed, and that the opposing surfaces of the sac, being thus permitted to come into apposition, may undergo obliteration as happens, at times, in the visceral sacs before alluded to. This view, however, wants the support of illustrative cases. Such are the directly opposed views of two greatly distinguished pathologists, and it is not in my power "tantos componere lites." There is yet one other modification in the pathology of these abscesses that I must pause upon, though ever so cursorily.

Here, the excavation of the brain forms, with the auditory passages, so to speak, one uninterrupted channel. This form corresponds to the *Primitive Cerebral Otorrhœa* of Itard. He details several cases in which the pathological sequence was, he supposed, as follows. Primary cerebral irritation, followed by suppuration, the abscess producing, secondarily, disease of the auditory passages, permitting the escape of pus by the external meatus, perforate mastoid cells, or Eustachian tube, separately or conjointly.

He thus, by reversing the ordinary causative law, retrogrades to the now obsolete views of the early Arabian physicians.

With this too scanty outline of the pathology of the subject, I have now to direct attention to the symptomatology of these affections. In conformity with the object of the paper, these diseases are contemplated under a one-sided aspect, that is, when they have worn the mask, more or less complete, of low fever, either of continued or intermittent type.

Case attended by Drs. Billing, Tyler Smith, Cockle, and Mr. Yearsley.

Case 1.—*Chronic otorrhœa of some years' duration; sudden supervention of cerebral disturbance. The general symptoms those of adynamic fever. Recovery after three weeks.*

A young lady, aged 15, had suffered for some years with occasional purulent discharge from the left ear. The tympanic membrane was in part destroyed. After inserting some wool rather deeply within the ear, when in perfect health, severe ear-ache ensued, and, after a few hours, headache and vomiting. The following morning found her still suffering from headache, occasional retching, and marked drowsiness, flushed face, with hot skin, quick and rather feeble pulse, thirst, etc. On the following day she was still almost constantly drowsy, with sub-delirium, skin hot, pulse quick and feeble, face flushed, tongue dry; discharge from the ear almost entirely suppressed. On the following day the delirium was almost constant; by day and night the pulse scarcely changed; tongue dry, dark and rough. About this time mercurial tenesmus was induced, and for some days great intestinal irritation resulted, without any improvement in the general symptoms. After remaining in this state up to the 14th day the symptoms gradually diminished in intensity, slight purulent discharge reappeared, and she eventually became convalescent. This happened in 1850. She has remained tolerably well up to the present time, with the exception of one attack during a visit in the Pyrenees in 1855, the nature of which is uncertain. She is very susceptible of cold, and at times suffers from pain and tenderness on pressure, round and beyond the external ear. The sense of hearing is not entirely lost, no purulent matter has flowed, unless very occasionally, for some time.

Now I think I may venture to affirm that the greatest difficulties beset this case with regard to its exact pathology. It is now as then matter of speculation. These low-typed fever symptoms were such, as under the causal influence of otitis would appear to have indicated at least the imminence of abscess of the brain. As, although it might be urged that they might be common to meningitis, it must be borne in mind that this lesion has existed as a concomitant in the majority of cases of abscess of the cerebrum, I take leave to quote Calmeil's opinion. He says:—"Whenever an individual affected with caries of the temporal bone or simple catarrh of the ear, is suddenly seized with fever, headache, delirium, restlessness, with all those signs which characterise encephalitis, convulsions, or disordered movements, strabismus—no matter whether the ear-affection be of long or short duration, such symptoms not only indicate the internal formation of pus, but render the existence of cerebral abscess highly probable." So also thought Morgagni and Lallemand.

Case 2.—*Otorrhœa only detected at post-mortem examination. Encysted abscess of the right middle lobe of the cerebrum; probable softening of the outer wall of abscess without marked discoloration of the part; marked softening of inner wall, dark brown discoloration, and caries of petrous portion of right temporal bone; membranes detached from bone discoloured and softened; signs of meningitis, marked signs of adynamic fever occurring in a woman under middle age of irregular habits, supposed to have been suffering from phthisis.*

During the past year, I saw with my colleague, Mr. J. A. Kingdon, a patient of the City Dispensary. She was a married woman, moderately stout. The following history was furnished by her relatives:—"Her habits were very irregular, she was addicted to drinking, and had been half-intoxicated for some days prior to her present attack, which commenced with unusual headache and sickness. Prior to this period, however, she had been under treatment at St. Thomas's Hospital for difficult breathing, cough, and occasional spitting of blood. She was supposed to be consumptive." At the time of our visit, she lay, with darkly flushed face, in a semi-comatose condition, with low muttering delirium, though answering intelligibly in monosyllables when roused; the skin was hot, the tongue dry and glazed, the pulse very weak and variable, the breathing laboured, with frequent cough and expectoration of blood-stained mucus. Beyond catarrhal rales no other phenomena were detected, by what physical examination could be instituted. Comparing her actual condition with the history given, I imagined she might have been suffering under tubercular meningitis. She died in less than three days, apparently asphyxiated. No detectible signs of paralysis existed. About twenty-four hours after death, on placing the body for the purpose of post-mortem examination, pus was seen flowing from the right ear. Further examination demonstrated the existence of subarachnoid effusion, with here and there marked opacity of the membrane. An encysted abscess existed in the right middle cerebral lobe, some depth from the surface, seated entirely in the medullary portion, large enough to contain about an ounce and half of apparently healthy pus. The cyst membrane was well defined. The outer surface of brain corresponding to the abscess was possibly softer than natural, but unattended by discoloration. Marked softening of the internal wall almost amounting to diffluence, the least pressure upon it broke into the ventricle. General congestion existed. The petrous portion of the right temporal bone was discoloured and soft. The corresponding portion of membranes were easily detached, dark, and obviously changed in appearance. No free pus was observed. Great pulmonary congestion existed, but no trace of tubercle. Old adhesions here and there bound the pleural surfaces together on either side. The heart was large and very flabby. Beyond engorgement of the abdominal viscera, no particular change worthy of notice need be stated.

Digitized by Google

In this case it is obvious that a correct diagnosis, during life, would, under the circumstances, have been impossible. The symptoms wore the perfect semblance of low fever with brain complication, possibly meningitis. From the history of the case, perhaps, the notion of a specific cause for such meningitis was to some extent justified.

(To be continued.)

HISTORY OF A CASE OF CYSTINE CALCULUS,

WITH A DESCRIPTION OF A SECOND CYSTINE CALCULUS; TOGETHER WITH AN ACCOUNT OF A QUANTITATIVE DETERMINATION OF SULPHUR IN CYSTINE.

By WILLIAM ROBERTS, M.D.
Physician to the Manchester Royal Infirmary.

On June 16, 1856, a very pale, chlorotic-looking young woman, named Hannah Mannocks, was admitted into the Manchester Royal Infirmary, under the care of Mr. Jordan. She was 21 years of age, unmarried, and sought the aid of the Charity for excruciating pains referred to the region of the bladder. On sounding the presence of a calculus was ascertained.

Previous History.—She was born in Oldham, and from childhood has been in delicate health. A cough has followed her every winter as long as she recollects, and for the last four years streaks of blood have from time to time appeared in the sputa. She had measles in early childhood, and from it she made a good recovery. It left no sequelæ, and she is not aware that she suffered from any other infantile complaint. The catamenia commenced to flow in her fifteenth year. They have always been scanty, and six months ago they ceased entirely. At the age of 14 she entered the factory, and has continued weaving ten hours a-day, with occasional interruptions, almost up to the date of her admission. Her diet, clothing, and housing, have been always moderately good.

About three years back a sharp darting pain in the neighbourhood of the bladder first fixed her attention on the urinary apparatus. This pain recurred: at first at long intervals, but in the course of two years it became more frequent, and of longer duration. The paroxysms became also very severe; many a time she has sat up the night through without sleep from pain. Micturition would be excessively frequent, and the quantity of urine voided very scanty. These fits of the stone would last three or four days, during which time she suffered excruciating torment, and was of course compelled to renounce her work. When the fit was over she would return to the factory, and continue in her usual health for three, four, or six weeks, when a renewed attack would compel her again to keep at home for three or four days. She is unable to assign any cause for these exacerbations. They were not accompanied with a bloody state of the urine. She went on in this way, working and leaving off, and again resuming until about six weeks ago, when finding herself growing gradually weaker and more emaciated, she finally left the factory, and abode at home. At this time the vesical symptoms had become greatly aggravated, and the paroxysms almost continuous. Some days she felt easier, but she never passed through a whole day without severe torment. She describes the pain as cutting, and so unbearable that "she did not know where to put herself." There was an incessant desire to empty the bladder, but only a spoonful or two of urine could be voided at once. These sources of misery, together with the consequent loss of sleep, reduced her at length to an extreme degree of feebleness. All that can be ascertained about the urine is that it was never bloody, and that it became slimy and white about the time she left off work.

The bowels have been remarkably loose; a persistent diarrhœa has existed from early life, so that, while in her usual health and at work, she would seek the water-closet five or six times daily. The motions were generally watery. Occasionally she was a little better; the motions more solid and less frequent; but she states that not even for a single week in her life can she remember being so well as only to pass two motions a-day.

The examination into her family history disclosed that she lost her parents when very young. Her mother died of a lingering illness; but of her father she is not able to state any particulars. She is the youngest of the family, which numbers, beside herself, two brothers and two sisters. These are healthy and strong. She does not know that any of her relatives have ever suffered from calculous disorders, nor from pulmonary consumption.

The presence of a calculus having been ascertained, and its dimensions carefully estimated, Mr. Jordan determined to crush it. On the 20th of June, after a preliminary dilatation of the urethra by sponges, the first attempt was made. The stone could be readily seized; but it slipped from the jaws of the instrument as soon as the screws were approximated. Owing to the feebleness of the patient it was not thought desirable to exhaust her by a too protracted sitting. She suffered but little from this attempt, and on the 27th of June she was placed on the table again, and a second essay made with more success. The stone was partly broken, and some fragments came away. On the 7th of July a third sitting took place, and three fragments larger than peas were removed. Her health was now in so precarious a state, from the occurrence of severe chest symptoms, that Mr. Jordan delayed all operative procedure. In the course of three weeks, however, she improved considerably, and for the fourth time the lithotrite was introduced on the 29th of August, and some small portions were removed. The health gave way alarmingly after this, and she was sent home as the only hope of rallying her feeble powers. She left on the 20th of September, and reappeared on the 10th of November. Seeing the patient's inability to endure the repeated applications of the crushing instrument, Mr. Jordan resolved to dilate the urethra with sponges, and to attempt to remove the remainder of the stone by forceps. On the 21st of November the urethra was declared sufficiently expanded, and in a few minutes the operation of extraction was successfully performed. The bladder was washed out, and a sound introduced proved all extraneous substances to have been removed. The remnant of the calculus withdrawn was about the size of half a small walnut. A portion that I took home for examination had a glistening crystalline aspect; it was soluble in ammonia, and the solution on evaporation yielded beautiful six-sided plates of cystine. An increased interest was now awakened in the case, and the urine carefully examined; but it was, contrary to expectation, found quite free from cystine.

The operation was followed by a severe attack of pleuropneumonia, which brought life to the verge of destruction: but by a judicious combination of counter-irritants, applied locally to the chest, and a supportive and stimulating dietary and Medical treatment, the restorative powers of nature were enabled to prevail, and after a long convalescence health was regained. She was finally discharged on December 10, just six months from the date of her first entrance into Hospital. After her discharge the patient continued to gather strength. She is now (February, 1858) perfectly able to retain the urine, and has long since returned to her work in the factory (a).

The urine was examined several times during convalescence. It was abundant in quantity, of low density, averaging 1010°, odourless (quite devoid of the urinous smell), neutral to test-paper; very turbid, and depositing on standing a dense dirty-white sediment, composed of tenaceous mucus and pus globules. No cystine crystals could be detected. Acetic acid failed to precipitate any; and even when the urine was gently evaporated to a fourth, and treated with acetic acid, no cystine was discovered. It was slightly albuminous, but not in a degree beyond what could be accounted for by the pus. On keeping it deposited crystals of uric acid, and it by no means hastened to enter the alkaline fermentation. The urea, as determined by the volumetric method, amounted in one specimen to 14 grs. per 1000.

In order to seek information as to the existence of a family predisposition, I obtained samples of the urines of the following of the patient's relatives: An uncle, aged 67, a sister, aged 24, a brother, aged 33, and a niece, aged 3½ years, but

(a) About three months ago I saw the patient again. She had gathered flesh to that degree that I scarcely knew her. The health was completely restored. The chest symptoms had disappeared. Micturition was a little more frequent than natural; and on examination the urine was found to contain some amount of pus; it contained no cystine.

Digitized by Google

they were all entirely free from cystine, and presented no special character whatever.

The calculus, to judge by the fragment in my possession, was composed of very pure cystine, admixed simply with a very scanty amount of organic matter.

Remarks.—The circumstances calling for special notice in this case are very few. This girl suffered in an aggravated degree the most distressing symptoms of stone, a thing not usual with cystine calculi, which more commonly excite only a minor degree of pain and systemic disturbance. It is worthy of note, that when the case was brought under notice the secretion of cystine by the kidneys had ceased, for the urine contained none in solution. This is a warning that the examination of the urine before operation may yield no evidence as to the nature of the stone, even when its composition is so remarkable as in this example. A similar fact is noted in one of Civiale's cases. The urine examined beforehand showed no cystine, though the stone crushed proved to be of this material. It shows, too, that the cystine diathesis once established, is not necessarily permanent, but may wholly disappear even before the concretion which it has produced is removed. But the history of Civiale's cases proves that the diathesis is liable to recurrence when it has once been present. On the score of age, cystine shows no speciality. It has been remarked in young infants, children, adults, in middle-age, and advanced years. The connexion of cystine with a strumous habit of body is, to a certain degree, exemplified and supported by this case; for there was good reason, from the spitting of blood and persistent diarrhœa, to suspect tuberculous deposits in the lungs and abdomen.

Description of a second cystine calculus, found in the Museum of the Royal Infirmary.

On looking over the collection of urinary calculi in the Museum of the Manchester Royal Infirmary, I detected one composed of cystine. There is no history attached to it. It is divided into two equal halves. One of these lay with the cut surface upward, exposed to the daylight, and it had assumed a pale emerald green tint; whereas the other half had the cut surface turned downward, and it had preserved its original pale yellow colour unchanged, while the exposed parts were decidedly greenish; showing conclusively that light plays an important, if not a paramount part in the remarkable change of colour observed to take place in cystine calculi when long kept.

This stone has a small nucleus, about the size of a hempseed, of a reddish-brown substance, which contained uric acid. Around this, and forming the body of the concretion, lies a glistening sphere of very pure cystine. It has the usual radiated appearance of that substance, but is more conspicuously crystalline than any specimen I have examined. It looks almost like the nacreous surface of some cholesterin calculi, and but for its uniformly yellow colour might be mistaken for such. Investing the body is a laminated crust of a phosphatic-looking substance, about a line thick, very friable, and evidently mixed with interpolated masses of cystine.

The calculus has a rounded oval shape; it is an inch in length, and ten lines in breadth. It weighs ninety-two grains.

I subjected one-half to analysis, and obtained the following results:—

The body of the calculus contains—	
Cystine	93·20
Phosphate of lime	5·00
Organic matter	1·80
	100·000
The phosphate crust contains—	
Cystine	54·66
Phosphate of lime	15·80
Uric acid	15·45
Organic matter and loss	14·09
	100·000

The most remarkable feature in the chemical history of cystine is the presence of a large amount of sulphur. Prout and Pelouze were the first to analyse cystine, and both of them overlooked the sulphur which was first discovered by Baudrimont and Malaguti, in 1838. Soon after Thaulow (b) subjected it to a complete analysis in Liebig's laboratory, with the following results:—

	Reckoned.		Found.
N.	11·7	..	11·0
C.	30·31	..	30·01
H.	4·94	..	5·10
O.	26·47	..	28·38
S.	26·58	..	25·51
	100·00	..	100·00

Dr. Bence Jones (c) analysed a concretion of cystine found in the Museum of University College, and obtained only 19 per cent. of sulphur. Seeing these discrepancies, it seemed not undesirable to repeat the examination on another specimen of this rare substance. Accordingly, I treated 6·24 grains of dried and purified cystine with strong nitric acid. The cystine dissolved with effervescence, at first slowly, but soon with most violent action, and abundant disengagement of orange fumes. Crystals of pure nitrate of potash were then added, and the whole evaporated to dryness, heated to redness, and kept in a state of fusion for a considerable time. On cooling the mass was dissolved in distilled water, acidulated with muriatic acid, and precipitated with chloride of barium. The sulphate of baryta thus obtained weighed 11·775 grains, and contained 1·624 grains of sulphur. This indicates a percentage of 26·10, which very nearly approaches the calculated quantity, and fully confirms the analyses of Baudrimont, Malaguti, and Thaulow.

(b) Journal de Pharmacie, tome 24, p. 629.

(c) Medico-Chirurgical Transactions, 1840, p. 192.

A SECOND CASE OF

SUDDEN DEATH DURING LABOUR,

IN WHICH CHLOROFORM WAS NOT ADMINISTERED.

By WILLIAM WILLIAMSON, M.D.

Physician to the Royal Infirmary, Aberdeen.

I was summoned one morning early to assist a poor woman who had lingering pains for two days. On reaching her abode I found she had expired a few minutes previous to my arrival. The mouth of the womb was well dilated, and the child's head presented. The midwife in attendance gave the following particulars:—

She had been with deceased for two days previous to death, and though the labour was lingering, nothing occurred to cause the least anxiety as to the result. Deceased had complained of constant pain in her head for at least three weeks previously, but it was never so severe as to attract particular notice. At half past two the liquor amnii was discharged. An hour later (3.30 a.m.) the character of the breathing was observed to have undergone a change, and to be more of the nature of sighing. The patient's countenance was calm and composed. She seemed to be in a deep sleep, and as she had spoken to her only five minutes before, she (the midwife) did not disturb her, thinking it impossible she could be in any danger. About ten minutes afterwards, all at once she ceased to breathe. The midwife became alarmed, and despatched a messenger for me. It was too late, life was extinct. A post-mortem examination revealed extensive extravasation of blood into both lateral ventricles of the brain; left thalamus and corpus striatum scarcely recognisable, being converted into a pulpy red mass; septum lucidum broken down; right thalamus and corpus striatum congested. All the other viscera healthy.

This case will be found fully detailed in the *Edinburgh Medical and Surgical Journal*, 1855.

Often have I congratulated myself since this unfortunate case occurred, that the patient had not inhaled chloroform. If she had, what a triumph for Dr. Lee! In vain would I have argued the possibility of death from natural causes. In vain would I have pointed to the almost constant headache to which the poor woman had been subject for weeks, as indicative of pre-existing cerebral disease. All to no purpose. Dr. Lee would have triumphantly maintained that as chloroform causes congestion of the brain, congestion leads to distention, and rupture is produced by over-distention; so this patient's death was unquestionably owing to the pernicious effects

Digitized by Google

resulting from the exhibition of the noxious anæsthetic! Dr. Aveling, of Sheffield, has put on record one case which will act as a counterpoise to Dr. Lee's first case of death from chloroform in midwifery; and the particulars of that which I now send you will, I trust, serve in some measure to abate the alarm which his second carefully detailed case might possibly create.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. MARY'S HOSPITAL.

STRICTURE OF THE COLON—OPERATION FOR ARTIFICIAL ANUS IN THE LEFT ILIAC FOSSA.

(Under the care of Mr. LANE.)
[From notes by Mr. LAWRENCE, House Surgeon.]

It is a question still sub judice with many Surgeons whether in cases of intestinal obstruction, where the impediment is believed to exist either in or below the sigmoid flexure, the colon should be opened in the loin or in the iliac fossa. There is no doubt that the latter is much the more easy operation, and the difficulties and uncertainties of the other are such as to lead some Surgeons of much experience to decline it altogether. Thus, Mr. Adams, in a case which we reported a few months ago, from the London Hospital, preferred the operation in the iliac fossa; and Mr. Luke, also in a case which occurred at the same Hospital some years past, made the same election. On the other hand, Amussat's operation has been performed during the last few years under similar circumstances by Mr. Curling, in the London; by Mr. Moore, in the Middlesex; and by Mr. Erichsen, in University College. In two of Mr. Curling's cases, it was, however, found impracticable, from the contracted condition of the gut, to avoid wounding the peritoneum, so that in this respect the operation incurred the same danger as the other. The grand advantage of Amussat's procedure when successfully completed, is of course that the colon is cut into from behind at a part where it has no peritoneal investment, and that thus the escape of fecal matter into the cavity of the abdomen is wholly prevented. In the rival operation, the peritoneum is opened, and the extravasation of the contents of the intestine is prevented (if it be prevented) by carefully stitching the edges of the opening to the integument. That it is often very difficult to find the colon in the loin is proved by the circumstance that several times operators of much skill have been wholly baffled in the attempt, while others have only succeeded by cutting through its peritoneal investment. We are acquainted with the details of a case which recently occurred to a very excellent Surgeon (in private), in which the wound was closed after a prolonged dissection in the vain hope of finding the colon.

Mary Ann W., a single woman, aged 42, was first admitted on October 12, on account of an abscess in the left groin. This abscess presented some peculiar features. It contained, as percussion showed, air as well as fluid, and no evident cause could be assigned for its appearance. The action of the bowels was stated to be regular, and the tumour did not receive any impulse during coughing. The woman's health had been failing for a year past, but the tumour had existed only three months.

Two days after her admission, Mr. Lane opened the abscess, carefully dividing the skin and cellular tissues over it. In doing this no muscular layer was cut through. About half-a-pint of very offensive matter escaped with a quantity of fetid gas. On introducing the finger, the abscess cavity appeared to be circumscribed, and no communication could be discovered either with the intestines or the abdominal cavity.

Six days after the opening of the abscess a large slough came away, and from this time the discharge lost its fœtor and took on a healthy character. At no time was either feculent matter or intestinal flatus observed to escape from the wound.

On October 19, the bowels which had hitherto been relaxed did not act. No permanent obstruction was suspected, and during the following week aperient medicines of various kinds were employed. Injections also were resorted to, but without the slightest effect. From the date mentioned until the day of the operation (15 days) no fæces whatever were voided.

On October 28, Mr. Lane made a careful examination of the rectum, by means of bougies and a long elastic tube, but these could be introduced only about eight inches, when they came against some impediment, pressure on which caused her intolerable pain. The abdomen was now swollen and tympanitic, and injections of water (of which not more than a pint could be received) caused much uneasiness, and were returned almost immediately.

On November 2, the symptoms continuing unabated, a second examination, in consultation with Dr. Sibson, was made. The diagnosis arrived at was that some obstruction existed in the sigmoid flexure of the colon. The abdomen was not so much distended as might have been expected from the long continuance of the obstruction; and the vomiting, which had been rather troublesome at times, had never been of stercoraceous character. The woman complained of some tenderness over the left iliac region, but had none in any other part. It had been determined to institute an artificial anus, and Mr. Lane elected to perform the operation in the left iliac region instead of the loin.

Nov. 3.—*The Operation.*—An incision having been made through the muscular parietes, the distended sigmoid flexure of the colon bulged at once into the wound. On examination with the finger a belt of hard constriction was felt, involving the coats of the bowel, and above and below this the latter was distended. It was quite clear that the gut above the stricture contained both fæces and flatus. The wound having been enlarged upwards towards the superior spine of the ilium the bowel was exposed for about two inches of its length. The bowel being held forwards, the operator now made an opening into it fully inches long. The edges of the incision into the gut were next stitched to those of the external wound by six interrupted sutures. No fæces had escaped at the time of the operation, but very quickly afterwards they began to flow in large quantities. Immediately after the operation she appeared to be in a satisfactory condition, the pulse being not more than 120, and the skin warm. Three hours later, however, she was much more feeble, the debility appearing to have increased as the flow of fæces had *been more free.*

In the course of the evening and night she sank much lower. Sharp pain had been complained of after the operation, but it left her as collapse supervened. Death took place about twelve hours after the operation.

At the autopsy it was ascertained that no fæcal extravasation into the peritoneal cavity had occurred. The peritoneum generally, but especially its intestinal layers, was extensively and acutely inflamed. A quantity of purulent fluid, amounting in all to not less than three ounces, was found in the pelvic cavity and other depending parts of the sac. On passing the finger into the wound it entered the sigmoid flexure, which was perfectly free in a direction upwards, but was closed towards the rectum by a tight stricture. At the strictured part the bowel was firmly bound down to the iliac fossa (close to Poupart's ligament), the two portions of bowel above and below the stricture forming an acute angle with each other. The mucous membrane of the bowel, just at the stricture, was ulcerated, and both above and below this spot were some large soft elevations, which projected into its cavity, and had the aspect of malignant growths. Excepting a calcareous mass in the right lobe of the liver (as if the remains of an absorbed abscess or hydatid cyst), all the other organs of the body were healthy.

Remarks.—On account of the quantity of purulent fluid found in the peritoneal cavity, and the short period which had elapsed between the operation and death, Mr. Lane was inclined to infer that peritonitis must have existed previously. Neither blood nor fæces had escaped into the peritoneum during the operation. The patient's very enfeebled condition had no doubt much influence in inducing the fatal result. The case is interesting on account of there having occurred no symptoms of stricture of the bowel prior to the sudden occurrence of complete obstruction. In former life the patient had suffered from habitual constipation, but latterly the bowels had been usually relaxed. To the relaxation was no doubt due the fact, that the motions had never been noticed to be narrow or riband-like.

Digitized by Google

HOSPITAL NOTES.

ENUCLEATION OF SCIRRHUS OF THE BREAST.

It is a question often discussed in consultation when a scirrhous nodule is discovered in a breast, or when only a small portion of the mammary gland is affected by carcinoma, whether it is sufficient to remove the nodule or diseased portion, or whether it is necessary to extirpate the entire gland. Many Surgeons think that if any operative proceedings be undertaken, the whole gland should be removed; others think that so severe a measure as this exposes the patient to unnecessary danger, and that it is safer and equally effectual to remove the diseased portion only. This, of course, is a question which experience alone can decide—the great question being, whether supposing the patient to do well after either proceeding, which is the more likely to be followed by reappearance of cancer, and at what period after operation. As one fact contributed towards the solution of the problem we record a case in the practice of Mr. Spencer Wells at the Samaritan Hospital, in which he removed a schirrous nodule the size of a large walnut from the upper segment of the left breast of a married woman, 40 years of age, early in November. As the greater part of the gland appeared to be healthy, and the woman was extremely anxious to be rid of the tumour, Mr. Wells proceeded to remove it, with the intention of removing the whole gland, if he should find any signs of infiltration of carcinoma beyond the nodule. The integuments were incised, the nodule enucleated by the fingers, and the connexion with the gland divided by the knife. Dr. Aitken at once made an examination of the nodule, and found that the gland tissue around it was quite healthy. Accordingly, the operation was concluded by bringing the skin together by four iron-wire sutures. There was some venous oozing from the inner end of the incision for three or four days, but the wound healed by the first intention. The woman was not confined to bed, and left the Hospital in a week, not mutilated by the loss of a breast. So far there was clearly a great gain over the old practice. Whether the ultimate results of this practice prove encouraging, of course time and many cases can alone decide.

RESTORATION OF THE LOWER EYELID.

We had an opportunity the other day of again seeing a patient on whom, about three months ago, Mr. Bowman performed a plastic operation for restoring the lower eyelid. A boy of rather delicate appearance was admitted on account of the great disfigurement consequent on total loss of the right lower lid from sloughing after fever. The skin of the cheek was drawn upwards, and was adherent to the lower edge of the orbit, the under part of the globe being exposed. The motions of the eye itself and its sight were perfect. The method adopted consisted in the transplantation of a large flap of skin from the temple, long enough to reach, when twisted over, to the inner canthus. The cheek where united to the orbit was freely detached, care being taken to dissect upwards the adherent conjunctiva, and no portion of the cicatrix being sacrificed. The flap was fully an inch in breadth, and was secured in place by numerous interrupted sutures of wire. The operation was a bold and extensive one, and much interest was excited in the minds of those who saw it performed as to what the result would be. It was necessary on the following day to take up the flap again on account of hæmorrhage from its under surface; and milder measures failing, the bleeding spot was touched with the actual cautery. In spite, however, of this disturbance very good union resulted and without the least sloughing. At present (nearly three months afterwards) the result is exceedingly good. The lower part of the globe is well protected by the new lid, and although of course the scars are somewhat disfiguring, yet the improvement to personal appearance is most positive. Mr. Bowman attributes the effect obtained—which is certainly better than what we often see after similar procedures—to his having taken a very large flap. This indeed appears to be a main secret of success in plastic surgery. The flap should at the time look as if twice as large as requisite. In the subsequent process of contraction it may then be expected to make a good fit, whereas, if at first of apparently proper size, it will often shrivel up to a mere roll, and be a greater disfigurement than the previous deficiency.

At King's College Hospital, on Saturday last, Mr. Bowman performed on a man, whose face has been much shattered by an exploding shell, an operation for the restoration of the lower eyelid, very similar to that described above. In this instance, however, the tarsal cartilage and lashes still existed, which gave the case a great advantage over the above, in which they were wholly wanting.

CASE IN WHICH OVARIOTOMY WAS PERFORMED SIX YEARS AGO.

On the 25th of March, 1853, Mr. Childs performed the operation of ovariotomy in the Metropolitan Free Hospital, and the patient made a good recovery. The tumour removed was polycystic, and weighed seven pounds and a half. A full report of the case appeared in our pages at the time. The woman is now attending at the same Hospital for fracture of one clavicle, and the other day we had an opportunity of examining her. She is married, and her present age is 39. Her health has been uninterruptedly good ever since the operation, and she is now moderately stout and of average robustness. Menstruation has been regular ever since, but she has never conceived. For the last two years, however, she has been separated from her husband. The scar in the abdominal parietes now measures only two inches and a-half, although the incision made at the time was nearly eight inches long.

FRAGMENTS OF A SEA-SHELL IMBEDDED FOR TEN WEEKS IN THE EYELID.

A man presented himself on Monday last among Mr. Dixon's out-patients at the Ophthalmic Hospital, with what looked like a large Meibomian tumour in the lower eyelid. There was no inflammation about it, and the skin moved freely over its surface. It felt, however, unusually hard. It was stated to have existed for about ten weeks. On everting the lid there was seen a little mass of granulations, as if a fistula existed opening into the cyst. On passing a probe into this Mr. Dixon discovered some hard bodies in its interior. The opening was enlarged, and three or four portions of a shell, varying in size from the crown of an incisor tooth to the half of a pea, were removed. The man now stated that in "a lark," about ten weeks ago, one of his comrades had thrown a "conch" at him. By a "conch," it appeared, that a murex shell was meant, one of those large spinous shells often seen as chimney ornaments. The shell had struck him on the forehead and eyebrow; and, on careful inspection, two small scars were found at the spots which he pointed out. It would seem that one of the spines had passed just within the margin of the lower lid, and entering the mucous membrane, had been splintered by striking against the bony edge of the orbit below. No wound, whether of the skin or of the lid, had been inflicted. Mr. Dixon directed the attention of his class to the case as an interesting illustration of how very little irritation smooth and hard bodies sometimes caused when imbedded in living tissues, and also of the admirable provisions of Nature in the construction of the orbit, the mobility of the globe, etc. against injury to the eye itself.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 279.—The Children of Syphilitic Parents are Strumous.

"Gulliver's Travels" appeared in 1727. In it Swift gives the opinion,—which, therefore, it must be supposed then prevailed—that the characteristics of struma are evidence of inherited syphilis. This opinion is probably not now so commonly held as perhaps it ought to be, or as it was 130 years ago. Swift writes ("Voyage to Laputa," chap. viii.) that, when by favour of the necromancer, Gulliver, pressed for time, called up whole families at once, he could trace "who first brought the pox into a noble house, which has lineally descended in scrofulous tumours to their posterity." Swift was a man of the world, and very observant; his meaning in the above extract is clear, although the sentence is ungrammatical, as others are in his works. "Nec vir fortis, nec fœmina casta."

Digitized by Google

No. 280.—Pare on Ulcers.

"It is a great mistake," said Ambrose Paré, "to dress ulcers too often, and to wipe their surfaces clean, for thereby we not only remove the useless excrement, which is the mud or sanies of ulcers, but also the matter which forms the flesh. Consequently for these reasons, ulcers should not be dressed too often."

No. 281.—A Hint to the Teetotallers.

"From this it follows that it is cruel to take from him, who can, by the sweat of his brow, gain only an insufficient nourishment, the means by which he may make the most use of it. Give him an abundant amount of food, and he can do very well without alcoholic drinks. But so long as the food the labourer gains by his labour is insufficient for him, it is absurd to attempt to interdict his spirituous drinks. Or again, ought we to prevent the use of spirits, because they are abused? Why then we expose ourselves to the reproach of degrading the moral nature of man, in exacting from him a promise not to enjoy a blessing lest he succumb to his brutal appetites. The monk who demands a vow of continence is not more in revolt against true humanity, than the Physician who proscribes the use of brandy, because it will cause drunkenness. Goethe has given to the modern world this beautiful device: 'Think how to live.' He who preaches abstinence from alcohol would lead us back to the Christianity of the Middle Ages, whose maxim was 'Think how to die,' destroying humanity in its bud."—*Moleschott.*

No. 282.—Surgical Reminiscences of Sir Charles Napier.

"At Burtphoor a giant in complete armour cut off General Hunter's arm, leaving it hanging by a bit of skin. A Surgeon placed the ends together, and as the wound healed they united. A person," continues Sir Charles Napier, "brought his right thumb severed clean off to Crampton, of Dublin, who put it on with bandages, and the man has the use of it, though stiff. Crampton said he saw no reason why a limb might not do the same, and here it is with Hunter. However, he cannot use it, and sometimes it flies about involuntarily with a circular motion, until he catches it, which is not always easy. His soldiers took a long time to kill the giant, his armour was so strong, and he laid about him like a madman."—*Life of Sir Charles Napier.*

No. 283.—Bleeding in Pneumonia.

"In the beginning of this century Dumangin of La Charité hardly ever bled for pneumonia, yet his success was at least equal to that of Corvisart, who bled largely. Laennec thought he had annihilated the mortality of pneumonia, by large doses of tartar emetic, at the very time that Gregory thought that large bleedings could alone cope with so formidable a disease; while Bouillaud, then as now, placed implicit confidence in his *coup-sur-coup* method of bleeding; and Alison taught that, in the treatment of pneumonia, 'uncomplicated and recognised from its commencement, the utmost confidence may be placed in general bloodletting, which should always be large,' etc., at the very time that Skoda taught that the tendency of pneumonia was not to dissolution but to resolution, and that rapid restoration to health was best promoted by withholding those heroic remedies generally prescribed, and amongst them blood-letting. Experience had taught him this, not change of type; but a few years previously he had been a staunch venesectionist: at the time I knew him most of his colleagues were so still. His nearest neighbour in the Hospital bled largely and freely, and was quite satisfied with the results obtained. Brought up in the professional tenets of one so respected and loved as Dr. Alison, I can never forget the horror with which I at first regarded the practice of Skoda, the incredulity with which I listened to his explanations, or my astonishment when extended observation had convinced me of the correctness of his conclusions, the truth of which eleven years of private practice in this country have but tended to confirm."—*Dr. G. Balfour.*

No. 284.—Excision of the Eyeball.

How true it is that "there is nothing new under the sun." The plan of removing a diseased eye, in order that the other one may not become sympathetically affected, is no new idea. It had suggested itself to the mind of St. Jves, in whose "Treatise on Diseases of the Eyes," translated by Dr. Stockton, in 1741, occurs the following passage: "A *gutta serena* has been, hitherto, deemed incurable; I can, notwithstanding, produce many *experiments* of the contrary. I have, for the most part, observed that species to be incurable which succeeds an *acute fever*, when its productive *humour* has been discharged on the *visual nerves*. If this *humour* damages but one *eye*, there is room to fear lest the *fever* return in the year, and the other *eye* be affected in the same manner. I have, hitherto, observed this misfortune happen to all those, when their *gutta serena* began by a light *inflammation*, attended with violent *pains* in their head on the side of the defected *eye*; this observation has induced me to think, though I never dare attempt it, that by *extirpating* the decayed *eye*, one might prevent the good *eye* from falling into the same misfortune; it would be a great comfort to the *patient* to have his other *eye* preserved from the discharge of this destructive *humour*, which, for the most part, happens a year or two after the *loss* of the first *eye*." The italics are in the original.

C. W.

No. 285.—The Ordeal Nut of Kalabar.

"This nut does not grow in Kalabar, but is brought from the interior. I have seen it frequently on the beach, washed down by the river. Some persons say that boiling water destroys the virus of the nut; hence when a man is doomed to the poison who is rich enough to buy over the interest of the Abiadiong, it is generally found to be very harmless. It causes convulsion, shooting pains in the head, a discharge of water from the eyes and mouth, spasmodic twitching of the whole muscular system, paralysis and death. 'Him do dis,' said one of the Kalabar gentlemen, describing its effects, 'him do dis, soap come out of him mout, and all him body walk,'—a perfect description of the frothing from the mouth, and the convulsive energy of the whole frame." "Civilisation advances step by step in all countries; and so, before the science of the chop-nut test was brought into operation in Old Kalabar, it was customary to perform sacrifices, either by summary decapitation, or by strangulation effected with placing two horse-shoe-formed pieces of brass wire, one before the other at the nape of the neck, twisting their ends together until the convict was choked. Now, however, a person styled an 'Abiadiong,' or sorcerer, is always consulted in cases of sickness, death, or capital crime, to find out the individual who has earned a chop-nut by bringing a malady on his neighbour. He is reputed to derive his knowledge by education, but is *not the bearer of* a diploma, save one in his title. The 'Abiadiong' squats himself beside the sick man, repeats a number of incantations, tosses strings of beads he has in his hand as an appeal to the spirit he invokes, rubs the beads alternately on his own body and that of the sick man, cogitates and decides. Sometimes the decision is settled by a little 'copper palaver' beforehand; and as the Egbo law gives to the possessor of its privileges an unlimited power in this respect, it may be imagined what scenes of blood the system creates and fosters. 'Abia-bok' is the title which in this country is given to a doctor of medicine; but the Kalabarese have little faith in drugs, and surgical operations are generally performed by the soft sex. These are confined to two species of cupping—the dry and the bloody—and to enema administering. The dry cupping is effected with a pyriform calabash upon the breasts of young women, whose bodies are chalked over at the same time to force them to maturity. Razors are used as scarificators in moist cupping, the side and temples of persons labouring under what they suppose to be congestive diseases. Ulcers are usually dressed by a piece of leaf passed round the diseased part, and fastened by a bamboo stem. A poison-bean, with a string through a hole bored in it, is frequently worn as a curative ju-ju round a sore leg,—only a modification of the 'similia similibus curantur' system. Perhaps it is to carry out a like idea that dogs are buried in the ground with their heads above the ground, where the poor creatures spend three or four days before nature conquers their power of life, for during this time they are allowed no food. These dogs are generally impounded so before the door of the sick man. When small-pox prevails in some places, they dot their bodies over with spots of chalk, perhaps to make the demon of disease believe that they have been previously visited with a skin affection, and that his ground is already occupied. It may hence be inferred that in all, even the extremest cases, it is barely possible to induce them to leave a sick man under the care and treatment of an European doctor, for their ju-jus and fetishes hold by far the greatest amount of their confidence."—*Hutchinson's Western Africa.*

Digitized by Google

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4*s.* 6*d.* | A Column... 2*l.* 12*s.* 0*d.*
Every additional line 0*s.* 6*d.* | A Page ..... 5*l.* 0*s.* 0*d.*

The First Number of the First Volume of the

Medical Times and Gazette for 1859,

WILL APPEAR ON

SATURDAY, JANUARY 1, 1859,

THIS VOLUME WILL CONTAIN A COURSE OF

CLINICAL LECTURES

ON

THE DISEASES OF WOMEN,

DELIVERED, DURING THE PRESENT SESSION, IN THE

Royal Infirmary of Edinburgh,

BY PROFESSOR SIMPSON.

Medical Times & Gazette.

SATURDAY, DECEMBER 18.

INFLUENCE OF MARRIAGE ON MORTALITY IN FRANCE.

We recur to this important subject for the purpose of noticing the causes assigned by Dr. Farr for the results he has eliminated from the French returns. We do so with the more satisfaction, as we may be allowed to hope that marriage will be so regarded in the next Census of Great Britain and Ireland that we shall have the *materiel* out of which to manufacture tables corresponding to those which Dr. Farr has given us relative to France, and for which we need not say he has laid this country under a very great obligation.

Taking a general view of the causes operating in favour of married life, as opposed to celibacy and widowhood, Dr. Farr has no difficulty in finding the causes that lie at the basis of his figures, and we cannot doubt that his hypothesis will be found satisfactory:—

"Where the earnings of the two classes at the same ages are equal, the married man must have a smaller share of the means of living than the single man—he shares his gains with his wife and children. His food and clothing may be of a lower description, or his lodging be more crowded; but this is often counteracted by his stimulated industry. The single man can move about more freely, and can carry his industry to the best market. Upon the other hand, his household comforts are less; the watchful care of a woman does not direct the economy of his dwelling; the very amplitude of his means exposes him to the temptation of intemperance and vice. His faculties fall, and sometimes rise, into excesses of various kinds."

This general view is supported by entering into a detail of the circumstances in which the unmarried of both classes are found in France.

It will occur to every one that the religion of our French neighbours bears more directly on this subject than it does in this kingdom. In France a large proportion of the celibates are found in the priests and mendicants among the inferior orders, and the nuns and sisters of charity. It is common for both countries to account for the neglect of marriage by referring, with Dr. Farr, to soldiers, men of letters, men prosecuting the abstract sciences, men of family and small means—a large proportion of them among the highest ranks—also many ladies of birth; to which we must add criminals, lunatics, vagrants, courtesans, idiots, deaf, dumb, blind, and deformed.

Dr. Farr alludes to a cause which we may confidently expect is much less operative here than in France. He asks:—"Is any part of the excessive mortality in France referable to vice?" and supports the affirmative by the authority of Professor Leone Levi, who asserts that the Colleges of France are infested by vices which induce death in later life. He also reminds us of the favourable use of strong athletic exercise in our schools, which is much neglected in France. It will be easy for our French neighbours to supply this defect, and it would be well if all the moral influences of the virtuous were directed against other evils to which allusion is made. Dr. Farr here adduces the fact that syphilis—"the oïdium of the human race"—induces half the sickness, and some of the mortality of the army, which in this respect fairly represents the unmarried population. It is scarcely necessary to express concurrence with the statement that "courtesans die of their various irregularities," although this cause operates chiefly in early life—the only life, however, attained by very large numbers.

There is as much of truth as of ingenious sagacity in the part Dr. Farr assigns in favour of marriage, and against the celibates, in the principle of "selection"—not the selection of the Assurance offices—which we must give in his own words:—

"It is known to everybody that all the species of cultivated plants, and all the breeds of domestic animals, have been greatly improved in Europe. The improvement is partly due to the favourable conditions in which each kind has been placed. It is mainly due, however, to the constant elimination of imperfect types, and to the skilful selection of the finest individuals out of each successive generation. Now the same principle evidently regulates to a certain extent the marriages in France. Cretins do not marry; idiots do not marry; idle vagrants herd together, but rarely marry. Criminals by birth and education do not marry to any great extent; formerly they were executed in great numbers, or they perished in the prisons, and now the galleys interfere with their career. (Of 100 French criminals, 60 are unmarried. Two in three suicides are unmarried. Of 1726 women insane, 989 were spinsters; 291 widows, 397 wives.—Levi, vol. ii. p. 74.)

"The children of families which have been afflicted with lunacy are not probably sought in marriage to so great an extent as others; and several hereditary diseases present practically some bar to matrimony. The beautiful, the good, and the healthy are mutually attractive: and their unions are promoted by the parents in France, who are usually on very friendly terms with their children, and often decide the choice of their daughters too absolutely and with too little reference to the affections. The Chancellor of the Exchequer, in one of his most delightful romances, tells us that falling in love at first sight is the only genuine way in which people do fall in love. But this is not opposed to the theory of selection; for it always happens, as we see in the most authentic stories, that the lovers at first sight are invariably full of irresistible charms."

The number of those young women and young men who die of disappointed affection is not likely to be known, as they never tell their love, and the secret is not one for registrars to record; it must be an x perhaps as long as the world remains as it is, but the item is too important to pass over. That the suppression of the generative function is prejudicial to health in France, Dr. Farr affirms is confirmed, but at the same time qualified, by these tables. On this point the author thus speaks:—

"Chastity in itself does not, as in the case of Deparcieux's nuns, raise the mortality of women under 40; and notwithstanding the consequences of vice in the vicious, the selection

Digitized by Google

operating against the unmarried, and the pangs of disappointed love, the mortality of unmarried women in all France is lower than the mortality of married women. After that age the health of the nuns gave way to some extent; but this was, perhaps, as Deparcieux asserts, the consequence in that period of various kinds of austerities, an absence of personal cleanliness, and the want of little comforts which were found in the dwellings of simple artisans who knew how to keep their houses in order. The effects of religious chastity in France have been recently discussed by Dr. Mayer, who with some Catholic authorities, contend that it has in itself no prejudicial effect; but this is not the prevalent opinion. Levy professes the contrary doctrine. Lallemand describes vividly the sufferings of the French priests from celibacy—exposed to the fiery ordeal of the confessional—vows of celibacy on the part of large bodies of young men and of young women are also dangerous; but the question of marriage or of celibacy, is a question of temperament and of circumstances—so it is very properly left in England to individuals of full age to decide their lot on their own responsibility, under friendly, or if they please, professional advice. In France there is always a large number of unmarried women of a marriageable age. (Thus, in the last returns, 2,631,000 women figure as spinsters, of the age of 20 to 40; the wives of that age numbering 3,201,000.)

"Is this the result of religious vows, or of the catholic doctrine of celibacy?—Not to any great extent. In Great Britain the proportions are not very different. Ultimately nine in ten who live, marry. The notion that the number of women shut up in convents had any direct effect in diminishing population was incorrect. In every society large numbers will not, and large numbers should not, marry."

The case of the Widowed (which we have seen is the least favourable of the three states submitted to investigation), is easily disposed of in the following manner. It should, however, be noticed, as Dr. Farr suggests, that re-marriage takes place to a great extent, and that by "this second selection the weak and sickly are left to swell the apparent mortality of the class." This allowance made, Dr. Farr thus accounts for the great mortality of the Widowed:—

"1. They share the pains of the unmarried. 2. The pairs, of which one dies prematurely, must in the aggregate be in more unfavourable sanitary circumstances than the rest of the population. 3. The one may take from the other fever, and, in crowded chambers, catarrh, ending in consumption, as the army returns show. 4. The widow with children, especially in France, where there is no poor law, suffers from privation; the widower from a disorderly house. The loss of a beloved wife is the heaviest affliction which a man can sustain. It unsettles many minds. Jacques Bonhomme is left desolate; his wife no longer cheers his home, nurses him in sickness, shares his cares, consoles him, counsels him, loves him. The voice which followed Jacques to the cabaret, and reminded him of the hostages which he had given to fortune, is silent. He plunges into intemperance; vice and disorder follow; his plot of land is torn from his grasp by the mortgagee, and his body finds its way to the cemetery, his soul, we may hope, soars to his companion in heaven, for Jacques Bonhomme was solely destroyed by her untimely death."

We have not space to record in this review all the important statements and valuable suggestions of Dr. Farr's paper, which will of course receive great attention when it appears in the official form, and free from the errors that have crept into the hurried reports of the newspapers. One of these errors is very important, as it conceals the enormous difference between the ratio of the children of married women in England and France. The paper is made to state that in France 6,948,823 wives give birth to 896,292 children annually, while in the United Kingdom 6,329,222 wives give birth to about 800,000 children. The error is one of three millions, the latter number should have been 3,329,222.

In reference to the number of lives unnecessarily sacrificed in child-birth, it is satisfactory to be reminded that those sorrows can be mitigated by science. Through the progress of medicine the deaths of mothers are every year decreasing, and as sanitary science is diffused, they will become uncommon, if none but healthy women marry, and if young persons under age, except in rare exceptional cases, will postpone their marriage at this price—that they are at liberty to prolong what the Vicar of Wakefield called the happiest hours of life.

We have anticipated the official report and the discussion, as the topic is one of obvious importance to the Profession, from its bearings on various departments and on the interests of the general public.

THE WEEK.

One of the most distinguished of the physicians of this Metropolis has gone from among us this week. Richard Bright rests from his labours. He died on Wednesday night, after a very short illness. He was out as usual last Saturday, though rather indisposed. He now takes his place among our "Great Ones of the Past." Next week we shall offer some account of his career.

In the course of the year 1857, Dr. Magnan, a young Physician, published a work in favour of Homœopathy, and personally applied at the office of the *Union Médicale*, in order to intreat that it might be reviewed. The editor replied, that seeing that both his own and his readers' convictions were fully established with respect to the fallacies of the doctrine, if he noticed the book at all, his review might be severe as well as unfavourable; and, in point of fact, he would rather not have anything to do with it. The author replied, he preferred any criticism to silence, and required neither indulgence for himself nor complaisance for the doctrine. Accordingly, the book was placed in the hands of a clever young contributor, Dr. Gallard, and on *October 24*, 1857, a searching article, severe upon the doctrine and sect, but not commenting upon individuals, appeared in the journal. Hereupon, not the author, but a dozen homœopathists, self-styled "The Central Homœopathic Commission," started up, and commenced formal legal proceedings, by demanding the publication of an answer and a retraction of these injurious opinions. This demand, which even if made in such a manner by the author himself must have been refused, was of course treated with silence, and hereupon a civil action was brought against author, editor, and publisher, for prejudice done to the homœopathists, the damages being laid at 50,000 francs! This sounds almost like burlesque; but nevertheless an expensive *procès*, lasting three days, and giving employment to four advocates (among whom M. Paul Andral, son of one of the veteran physicians, highly distinguished himself), ensued. The defendant hereupon published a "Scientific note on the so-called doctrine of Homœopathy," and distributed it among the judges constituting the tribunal; the homœopathists circulated in a similar way a "Reply" to the note; and M. Behier, on the part of one of the Medical societies, gave forth a "Report or rejoinder;" these various documents entering deeply into the discussion of the pretensions of homœopathy, and threatening to convert the tribunal into an Academy of Medicine. This, the good sense of the President prevented; for although he said he had read all the articles carefully, he gave the homœopathists a sly hit now and then, and plainly told them that they had not a leg to stand upon, it being too ridiculous for parties to bring an action without being able to prove any personal interest therein, not one of these worthies having been ever mentioned in the article in question: which was solely directed against principles, not persons. Moreover, he observed, that it was rather singular that persons who were so

Digitized by Google

thin-skinned at being denounced even *en masse* as charlatans, in some of their answers to the article in question descended even to gross personal insult. The Court had nothing to do with the doctrinal disputation, and declared that the plaintiffs, having no ground of personal grievance, must pay the damages.—The strong probability is that the whole affair was got up by the homœopathists in order to attract public attention.

The Fellows and Members of the College of Surgeons have been invited to a conference at the Freemason's Tavern, next Monday evening, to determine what steps are to be taken with reference to the election of Mr. Green as the representative of the College in the General Medical Council. A very numerous attendance is expected, and we trust that, however diverse the resolutions may be that are brought forward, all will receive the earnest and attentive consideration of the meeting.

As the legal proceedings taken in the Court of Queen's Bench against Dr. John Storrar, with reference to his election as a member of the General Council of Medical Education and Registration, now excite much interest in the Profession; the following notes, which have been furnished by a legal friend, will show our readers the nature of a quo warranto, how it is obtained, and will finally be discussed. This judicial measure is a writ which lies against any person that claims or usurps any office or franchise; and is brought against the usurper to inquire by what warrant or authority he legally supports his claim to such office or franchise, in order to determine the true right thereto. This writ, however, has now fallen into disuse, and the speedier method of an information in the nature of a quo warranto has been introduced in its place. This procedure is by virtue of the 9th Anne, c. 20; which permits an information in the nature of a quo warranto to be brought, with leave of the Court of Queen's Bench, at the relation of any person desiring to prosecute the same, and who is then styled the "relator," against any person usurping, intruding into, or unlawfully holding any franchise or office, provides for its speedy determination, and also directs that, if the defendant shall be convicted, judgment of "ouster," as well as a fine, may be given against him, and that the relator shall pay or receive costs, according to the event of the suit. To obtain leave to file an information in the nature of a quo warranto, the party applying must lay a proper case before the Court, verified by affidavit, on which the Court will grant a rule or order on the defendant, calling upon him to show cause why the information should not be filed. In Dr. Storrar's case, this rule has been already granted, and it will now be for him, when the Court of Queen's Bench meets again in January, to show by affidavits that he has been duly elected to the office he now exercises. In this manner, the whole question at present between the Senate and the London graduates will be brought before the Court on the affidavits filed in reply. If the Court makes the rule absolute, or allows the information to be filed, this result will be expressive of their opinion that the right of election is truly in the University graduates. If, however, the Judges are clearly of opinion that the Senate is the proper electoral body, then they will discharge the rule, and so terminate the whole proceedings. On the other hand, should the Court give leave to file the information, the questions at issue may be again agitated; in which case the proceedings will become both expensive and dilatory. If the opinions expressed by the Judges on the discussion of the rule be satisfactory to all the parties, the expenses will not be then very heavy. So much depends in a great measure, however, on the fees paid to counsel, and also on the length of the different affidavits, that it is a very difficult matter to form any estimate of the aggregate probable costs in which a relator may be involved by applying for leave to file an information in the nature of quo warranto. He ought not to move the Court without having previously been judiciously advised as to his prospect of ultimate success; and further, he should be prepared with ample funds, to meet an adverse decision, since the rule when discharged always then carries with it the whole costs of the proceedings.

The Obstetrical Society was inaugurated on Thursday last, at a meeting of more than ordinary interest. We feel sure that this society will take a prominent position among the Medical societies of the Metropolis, and will be especially interesting to the General Practitioner, whose duties are so largely of an obstetric nature. We are compelled to defer a full report of this meeting until next week; but a copy of the Resolutions passed will be found in another column.

The new plan of examination has been commenced at the College of Surgeons, and the result has been 10 rejections out of 84 candidates. The novelty was the division of the examination into two parts, this year's part being devoted exclusively to Anatomy and Physiology, the examination being both written and *vivâ voce*, and the students being examined practically upon the dissected subject, or rather, upon dissected portions of several subjects. Although the latter test was the most novel, it seems that it was not the part for which the students were least prepared, and that the rejections were owing rather to defective preparation for the theoretical than for the practical section of the examination. This speaks well both for pupils and teachers.

We have received from Mr. Hitchman, of Leamington, a pamphlet on "The Drainage of Towns." The principles of drainage which he advocates therein are precisely similar to those advocated by Mr. Ward, to which we some weeks ago called attention in a leading article. He would separate the sewage from the rain-water, allowing the latter to follow its natural course into the river, and conveying the former away by mechanical means to the surface of the land as manure. The sewage of the metropolis he would carry away into Kent and Essex by pipes and pumps daily in action—the precious materials being scattered in their course right and left, as the farmer might desire to possess them. If the farmers objected to receive it, or if the supply should be greater than their demands, then Mr. Hitchman suggests that the sewage might be turned into the German Ocean, "twenty-four miles from London, about two miles below Gravesend on the south side of the Thames, and beyond Gray's Thurroch, in Essex, on the east side." We are rather surprised to find that Mr. Hitchman suggests this alternative; because a part of the perfect scheme he would desire to see carried out would be the absolute saving of this immense mass of valuable British guano.

The meeting at the Medico-Chirurgical Society, on Tuesday, was one of unusual interest, as Mr. Jones, of Jersey, brought over a patient whose scapula he had excised five months ago, in order that the members might see how very useful a limb was preserved after the operation described in his paper. A paper by Mr. Birkett, on Excision of the Head of the Humerus, was also read; and the discussion, though principally bearing upon the more novel operation, also touched upon the mode of performing the more common one. Mr. Fergusson led off, and was followed by Mr. Ure, Mr. Coote, Mr. Skey, and Mr.

Digitized by Google

Luke. The two latter gentlemen related cases in which they had excised large portions of the scapula with tumours growing from the bone; in Mr. Luke's case a very useful limb being preserved(a). Mr. Fergusson referred to his own case of excision of the scapula, and pointed out the great merit of Mr. Jones's operation as saving the limb. Mr. Ure and Mr. Coote criticised Mr. Birkett's mode of operating, pointing out the superiority of a single linear incision over the V shaped, and the propriety of preserving the tendon of the biceps uninjured. It is not often that this grave and learned Society is enlivened by very audible marks of the disapprobation excited by the remarks of any speaker; but Mr. Birkett's reply elicited some very unusual expressions of feeling, when he stated that Mr. Jones had only done what any Surgeon would do in making rather a larger opening than he found when nature had nearly separated a diseased bone. There was clearly no intention to offend; but it was felt that the distinguished Surgeon of the Channel Islands deserved the more cordial appreciation so cheerfully awarded by the other speakers. A full report of the discussion will appear in due course.

The epidemic of typhoid fever at Windsor is subsiding. It should be known that the disease has been the true endemic typ*hoid*, not the contagious epidemic typ*hus*. Mr. Simon made out very satisfactorily that the cases supposed to prove the importation of the disease and its contagious nature, were really cases of scarlatina, which prevailed to some extent during the prevalence of typhoid. So much confusion is kept up by the similarity of the terms typhus and typhoid, that it might be well, in default of a better term, to adopt Dr. Murchison's suggestion, and call typhoid *pythogenic* fever, especially as its dependence upon the poison generated by putrescent animal matter is becoming so generally acknowledged. At Windsor, its dependence upon the poisonous gases formed in the town sewers was most evident. The main sewers are well made, but ill-ventilated. The house-drainage is very defective. Accordingly the poisonous gas escaped into the houses. Those houses where the stench was the greatest were those where the fever was most prevalent; and those persons living in the basement stories, and most exposed to the poison, were the class who chiefly suffered. One part of the town, which had a separate system of drainage, entirely escaped; and then, to bring the matter to a demonstration, the Royal apartments at the Castle, which were unconnected with town drains, also escaped; while the Mews and Horse-shoe Cloisters, on either side of the Royal apartments, which did so communicate with the town drains, were the seats of a severe outbreak of the fever. Full reports of these important facts will be published by Mr. Simon and Mr. Austin, and we may hope that the seat of the outbreak may do much to hasten the work of sanitary improvement, that obstinate local authorities may be compelled to protect the lives of their constituents, and that some guarantee may be given of the competence of local surveyors of house drains. No railway has yet burnt a bishop or smashed a director, so railway accidents are weekly occurrences; but fever has attacked the seat of royalty, and therefore, probably some attention will be given to the lessons of this great teacher.

The question as to whether or not salt taken as a cargo or as ballast in vessels is injurious to the health of those on board has been lately much discussed in Sardinia; the Government there having endeavoured to make use of salt as ballast in men-of-war going to India. It may also soon become a question of interest in this country, now that our commerce has been thrown more widely open with China. It appears that the attention of the hygienists of Genoa was called to this point by the following circumstance. The ship *Liguria* left Genoa for Brazil in March last, with a cargo of this kind, and 450 passengers; scarcely had she reached Gibraltar when an infectious malady broke out on board, in consequence of which she was compelled, after passing forty days' quarantine at the Balearic Isles, to return to Genoa with her decimated crew. Dr. Freschi, professor of Hygiene at the University of Genoa, was thereupon called upon to investigate the subject. His researches led him, putting aside all idea of any miasmatic influence arising from the salt, to recommend that the transport of salt should not be permitted in vessels which have a large number of persons on board. This opinion excited much controversy and opposition; so that Dr. Freschi called upon his confrère, Dr. Foussagrives, Head-Physician of the Navy, to assist in the investigation of the subject. Dr. Foussagrives' researches entirely confirmed the opinion of Dr. Freschi. He did not find that any deleterious emanations were evolved from the salt; but he considered that the source of the deleterious effects produced on the health of the crew in vessels laden with salt is to be attributed altogether to the influence of the salt on the hygrometric condition of the atmosphere. His experiments were performed at Cherbourg, where there are accumulated immense magazines of salt for the supply of the French navy; the problem being to compare the hygrometric state of a magazine half filled or thereabouts with salt, with the hygrometric state of the open air. The experiment was legitimate, he considered, because the air in the interior of a ship must, for many reasons, be even more humid than the air in any building on terra firma. The experiments were conducted by M. Besnon, a practised chemist and *physicien*. It clearly appears from them all, that the humidity in the interior of the magazines is very much greater than outside—the medium numbers of many experiments making the proportion as about *84 to 65*. This humidity had of course nothing to do with the breaking out of the fever which decimated the *passengers in the Liguria;* the deaths were evidently caused through some fever, which probably resulted from overcrowding of the ship. The main part of the especially injurious effect of the humidity has not been shown in this case. A continued and very damp condition of the interior of a ship cannot fail at last to act prejudicially upon the crew; and in this sense the fact of this highly hygrometric condition of the air of vessels laden with salt is of much interest—indicating that special attention to ventilation should be observed in them.

(a) A Report of this Case will be found in the *Medical Gazette* of the 21st November, 1829.

REVIEWS.

On Nervous Disorders and Nervousness lapsing into Melancholia and Insanity. By J. Tatam Banks, M.D. Pp. 55. London: 1858.

There are certain conditions of the nervous system, complicated with functional derangement of the chylopoietic viscera and the uterus in women, which are attended with symptoms of mental disturbance; and when such cases are neglected or misunderstood, insanity may actually supervene. This fearful result may, however, be obviated in many instances by the timely application of remedial agents, and the object of Dr. Banks appears to be to show the most appropriate treatment to be recommended. The subject is an interesting one, and Dr. Banks has treated it with considerable ability.

Theory of Consumption: Dr. McCormac's Letter to the Imperial Academy of Medicine. Pp. 20. London: 1858.

Dr. McCormac's theory of pulmonary consumption is simple and ingenious, and quite consistent with the phenomena of the disease, although we are not quite sure that the remedy

Digitized by Google

is so easily to be found as Dr. McCormac would wish us to believe According to him, tubercle is caused by the retention of carbon in the system; and the cure of tubercle is to be effected by giving to the system a free supply of oxygen. However warmly the accuracy of these views may be contested, there is no doubt that much practical good would result from the adoption of the views of hygiene which Dr. McCormac recommends.

The Coroner's Court; its uses and abuses, with Suggestions for Reform. By J. J. Dempsy. London: 1858.

This pamphlet contains some useful practical remarks upon the present condition of the Coroner's Court, with the operations of which the writer appears to be familiar. He defends the institution of the Coroner's Court as being a popular form of judicature; and he proposes some measures by which its powers would be extended and its utility increased.

Diseases of the Urinary Organs. A Compendium of their Diagnosis, Pathology, and Treatment. By William Wallace Morland, M.D. Pp. 579. Philadelphia: 1858.

This volume, we are told by Dr. Morland, in the preface, is mainly composed of the substance of two essays to which prizes were awarded by the Boylston Medical Committee in the years 1855 and 1857. The questions which were proposed, rendered it necessary that the entire subject of Urinary Pathology should be reviewed, and a digest compiled; and these labours have resulted eventually in the manual now before us. The author possesses a very extensive knowledge of his subject, and has evidently consulted the best writers, both European and Transatlantic; and although we cannot affirm that his treatise will supersede the many excellent works now in existence in the same department of pathology, it will nevertheless be read with pleasure and advantage.

What is Congelation? with Remarks on the Introduction of a "Painless System" in Dental Surgery. By R. E. Harrison, Surgeon-Dentist. Pp. 90. London: 1858.

In this little work the practice of congelation in tooth-drawing is strongly recommended, and the objections against it are discussed and combated. Several cases in confirmation of the safety and success of congelation in dental surgery are adduced; and although the tone of the book is somewhat too flippant for our taste, some useful practical hints may be drawn from its perusal.

Syllabus of a Course of Lectures on Medical Logic, delivered in Marischal College and University, Aberdeen. By Francis Ogston, M.D. Professor of Medical Logic and Medical Jurisprudence. Edinburgh: 1858.

The course consists of thirty-two lectures addressed to Medical Students upon the principles of logic generally, and upon its application to Medical pursuits in particular. It is needless to remark upon the beneficial effects which would accrue to Medicine by a more extended knowledge of the principles of sound logic among its Professors, and we therefore receive with satisfaction the information, that at the University of Aberdeen this important subject is not neglected as a branch of Medical education.

Observations on Diphtheritis. By Willoughby F. Wade, B.A. M.B. T.C.D., Physician to the General Dispensary, Birmingham. Pp. 32. London: 1858.

Although this is a very small book, and is little more than a reprint from the pages of a contemporary quarterly journal, it will excite considerable interest at the present time when the prevalence of diphtheria is awaking the earnest attention of the Profession and of the public. Dr. Wade's observations indicate great research, and are founded upon practical experience, as well as upon reading.

With regard to the name of this disease, Dr. Wade prefers the term diphtheritis to the diphthérite of Bretonneau, and the diphtheria of Dr. Farr; Dr. Wade arguing that the Greek word διφθερίτις is a feminine noun signifying "something having a skin," and is, therefore, correctly applied to the affection in question, without any reference to its inflammatory or non-inflammatory nature.

Dr. Wade's book is divided into two chapters, one of which is introductory, and the other is devoted to the symptomatology of the disease; its pathology and treatment being reserved for consideration at a future opportunity. The well-known work of Bretonneau is, of course, frequently referred to by Dr. Wade, although the conclusions of the physician of Tours are not always admitted. Thus Bretonneau draws a marked distinction between diphthérite and scarlatina, and indeed asserts that these two diseases do not and cannot co-exist; but although this opinion of Bretonneau is pretty generally entertained, yet late observations have shown that some relationship may and does exist between the two affections.

A circumstance not previously noticed in connexion with diphtheria, is the condition of the urine, which Dr. Wade has found to be albuminous in all the fatal cases, although the cases presenting albuminous urine were not all fatal. Tube-casts and renal epithelium were also found in some cases. The existence of kidney disease appears to have been generally overlooked in consequence of the absence of dropsy in the patients.

The peculiar features presented by this disease are still only imperfectly recognised by practitioners in this country, owing to the absence of any special treatise on the subject, and perhaps to the fact that until lately the malady has not presented itself in so severe a form in Great Britain during the present century. It is most frequently confounded with scarlatina, from which, however, it is quite distinct, notwithstanding the relationship which these two diseases may bear to each other. The onset of diphtheria is remarkably insidious, and it has often made fatal progress before its existence is even suspected: and the death of the patients, although sometimes announced by the symptoms of asphyxia, is very often sudden and unexpected, occurring while the patients appear to be in a state of convalescence. On the other hand, there can be little doubt that many throat-diseases, of very various characters, have been united together under the common name of diphthérite; and those who would wish to gain some definite notions on the subject, would do well to consult Dr. Wade's useful treatise.

Pathological Catalogue of the Museum of Guy's Hospital. Bones, Joints, Muscles, Tendons, Aponeuroses, Bursæ, etc. Revised by Samuel Wilks, M.D. Pp. 206. London: 1858.

The museum of Guy's Hospital is well known to be one of the most extensive in this metropolis; and the collection of morbid specimens obtained from the cases in the wards is as numerous as it is interesting. The labour of analysing and arranging the catalogue has fallen upon Dr. Wilks, whose high attainments as a pathologist eminently qualify him for the task. Three hundred and seventy-eight specimens are described in the portion of the Catalogue before us.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION AT THE ACADEMIE ON TUBAGE OF THE LARYNX IN CROUP.

(Concluded from p. 584.)

M. Bouvier could scarcely believe that the same pen had dictated M. Trousseau's report, and the resolutions which terminated it: the latter, in fact, giving a positive approval of the practice of tubage, which no facts adduced in the report showed it to merit. Thus the statements of its utility in laryngitis, in œdema glottidis, and as a means of delaying croupal asphyxia, are purely conjectural. M. Bouvier proposed in place of these conclusions, it should be declared that "the facts thus far adduced by M. Bouchut allow of our entertaining some hopes that when the Medical resources are exhausted, tubage may retard asphyxia, and supply the place of tracheotomy, which, however, thus far remains the only means we can employ in these cases." He did not

Digitized by Google

mean to assert that the facts adduced were of no value, and he hoped from the perseverance, determination, and sagacity M. Bouchut has brought to bear upon the subject, that he will some day be enabled to furnish proofs which shall clearly demonstrate what at present he has failed to establish. M. Trousseau admitted the truth of M. Bouvier's reproach that he had been too indulgent in his conclusions, influenced probably by the fact of M. Bouchut having been his pupil, and by the idea that a reporter must show some indulgence. On the motion of M. Bouvier the conclusions were ordered to be referred back to the committee for modification; and when brought up again they ran as follow:—1. Tubage is of considerable difficulty of execution, and is a dangerous proceeding if the canula be left more than forty-eight hours in contact with the cordæ vocales. 2. It is not impossible that this procedure may render some service in certain acute or chronic diseases of the larynx; but the facts thus far published are insufficient to demonstrate its utility in croup. 3. To the present time, tracheotomy remains the sole measure applicable in croup, when all the Medicinal resources have become exhausted.

M. Malgaigne commenced by stigmatising M. Trousseau's statement that his first conclusions were so framed in consequence of an indulgence he felt towards M. Bouchut—an indulgence at the expense of scientific truth! Moreover, a report of any kind was not called for, inasmuch as M. Bouchut had himself announced that the facts he had observed were insufficient; and, in fact, it is not so much a report on tubage as it is a manifesto in favour of tracheotomy. M. Malgaigne follows the conclusions, clause by clause, with the object of proving the alteration that has been introduced was uncalled for, and that tubage is a practice which may be advantageously resorted to in certain cases.

In regard to M. Trousseau's declaration, that the deaths of children after tracheotomy are to be attributed to the disease and not to the operation, M. Malgaigne cannot admit that any operation is without danger, while tracheotomy is in itself a very perilous one, for it is so even when performed on the adult and on animals. For his own part, he has met with but one successful result of operating in the last stage of croup, all his other cases having proved fatal; still he cannot take the consolation to himself that the operations had nothing to do with the results, and would feel glad indeed had they been dispensed with, "for when the Surgeon applies his knife to the living subject and he loses his patient, he cannot divest himself of the idea that this knife has had something to do with the death." M. Malgaigne entirely doubts the accuracy of the statistics which have been furnished by MM. Roger and See, from the "Hôpital des Enfants," and contrasts with them those contained in the thesis of M. Millard. Then, again, comes this remarkable fact, that there are more deaths after tracheotomy in private practice than in Hospital practice, and that Hospital the worst in Paris as regards mortality; while, as regards other operations, the mortality is doubly great in Hospital as compared with private practice. How is this remarkable success at the "Hôpital des Enfants" to be explained,—for it depends neither upon the hygienic condition of the patients, the treatment employed, nor the skill of the operators? The operations are there performed by the *internes*, and the natural inference is that they are sometimes resorted to in cases in which Surgeons of more experience would regard them as unnecessary. M. Trousseau recommends the operation when the lesions are quite local, and asphyxia may occur in the course of a few minutes. But why not wait until it is actually present? M. Malgaigne believes the operation is only justifiable as the last resource; and short of such period he would, in the case of his own child, give a trial of tubage. He thinks in the present stage of the question, the Academy should pass no resolution concerning the proposed procedure, merely recommending its author to continue his investigations.

M. Millard, in a letter to the Académie, denied that his statistics exhibited a discrepancy with those of MM. See and Roger,—his figures applying only to the short period of eighteen months at the "Hôpital des Enfants," while those of MM. See and Roger extended over nine years. The latter two gentlemen have also addressed a letter to the Académie, offering every proof of the authenticity of their figures, impugned without reason by M. Malgaigne, and denying that the operation is ever performed at the "Hôpital des Enfants" without cause. They maintain that their figures (466 operations with 126 recoveries) irrefragably prove that tracheotomy is attended at that Hospital by 26 or 27 recoveries per cent.; that performed at the commencement of the asphyxia it saves 64 per cent.; while, when delayed until the subject is *in extremis*, it will only save 18 or 19 per cent.

M. Bouvier observed that the history of tracheotomy, as applied to croup, had exhibited three phases: 1st. prior to 1825, it had been attended with nothing but reverses, for the operative procedure employed was in all respects a bad one. The 2nd period, commencing in 1825, terminated in 1848 or 1849; and in this M. Bretonneau, employing a larger incision and broader canula, met with some successful cases. Still the reverses predominated, as they did in the hands of the pupils and imitators of Bretonneau. In the Academical discussion which took place in 1839, the experience of the best Surgeons told against the success of the operation. Its results were no better then at the "Hôpital des Enfants:" of 40 operations performed before 1849, none succeeded. M. Guersant also operated, between 1834 and 1841, upon 23 patients in private practice, and all died. Yet, by this period, M. Trousseau had performed 140 operations, a fourth of his cases recovering. The disparity was solely owing to the imperfections of the method employed, and its improvement was solely brought about by M. Trousseau's perseverance. The third period extends from 1849 to the present time, and during this the improved modes of operating and after-treatment have been put in force. The remarkable success at the "Hôpital des Enfants" has been one of the first-fruits of such improvements; and a similar success has attended the operations at the rival institution, the St. Eugénie. M. Guersant, too, who had formerly lost in private practice twenty-three patients in succession, adopting the improvements introduced at the hospital, now saved ten cases in eighty-two operations; while M. Trousseau has met, in private, with 22 recoveries of 42 operations. M. Bouchut's statement that there have been but 39 recoveries among 351 operations performed by various Surgeons in private practice, is quite worthless, seeing that it is entirely devoid of dates or particulars, and put together in the loosest way. In the same way M. Nélaton's experience of the operation has been very loosely stated, when it is said he only saved 3 patients in 35 operations. Of these, 23 were performed prior to 1848, and all proved fatal; while of the 12 operated upon by the improved procedures, he has saved 3. M. Bouvier repelled at great length the charge M. Malgaigne had brought against the *internes* of operating in cases not calling for it.

M. Trousseau in reply, first adverted to some experiments he had made, since the reading of his report, by practising tubage on dogs; and he exhibited to the Academy numerous specimens of frightful ulcerations and destruction of tissue that had ensued after forty-eight hours' application of the tube.

He acknowledges that when young he believed too implicitly in the innocuity of tracheotomy as an operation: but he also maintains that M. Malgaigne has very much exaggerated its danger. He refers to the clumsy tracheotomies performed by lunatics on themselves, which nevertheless almost always become cured; and of 96 operations for the removal of foreign bodies, not less than 73 proved successful, some of the reverses, too, depending upon other causes than the operation. Tracheotomy, too, performed in the adult for other diseases besides croup, is often successful.

As to the employment of the operation in croup, M. Trousseau never thought of recommending it during the first period, when there is only the croupal cough without paroxysms of suffocation; for here recovery, though not general, is quite possible. But in the second period, when false membrane is produced, and when the cough is now less frequent and stifled, and suffocative paroxysms occur, though separated by intervals of calm, although recovery is still possible, all who know the disease well, are aware how rarely this is the case. But at a still later stage, when the suffocative paroxysms are almost continuous, it is by tracheotomy alone we can save a few of the subjects. Nothing is, however, certain in medicine; and thus cases are met with of children recovering even in the last stage after ejecting false membranes—an incident M. Trousseau has met with but twice in his immense practice; but so also we occasionally find patients in the last stage of phthisis unexpectedly recover. Now, is it fair to charge tracheotomy, performed under such circumstances, with the death of patients who otherwise must have almost inevitably

Digitized by Google

died?—the operation, moreover, having given them a possibility of cure they otherwise would not have had. Much of the success of the operation will depend upon the mode and conditions of its performance. It should be executed slowly, so as to avoid with every care loss of blood, which is so mischievous.

When the croup is simple, and confined to the larynx, statistics have proved that 13 out of 24 children may be saved; while the proportion will be only 1 in 6 when the diphtheritis is generalised. Much depends on prior treatment. Leeches and blistering, which may be of some use during the first period, are the most dangerous and absurd of all remedies in the second; while the abuse of emetics plunges the child into the greatest danger. As to the statistics of the mortality quoted by M. Bouchut, they have been assembled in the loosest manner. Still it cannot be denied that some excellent Surgeons have have had little success in this operation; and we find that of 303 patients operated upon by Gosselin, Velpeau, and other eminent Surgeons, 275 patients have died. On the other hand, of 131 operated upon by M. Bardinet and others, chiefly the younger Surgeons, 49 have been cured. MM. Richet, Broca, and others, have also met with 17 cures in 39 operations. The canula employed must be large and double. The apparatus should be surrounded by a cravat, and the patient must breathe a warm and moist air; and cauterisation should be practised daily. Finally, most important of all, the patient must be properly fed, employing catheterism if he refuse, or if there be paralysis of the velum palati. Tracheotomy, though still possessing some danger in itself, will be successful just in proportion as these precautions are observed.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, December 5, 1858.

IN the hospitals generally, erysipelas has been prevailing to an unusual extent for the last ten days; indeed in some the Surgeons have, in consequence, been under the necessity of delaying operations, except in cases of a pressing description. It is quite possible that the extremely sudden changes of weather which have been experienced of late may have something to do with the appearance of this most unwelcome visitor. In the limited space of twenty-four hours we have observed the temperatures of the four seasons, while frost, fog, rain, and sunshine, have followed each other in rapid succession. Not only has the health of the hospitals been affected by these sudden transitions; their influence has also been perceptible "en ville," where coughs and sore-throats seem to be the order of the day. M. Bozeman, to whose appearance in this quarter of the world we made allusion in our last communication, left Paris on the 25th ult. On the day preceding his departure, he removed the sutures from the patient on whom he operated on the morning of the 15th, being the ninth day after the operation. The removal of the sutures took place in the presence of MM. Robert, Nélaton, Verneuil, sundry English and American Medical men, and a large collection of students, all of whom were naturally curious to know the result of M. Bozeman's efforts in a case which had been operated on twice without success, once by M. Robert himself, and on another occasion by M. Verneuil. The case, as we previously stated, presented some peculiar difficulties, not the least remarkable of which was the extent of the fistula. The entire "bas fond" of the bladder was destroyed, permitting the free admission of three or four fingers. M. Bozeman ranked it under his fourth category of vesico-vaginal fistulæ. In vivifying the edges of the fistulous opening, the operator unavoidably cut off a small portion of the right ureter, and this little accident (the first of the kind which ever took place in the hands of M. Bozeman in similar cases) exercised, as will be seen in the sequel, some influence on the result of the case. The operation, as may be readily supposed from the extent of the fistula, required considerable time, but was ultimately completed by the introduction of no fewer than ten metallic sutures, being only two less than the largest number ever employed by M. Bozeman in similar cases. As soon as the removal of the sutures was completed, the case was most minutely examined by M. Robert and Nélaton, both of whom stated in the most emphatic manner that it had succeeded beyond their anticipations. Although it might pass for a cure, still the cure was not complete; and a second operation of a very trifling kind (which, by the way, was predicted by Dr. Bozeman some days before he undertook it) will still be necessary. There remains a very small opening sufficient to admit the extremity of a crow-quill, and this opening corresponds exactly with the point where the right ureter falls into the bladder. It would seem as if the contents of this ureter (not finding their way into the bladder, owing probably to the passage being obstructed by the sutures) had forced a way into the vagina. But for this untoward circumstance we have no doubt the cure would have been perfect. We had been misinformed when we stated that M. Bozeman had operated on a second case at the "Hôpital des Cliniques," it seems that he had there only explained his method on the "Cadavre" to M. Nélaton and others. In the case above related he has, however, reaped laurels, and has left behind him a very favourable impression on the minds of those who have had an opportunity of witnessing the result of his efforts in a case presenting unusual difficulties, and one, moreover, in which one of our best Surgeons failed. Of the two cases of vesico-vaginal fistulæ operated by M. Jobert, in the usual way, one succeeded, the other proved a failure.

The other day we saw M. Laugier have recourse to a somewhat novel method in dressing a stump of an amputated limb. In common with most Surgeons, M. Laugier has often experienced difficulty in overcoming the muscular retraction in limbs which have undergone amputation. His mode of procedure, with the view of obviating this inconvenience, is as follows.

He begins his dressing by the application of a bandage from above downwards, proceeding as far as the extremity of the stump. He then places two cork splints about a quarter of an inch thick, and three or four inches broad, on each side of the limb, so that their lower extremities project beyond the stump some three inches or thereby. These projecting portions are notched in two places so as to give them the appearance of three opposing fingers; the points of these finger-like ends are each pierced so as to permit of small bandelettes being passed through them; a bandage is then passed over the cork splints, and lastly, the opposing finger-like ends are tied the one to its opposing fellow, and thus the edges of the wound are brought in contact. This plan of dressing, M. Laugier stated, he had employed with marked advantage in an amputation of the thigh which he had lately performed in private practice. It serves a twofold purpose, inasmuch as, while it prevents muscular retraction it also secures the amputated limb against shocks or accidental blows.

"Cauterisation en flèches," which for some time past has formed the subject of discussion at meetings of the "Société de la Chirurgie," gave rise a few nights ago to a scene of crimination followed by recrimination on the part of two of its most eminent members. M. Maisonneuve, as many of the readers of the *Medical Times and Gazette* may remember, assumes the entire honour of having been the first to introduce this form of cauterisation in the destruction of cancerous, erectile, and other tumours. In the course of the discussion two of the members, MM. Chassaignac and Follin formulated the three following grave charges against M. Maisonneuve: 1st. That M. Maisonneuve had published a case of cure by this new method which really had not taken place. 2nd. That in the application of what he calls "des flèches" he had caused a penetrating wound of the chest, which accident he had endeavoured to conceal. 3rd. That he arrogated to himself unjustly, a method of cauterisation of which he is not the inventor. M. Chassaignac supported his first charge by the production of a letter from two Medical men who were cognisant of the circumstances of the case in question. The fact of a penetrating wound of the chest having taken place, as referred to in the second charge, was placed beyond doubt by a reference to the "Compte rendu" "de la Société de la Chirurgie," held in November 18 of the present year. The third charge M. Chassaignac endeavoured to substantiate by reference to (vol. 15, published in 1854) of the *Révue Medico-Chirurgicale*, in which there appears a "mémoire" by M. Girouard Père, in which he says that on the occasion of the removal of a breast he had insinuated beneath the tumour "lamelles de pâte de zinc," and that in

Digitized by Google

forty-eight hours the breast was destroyed. He further quoted from a number of the *Union Médicale* published in September 1856, which refers to an amputation of the arm as far back as the year 1849, in which "chevilles de chlorure de zinc" had been inserted between the muscular fibres, and even under the muscles themselves.

According to M. Chassaignac, therefore, M. Maisonneuve's boasted invention consists only in his giving a new and somewhat poetic name to a system or method of cauterisation which had been in use many years ago. M. Chassaignac was followed by M. Follin, who produced two volumes, one published in 1700, written by Deshayes Gendron, having for title "Recherches sur la Nature et la Guerison des Cancers," wherein the author speaks of "trochisques escharrotiques," which he introduces into the substance of tumours which he wishes to destroy, by means of holes made previously with a trocar. The other volume from which M. Follin quoted was one of the "Prix de l'Académie Royale de Chirurgie," published as far back as 1755, in which the following passage occurs: "We moderns still continue the custom of smearing with caustics such-like tumours, etc., but before doing so, a place is made for the introduction of 'trochisques escharrotiques' into the gland by means of a cutting instrument." In the presence of such astounding statements, M. Maisonneuve found himself under the necessity of admitting, that the idea of the method which he believed he had invented had in reality been expressed by Deshayes Gendron, though at the same time he found himself called upon to declare, as an honest man, that the treatise in question, as well as the name of its author, were to him altogether unknown until they were produced by M. Follin.

By way of retort, M. Maisonneuve attacked M. Chassaignac in reference to the "écrasement lineaire," a method of operation of which the latter wishes to be considered the father, and of which he has made a hobby horse for some time past. The former quoted sundry passages from the "Medicine Operatoire" of "Roux," and from that of "Sabatier," in which he found the idea of the "écrasement lineaire" distinctly indicated, apropos of an extempore ligature. M. Chassaignac, after having defended the originality of his "Ecraseur," fell back again on the subject of "Cauterisation en flêches." M. Maisonneuve rose to reply, when it was proposed and carried by unanimity, that the discussion should be closed.

Such meetings as these are not without interest; but when the members descend to personalities, as has been too often observed of late, both in this Society and in the meetings of the Academy of Medicine, it is questionable to what extent they further real science.

GENERAL CORRESPONDENCE.

COUP DE SOLEIL IN INDIA.

LETTER FROM R. H. A. HUNTER, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Now that the pernicious effects of exposure to a tropical sun in military habiliments is exciting so much interest, perhaps you would kindly afford space for the subjoined from an old unpublished manuscript. The class of cerebral diseases, though not usually dwelt upon by tropical writers, is by no means the least interesting, whether we contemplate their prevalency and fatality, or look to remote consequences, such as palsy, more or less general, partial loss of memory, dementia, and the like; not to speak of the mortality from apoplexy among old residents, even after their return to this country. In India cerebral diseases too are sometimes endemic, more especially towards the close of the hot season; and that whether as a complication of the ordinary remitting fever consequent upon fatigue and exposure, or under the more definite form of *coup de soleil* (a). It is true some confusion exists in the returns with respect to the nosology of the class, inasmuch as the same may appear in one set under fever; in another, under apoplexy, or *coup de soleil;* nor is the line of demarcation always readily drawn. In *coup de soleil*, however, we should say there is an appearance rather of syncope, with the perspiration streaming from every pore; in fever, with coma at an early stage, extreme heat and dryness of the skin, while in simple apoplexy that may scarcely deviate from its normal state, of the causes, the most essential is high temperature, of course; but its effects are not always direct or immediate, so that it is by no means unusual to see a new-comer exposing himself, with little inconvenience, to a sun, which to the older resident would be utterly intolerable. Hence many are led to overlook or despise such exposure till prostrated by fever, apoplexy, or *coup de soleil;* or more or less paralytic or demented, they become invalids for life. Nor is a primary stage of fever or *coup de soleil* essential. The first symptom may be an impairment of the mental faculties, or a partial paralysis, and that too, it may be, when far removed from the cause. Not that we would advocate the opposite extreme, believing confinement to barracks still more distinctive by another class of diseases, fevers, liver, and dysentery, a trio more or less associated in all great Indian endemics, and the cause at all times, perhaps, of seven-eighths of the mortality; nor, indeed, so long as the clothing is worn loose, no matter what the material, is the pernicious influence of sun exposure at once so apparent. It is under arms, or buttoned up in uniform, the soldier chiefly suffers; as, for instance, when the 2nd or Queen's Royal were quartered in Colaba, during the years 1831, 1832, 1833, the heedless way the men exposed themselves, playing long balls in the middle of the day at the hottest season, even without a cap, was with strangers a frequent subject of remark; and yet there was not a single case of *coup de soleil* therefrom the whole period, though on the occasion of the Parsee riot, on the 7th of June, 1832, in a few hours there were no less than thirty, of which four proved fatal. So, also, in embarking a wing of the 17th regiment, about the 1st of May, 1840, a similar loss was experienced, though the better to avoid the sun they were not turned out till past 3 p.m. There *is, too,* of course, the greatest difference between the *higher table*-lands of the interior, and the low *country and coast,* even where in the former a much higher temperature is indicated by the thermometer. For instance, during the very arduous campaign of 1839 in Affghanistan, through an unknown country of deserts and defiles, where the infantry, at least, were necessarily exposed a great part of the day with the thermometer in the best tent sometimes at 117°, the 2nd, or Queen's, had only one case of dementia, and one of apoplectic sun-stroke. We say apoplectic sun-stroke, for there are at least two marked states, induced by a high temperature, included under the term, bearing seemingly very much the same relation to each other as "concussion" of the brain and "compression," the first or direct having more the appearance of syncope, while the second (more frequently consequent upon fatigue and exposure, or even upon very high temperature alone, without, it may be, exposure) is decidedly apoplectic. Of these, the first generally proves fatal through convulsions, the last through coma without convulsions; while what are called "dementia," as also paralysis, are no doubt consequent upon latent cerebritis, though in no class of diseases are pathological appearances generally so little satisfactory. But, again, as to the matter of clothing, no doubt loose and light cotton would be infinitely preferable, so far as cerebral disease is concerned, but it is only a small portion of the mortality these are the occasion of. It is the night chill, or evaporation from wet clothes from rain or perspiration, that is the grand cause of disease, though coupled in many cases with malaria. Hence the preference given by Europeans to woollen clothing during a campaign; for, it must be remembered, the skin of the European, unlike that of the native, is of itself unable to resist the cold, not being "all face." Indeed, from our own personal experience, we should say woollen under such circumstances is indispensable. The cold, even where it has been a burning desert during the day, has, under the clear canopy of Heaven, been so intense towards morning, that in bivouac, we have with others had to sit up, unable to sleep, keeping a fire with what could be scraped together, "till the bugle again relieved us from misery." At such times, too,

(a) "*Coup de soleil.*—The natives know it under the name of Loo, and dread it extremely, carefully enveloping the head and neck in thick folds of cloth at the hottest season. They use, as a remedy, constant and long-continued frictions of the palms, calves, and soles of the feet, with curdled milk or lime-juice, giving at the same time a little stimulus. The lancet has been used at Cawnpore and Allahabad with positive injury, and I have likewise found it useless, if not hurtful," etc.—"Bombay Transactions," Vol. I. (1836) p. 75. By A. Gibson, Esq., E. I. C. Service.—Abridged, R. H. A. Hunter.

Digitized by Google

diarrhœa or dysentery have been almost universal, and from no cause we could discover so probable as the intense heat of the day, followed by the extreme chill of the night, under a clear starry sky. Of the treatment of *coup de soleil*, we need only say, in the first or syncopous variety, the native method of friction of the extremities, with cold douche to the head, and mild stimulants, have with us answered best, till reaction was established; then, or in the other variety, moderate venesection or leeching, with cathartics. Convulsions are frequent.

I am, &c. R. H. A. HUNTER,
1st Class Staff-Surg. Half-pay.

Moffat, Dumfriesshire.

N.B. In 1840, when a great number were dying from apoplexy after their return from Scinde and Affghanistan, there was a general order by Sir Thomas M'Mahon, permitting the men on guard to be without stocks, and with the coat collar unbuttoned. The 2nd, or Queen's, though they scarcely suffered apparently during the campaign, lost not far short of twenty on this occasion. Several, indeed, were found dead in bed.

MANUFACTURE OF LITHOTRITES.

LETTER FROM MR. BIGG.

[To the Editor of the Medical Times and Gazette.]

SIR,—The letter addressed to you by Mr. Hilliard, of Glasgow, is entitled to the greatest praise for the suggestion it embodies, as well as to attentive consideration of the question proposed.

Although I, for one, am of opinion that too unimportant a position is usually accorded to the inventors of surgical and anatomical appliances, feeling convinced that much more depends upon the perfection of these contrivances in advancing Surgery as a science than is generally conceded, still it is not at all attributable to a want of encouragement being afforded by the pages of the *Medical Times*, which I know from practical experience are always open to the insertion of any invention of sufficient interest to the Profession to entitle it to a place in its columns, or such accompanying matter as justly belongs to its description.

I am ready to admit that if it were possible to have a small corner of your journal every week devoted to the advance of mechanical science in aid of Surgery, it would soon possess as much interest as any other portion, and enable Medical men to become at once "*au courant*" with all the new inventions.

With respect to the question propounded, whether a lithotrite cut out of a bar of solid metal is stronger and better calculated to fulfil its intended object, than one made from bent plate, I feel not the least hesitation in offering a reply, although I regret to say it differs from the opinion advanced by Mr. Hilliard, and on the following grounds:—The primary object in the construction of a lithotrite, is that of securing sufficient strength of material to overcome the resistance offered by a calculus, and yet present such delicacy of manufacture as shall admit of its ready introduction and subsequent employment.

To gain these desiderata the metal used should afford the required power, with the least chance of yielding or breaking.

Whoever is familiar with the nature of steel must be conversant with the mechanical fact that when a lamina becomes bent, it is induced by an approximation or compression of those particles forming the concavity of the curve at the expense of an expansion of the molecules pertaining to the convex surface. This condition is, however, so far artificial that it requires much less force to restore a bent plate to its original position than to place it in deflected form, which consequently leads to the outer blade (in a lithotrite) having a tendency to resume its normal form. Although this might be slight, it would, nevertheless, be sufficient to impair the efficiency of the instrument, and, furthermore, render fracture probable.

To lessen this objection it is possible to reflect the inner edges, which, doubtless, adds greatly to the strength, but not in such a degree as if the body under discussion were originally made from a solid bar. In the latter case the ferruginous particles exist in their primary condition, and if the instrument be made of proper substance no yielding can take place. It must be taken for granted that the bar from which the lithotrite is made shall be of the best steel, and hence not liable to accidental fracture. In an ordinary lithotrite the place where the strength is mechanically required appears to be at the angle formed by the advancing sliding stem or shaft during its grasp upon the stone. It is, therefore, to be clearly understood that, in Mr. Hilliard's instrument, the bed in which the shaft slides is made of bended metal, while the shaft itself is formed of solid material. A great deal, however, depends upon the constructive form given to the instrument; as, under certain conditions, a bended plate with perfect mechanical adaptation of various parts of the lithotrite would be stronger than a mere sliding stem fitted into a simple channel.

The question proposed by Mr. Hilliard must, therefore, be held to refer to two instruments of the same internal mechanical arrangement—one made of bended plate, the other cut from the solid bar. I decidedly incline to the latter as being both strongest and best, from the fact of the molecular structure remaining undisturbed.

Probably Mr. Hilliard, in his advocacy of bended plate, is influenced by the well-known axiom, that a tube is stronger than a solid bar of equal transverse area; but in a lithotrite the integrity of the cylinder is interrupted by the particular form given to the mechanism. My objection to the employment of plate is therefore based upon its weakness at the angle of both outer and inner blades, and consequent liability either to fracture or change form, the latter case being attended with diminution of its crushing powers. If my reasoning be correct, Mr. Erichsen is undoubtedly right in the opinion he has expressed, and justly entitled to the respect with which his ideas are invariably received.

I am, &c.
H. HEATHER BIGG.

29, Leicester-square, London,
December 4, 1858.

MEDICAL TITLES.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reference to the opinion obtained from a lawyer of eminence upon the question of Title, in Schedule D of the Medical Act, inserted in your journal on the 11th inst., and upon which the decision of the Medical Council has been postponed, I presume that it is not compulsory on Practitioners in Medicine to register until this question is finally decided.

It may be *inconvenient* to fill up the title column, but it is imperatively required by the Act that the Council shall do so, and "as nearly as conveniently may be, in accordance with the form set forth in Schedule D to this Act."

I am, &c.
London, December 15, 1858. M. D.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 7, 1858.

DR. WATSON, President, in the Chair.

DR. QUAIN, for Mr. Hornby, of York, showed a

FIBROUS TUMOUR OF UTERUS.

The tumour had been removed from the body of a woman aged 44, who had suffered from uterine symptoms for nine years. It was an unusually good specimen of the common fibrous tumour, having protruded into the cavity of the uterus. The uterine tissue was thinned out and expanded over it. In the lower part the tumour was polypoid and had no adhesions to the uterus, but at the fundus it was closely connected. The cervix was contracted, and during life the os had presented nothing unusual to the touch. The nature of the disease had not been diagnosed. During the first five years of the tumour's existence the floodings had been excessive and frequent, but they had not occurred so often of late

Digitized by Google

Death had been from exhaustion. The tumour weighed nearly nine pounds.

Dr. BARKER next brought forward a specimen of

HYDATIDS OF THE BRAIN.

In the posterior lobe of the left hemisphere were two hydatid cysts, one of large, and the other of small size. The thinned state of the calvaria over the cysts appeared to prove that the latter must have existed for some considerable time. The specimen had been removed from the body of a boy aged 14, who had enjoyed good health until a month before his death. His first attack had been one of sudden unconsciousness, on recovering from which he was found to have lost the power of vision. During the month which elapsed between this occurrence and his death, the sight of one eye was regained. In the liver was a large hydatid. The cerebral convolutions were extensively flattened by pressure.

Dr. HOOD asked whether no mental symptoms had been observed, as the brain must, he should think, have been much interfered with for long.

Dr. BARKER replied that he had made particular inquiries, but had been assured by the boy's mother that he had enjoyed usual health until within a month of his death.

Mr. HOLMES showed a specimen of

DISLOCATED VERTEBRÆ.

A man, aged 29, a labourer, was admitted into St. George's, under Mr. Hawkins, having been violently struck on the back by a piece of timber. A dislocation was easily detected, as the upper and lower parts of the spine were half an inch out of correspondence. Reduction was effected by steady traction from the feet and shoulders. No crepitus was felt when the bones slipped back into position. No relief to the symptoms ensued. Three weeks afterwards the man died with the symptoms of pyæmia. The autopsy showed that the last dorsal vertebra had been displaced from the first lumbar. Some small portions of the bone had been dragged off with the intervebral substance, but there was no true fracture. The transverse processes were broken. Pus was found in both knee joints in connexion with the pyæmic symptoms.

Mr. HOLMES also showed a specimen of

DISEASED KNEE JOINT.

A man was admitted with so much swelling about the bones of one knee joint, that the existence of some tumour was suspected. On this account, it was determined to prefer amputation to excision. In the examination of the parts afterwards the disease was found limited to the articular surfaces: the case would therefore have been quite suitable for the more conservative operation. The amputation had been done by Mr. Teale's method (long and short rectangular flaps), and a very good stump had been obtained. The man had suffered from pyæmic symptoms, pericarditis, and double pneumonia after the operation, but had recovered notwithstanding.

Mr. NUNN showed a specimen of

FIBROUS BAND BETWEEN THE OS CALCIS AND TIBIA.

The leg shown was that of a subject who had been brought to the dissecting-rooms of the Middlesex Hospital. It appeared that a fracture of both bones had occurred at some long former period. A sort of check band, of strong ligamentous structure, was found connecting the posterior surface of the tibia with the upper parts of the os calcis and astragalus. No history was given as to the freedom of motion which had existed.

Mr. SPENCER WELLS then exhibited

TWO OVARIAN CYSTS, WHICH HAD RUPTURED SPONTANEOUSLY.

The patient in the first case had been seen by Dr. South and Mr. Robinson. She was a widow, 73 years of age, who had had several children. She ceased to menstruate at the age of 50, but two years before her death menstruation returned and recurred regularly. On the few last occasions the flow was excessive. A small abdominal tumour was discovered only a few days before death, which took place very suddenly, as she was raising herself in bed. Examination showed that an ovarian tumour had burst into the peritoneal cavity. There was no very distinct evidence to show whether the disease had been malignant, or whether an erectile tumour of the ovary had terminated in the whole ovary becoming a sanguineous cyst. There had been cancer in the breast. The Fallopian tube was open, and there was a possibility that the uterine hæmorrhage had resulted from the cyst emptying itself through the Fallopian tube.

In the other case Mr. Wells had made an exploratory incision into the abdomen, preparatory to ovariotomy, in December last year. A single woman, aged 28, came under the care of Dr. Rogers, in February 1857, complaining of dysuria. After using the catheter Dr. Rogers found a small tumour in the left iliac region, which could also be felt by vagina. Dr. Rogers considered it to be ovarian. It increased in size, and there was a good deal of ilio-pubic pain. She came under Mr. Wells's care in the Samaritan Hospital in December, when she was as large as a woman in the ninth month of pregnancy, from a movable elastic tumour, distinctly fluctuating in some parts, not in others, and occupying the whole of the left side of the abdomen from the false ribs to pubis. The intestines lay to the front and right side. Strong doubts were expressed as to the tumour being ovarian, even after the exploratory incision which Mr. Wells had made, owing to this position of the intestines. She did not suffer in consequence of this incision, but attended for some time as an out-patient, until five weeks after leaving the Samaritan Hospital she was admitted into St. Bartholomew's Hospital, under Dr. West. At that time the tumour was surrounded by ascitic fluid, of which Mr. Paget removed eight pints and a-half by tapping on the 1st of April. Pain and fever followed, requiring leeching and fomentations. On the 19th of April symptoms of perforating peritonitis came on suddenly, and she died on the 20th. In the place of the left ovary there was found the tumour presented to the Society—as large as an adult's head, containing a large cyst and a great number of smaller ones, filled with gelatinous matter.

Mr. SPENCER WELLS also exhibited

AN OVARIAN TUMOUR SUCCESSFULLY REMOVED BY OVARIOTOMY.

The particulars of this case are given in our Hospital reports last week. Mr. Wells showed sections of the tumour, and a model of one half of it. It weighed twenty-one pounds as removed. It was covered externally by a firm fibrous capsule, in which large arteries and veins were seen. The section showed an immense number of imperfect cysts or alveolar cavities, from the size of a pea to that of a small apple, and one large cyst, which had contained from two to three pints of viscid fluid. The walls of the cysts and alveoli were very vascular, and the contents were a semi-opaque jelly-like substance varying in colour from white to dark coffee colour in different places, and in consistence from that of firm jelly to that of white of egg. By a little pressure this matter was made to exude easily from the divided cavities. Thus the tumour might be described as a fibrous network forming irregular cavities containing a gelatinous matter. After maceration and squeezing out the contents, the septa were seen to form very imperfect separations between the cavities, and the skeleton of the growth was so far identical with that of colloid or alveolar cancer. Microscopical examination of the viscid tenacious contents led to the belief that it was not true colloid. A great abundance of molecular matter was seen with free nuclei, and small oval or rounded cells about the diameter of blood corpuscles; also numerous large granular corpuscles from two to three times the diameter of blood corpuscles, and an abundance of oil globules. Mr. Wells said, however, that he considered the distinction between the compound ovarian cyst, or multilocular ovarian tumour, and colloid disease was not so well made out by observation of minute structural difference as in the clinical history,—the fact that the former shows no tendency to reproduction in distant parts of the system, or to contaminate neighbouring parts.

Dr. PRIESTLEY remarked upon the very remarkable appearance presented by the abdomen in the woman from whom this tumour was removed from the varicose state of the capillaries. He suggested that this appearance might be useful in diagnosis as expressive of the pressure of a tumour on the great lymphatic duct.

Mr. HENRY THOMPSON exhibited a preparation from a case of

SPONTANEOUS FRACTURE OF THE LEG.

A gentleman, aged 69, who had been for four years bed

Digitized by Google

ridden on account of an ulcer which almost surrounded the limb, was engaged one evening in dressing the sore, when while lifting the leg, the bones suddenly snapped in two. A severe compound fracture into the ulcerated surface was the result. Amputation was the only alternative, and was at once performed. The bones had been extensively involved secondarily in the ulceration, and were much diseased. There was no reason to suspect any malignant action. The ulcer had existed at different times for more than forty years. The fibula was found in a state of necrosis. In amputating it was needful to cut the whole flap from behind, as the soft parts in front had been destroyed by the ulcer. The mere weight of the foot had been the cause of the accident.

Mr. Sydney Jones exhibited a specimen of

COMMUNICATION BETWEEN THE SIGMOID FLEXURE AND BLADDER,

THE RESULT OF ULCERATION OF A FALSE DIVERTICULUM.

It was taken from a gentleman, aged 64. About the commencement of last January the patient first began to pass fæces in his urine, notice being directed to it by the passage through the urethra of straw-like bodies. These were examined microscopically, and a diagnosis come to that there was a communication between the bowel and bladder. The patient continued to pass fæces in his urine till his death, which occurred at the end of October, nearly ten months from the commencement of his symptoms. More fæces passed, as might have been expected, from his urethra, when his bowels were relaxed than when they were costive. One of his most unpleasant symptoms was the passage of flatus along the urethra. He was frequently subject to attacks of difficulty of micturition in consequence of feculent matter getting impacted in his urethra. Of late these attacks became more frequent, which can be explained by the presence, as was found after death, of a small calculus in the bladder. About ten days before death he began to complain of pain at the lower part of the belly, and had great constitutional irritation. Extravasation soon extended to the scrotum, penis, and lower part of the abdomen, from which the patient rapidly sunk. After death about three inches of the sigmoid flexure were found somewhat contracted, and its mucous membrane thrown into a number of transverse folds. Among these folds were a large number of false diverticula, the bottom of one of which had ulcerated and caused a communication between the bowel and bladder. In the bladder was a calculus about the size of a horse bean, the nucleus of which consisted of fæcal matter. This case was interesting: 1. From the length of time the symptoms existed, viz. for nearly ten months. 2. As to the mode of origin of the mischief. 3. As to the cause of death, viz. the existence of the calculus in the bladder. Had not an impediment to the escape of urine from the bladder been caused by the pressure of this calculus, it is probable that the case would not have terminated so speedily.

In answer to a question as to whether any theory had been entertained as to the cause of ulceration of the diverticulum,

Mr. Sydney Jones said that all the diverticula were of great length, that fæcal matter had probably lodged at the bottom of one of them, and had produced ulceration; that an abscess was formed external to the bowel, which had eventually communicated with the bladder; and that this abscess, although circumscribed at first, had become latterly a diffused one, in consequence of the impediment to the flow of urine along the urethra. The calculus was not composed of biliary matter, but of fæcal matter covered with lithate of ammonia, coated on the exterior by a layer of phosphates.

Mr. Sydney Jones then exhibited a specimen of

CICATRISATION AND CONTRACTION OF THE TRACHEA AND BRONCHI AFTER EXPECTORATION OF RINGS.

Several rings were shown which had been expectorated during the spring of 1850—nearly 2½ years before death. The case occurred in a gentleman, aged 31; and the disease was supposed to be of syphilitic origin. For about a couple of inches above the bifurcation the internal surface of the trachea was puckered by cicatrices, and to the same extent there had been destruction of the rings. The internal surface of the right bronchus was irregular from cicatrices, and the rings were more or less destroyed. The left bronchus, for about an inch, was quite deficient in rings; and its calibre was much diminished, barely admitting the passage of a No. 12 catheter.

Dr. Wilks related a case of

CONGENITAL DISEASE OF THE HEART.

The heart came from a girl 18 years of age, who died of phthisis, under Dr. Wilks's care in Guy's Hospital. She was stated to be in good health until a few weeks before admission, when the pulmonary symptoms commenced, and had been able to follow her occupation as a domestic servant. She was, however, of small stature, and her skin was livid, but this was attributed to the extensive disease in the lungs; her pulmonary disease was of the most acute kind, and attended by high febrile symptoms. The most interesting feature in the case was a systolic bruit heard over the valves, which from its character and position was believed to be situated in the pulmonary artery; it was thought, however, as phthisis existed, that the murmur might have arisen from obstruction in the pulmonary arteries due to tubercular disease. After death the cause was found to exist in the mouth of the vessel, the valves being replaced, or rather having united into a conical membrane, but in which traces of the union of the valves could be still seen. The aortic valves were only two in number, and at the bottom of one a slight partition could be seen. The foramen ovale was widely open; the right ventricle was thicker than the left, and the organ bore a strong resemblance to a fœtal heart. The point of interest in the case was in its affording a striking example of a fœtal disease having been the prime cause of the alteration of the valves, it being clear that the normal valves had existed up to a certain period.

Dr. Wilks also brought forward a

CASE OF CONGENITAL CONTRACTION OF THE AORTA.

This occurred at the same place as in other recorded cases, immediately below the subclavian artery, and close to the ductus arteriosus, and the circulation to the lower parts had been carried on mainly by the mammary and epigastric arteries. The main interest in the case was the fact that other abnormal conditions existed, as only two aortic valves, with a pouch in the weak spot of the heart, and the mitral valve was almost deficient in its muscular columns, the tendinous cords being attached all around the auriculo-ventricular opening. The specimen came from a well-developed young man, 22 years of age, who died under Dr. Rees' care in Guy's Hospital, having been ill with symptoms of heart disease for a few weeks only, having previously enjoyed good health, and been able to serve in the militia.

Dr. Harley exhibited specimens of the

FAUCES, LARYNX, AND TRACHEA OF A DOG THAT HAD BEEN INOCULATED WITH DIPHTHERITIC EXUDATION.

Dr. Harley, while showing the above-mentioned specimens to the Society, said that he had inoculated five animals with the exudation taken from the fauces of a woman aged 23 (one of Dr. Walshe's patients in University College Hospital), supposed to be labouring under an attack of diphtheria. The experiments were performed as follows:—1st. As children are specially liable to be attacked with diseases accompanied with membraniform deposits, such as croup, for example, two young pups were selected for experiment. 2nd. As badly nourished, sickly individuals are believed to be favourable subjects for diphtheria, a sickly, ill-fed, full-grown dog was procured. 3rd. A perfectly healthy adult dog; and 4thly, as the foregoing were all warm-blooded animals, and Dr. Harley wished to make the experiment as complete as circumstances would permit of, a snake, which is a cold-blooded animal, was also employed. Some of the membrane carefully removed from the fauces of the woman, together with some of the yellowish coloured mucus, secreted by the denuded surface of the pharynx, which was found on microscopical examination to contain all the cell elements of the perfectly formed membrane, was collected in watch-glasses, and carefully excluded from the action of the atmosphere. The fauces and pharynx of each of the four dogs were now scarified, and while two of them had the abraded surfaces well rubbed over with the diphtheritic membrane, the other two were in a similar manner inoculated with the yellow mucus. The snake, on the other hand, was inoculated on the back of the neck. Twenty-four hours after the performance of the operations, the two pups were killed and examined; but nothing was detected save the marks of scarification.

Digitized by Google

Four days later the sickly dog died, and on examination no change was found to have taken place about the throat except that a small ulcer had formed on the centre, and towards the posterior part of the fauces. This ulcer, Dr. Harley said, was not covered with anything resembling a diphtheritic exudation; but only presented the usual appearances of an ordinary ulcer of the mouth, and had most probably resulted from the force employed in rubbing in the matter. The other dog, as well as the snake, were both quite well seven days after the operations.

OBSTETRICAL SOCIETY OF LONDON.

The Inaugural Meeting of this Society was held at the Freemason's Tavern on Thursday evening last, Dr. Rigby in the Chair.

The following Resolutions were adopted:—

1. That it is expedient to institute a Society for the promotion of knowledge in all that relates to Obstetrics and the Diseases of Women and Children, in which Practitioners resident in the metropolis and the provinces shall be invited to take an active part. That such a Society be now founded, under the name of the Obstetrical Society of London.

2. That all legally-qualified Medical Practitioners shall be eligible for election as ordinary Fellows of the Society.

3. That the following gentlemen be elected officers of the society for the year 1859:—

Honorary President.—Sir Charles Locock, Bart. M.D.

President.—Edward Rigby, M.D.

Vice-Presidents.—Robert Barnes, M.D.; Samuel Berry, F.R.C.S.E. Birmingham; Lawson Cape, M.D.; Henry Oldham, M.D.; Thomas Radford, M.D. Manchester; W. Tyler Smith, M.D.

Council.—James Allen, Esq. York; E. Batty, Esq. Liverpool; Edgar Barker, F.R.C.S.E.; C. Metcalfe Babington, M.D.; Walter J. Bryant, F.R.C.S.E.; Jos. Cholmondeley, Esq.; J. Hall Davis, M.D.; A. B. Granville, M.D.; C. J. W. Lever, M.D.; Samuel W. J. Merriman, M.D.; Frederick W. Mackenzie, M.D.; Edward W. Murphy, M.D.; J. T. Musgrave, Esq.; W. O. Priestley, M.D.; Charles Waller, M.D.; Spencer Wells, F.R.C.S.E.; R. U. West, M.D. Alford, Lincolnshire; James Whitehead, M.D. Manchester, with power to add to their number.

Treasurer.—W. Tyler Smith, M.D.

Honorary Secretaries.—Graily Hewitt, M.D.; T. H. Tanner, M.D.

4. That the Council be empowered to frame a Code of Laws for the government of the Society, and to make regulations with reference to the times and place of meeting. Further, that the Council be directed to draw up a prospectus to be extensively circulated among the members of the Profession, setting forth the objects of the Society.

A vote of thanks to the Chairman closed the business of the meeting.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION OF STUDENTS WHO ARE NOT MEMBERS OF THE UNIVERSITY.

SENIOR CANDIDATES.

Wednesday, December 15, 1858. 6 to 8.

Comparative Anatomy and Animal Physiology.

(The examination confined to the active and passive organs of locomotion.)

1. Name some animals which are stationary; are they so at all periods of their life?

2. Describe what you have seen of the movements of any of the Vorticellæ; state by what means you think the movements are effected; and mention the chief points of difference that have struck you between the movements of these animals and those of vertebrates.

3. As a general rule muscular fibres run obliquely to their tendons, and the tendons are inserted into the bones near to the joints. What disadvantages result from these arrangements, and what are the compensating advantages? (Illustrate this and your answers to any of the succeeding questions by diagrams or drawings.)

4. What are the peculiar provisions in the Bird to give lightness to the frame? Are these equally observed in all birds? Mention the peculiarities in the skeleton of the Bird which are for the purpose of giving strength to the wings. Wherein do the lacunæ and canaliculi of the bones in birds differ from those in mammals?

5. Upon how many toes of each foot do the Horse, the Elephant, the Ox, the Rhinoceros, the Hippopotamus, the Badger, and the Cat respectively bear? How does the foot of the Badger differ from that of the Cat?

6. To what parts of the human foot do the hoof, the coffin, pastern, and cannon bones, and the hock-bone of the Horse correspond?

7. Wherein does the locomotive apparatus of the Fish differ from that of other animals?

8. To what peculiarity in the animal has the construction of the tail of the Whale, as differing from that of fishes generally, reference?

9. What is the provision whereby a bird is enabled to rest securely and without fatigue upon its perch?

10. What are the provisions for locomotion in those animals which have no limbs?

11. Name and describe the specimen bone.

JUNIOR CANDIDATES.

Wednesday, December 15, 1858. 6 to 8.

Zoology.

(Elementary Questions on the description and classification of Animals, their habits and geographical distribution; and on the mercantile and industrial uses of animal products.)

1. To what classes and orders do the following respectively belong: Fox, Beaver, Leech, Whale, Oyster, Sponge, Spider, Earthworm, Horse? To what order do the quadrupeds found in Australia chiefly belong?

2. Which Vertebrates are oviparous; which are abranchiate; and which have gills during a period only of their existence? Which mammals have the simplest kind of teeth?

3. In what regions are Whales found? From which species are the parts used in commerce derived, and what purposes do they serve to the animal?

4. What land animal is confined to the highest latitude? What bird dwells at the greatest altitude? What purposes are served by the difference in colour between animals belonging to the arctic regions and those belonging to the tropics?

5. How are corals formed, and at what depth below the surface? To what depth below the surface of the sea does animal life extend?

6. Instance some examples of social migration among fishes corresponding with those of certain birds. What is the probable object of such migrations?

7. What quadrupeds are known to have existed in these islands formerly, and are now quite, or nearly, extinct? What quadrupeds have been introduced in comparatively recent times, and what good purposes do they serve?

8. What Saurian reptiles are now found in England; upon what do they feed?

UNIVERSITY OF ST. ANDREW'S.

MEDICAL EXAMINATION PAPERS.—October, 1858.

First Examination.

FIRST PART.

Translations from Latin into English.

SECOND PART.

Chemistry.

1. What combinations does nitrogen form with oxygen? Write down the formulæ for them. How is nitric acid prepared, and by what tests may nitric acid and the nitrates be known?

Digitized by Google

2. How is chlorine prepared, and what are its characteristic chemical properties?

3. What are the oxides and chlorides of mercury? State their several appearances and their modes of preparation; and give their formulæ.

4. What are the chemical antidotes for poisoning with corrosive sublimate, with copper salts, with oxalic acid, and with arsenious acid?

MATERIA MEDICA AND THERAPEUTICS.

1. Mention the principal circumstances which affect the quality or character of a climate. In what diseases would you advise a change of climate, and what special localities would you recommend?

2. What vegetable alkaline salts are used in Medicine, and what are their chief therapeutic uses? Do they reappear, either changed or unchanged, in the urine? If changed, explain the nature of the change. How are seidlitz powders prepared?

3. What part of the common valerian is used in Medicine? Describe the appearance of the part employed. What are the pharmacopœial preparations and the chief uses of valerian? Describe briefly a case in which valerian would be an appropriate remedy, and write a Latin prescription, without using symbols or abbreviations, for a mixture containing one of the fluid preparations of that drug, suitable for your assumed case.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the os innominatum, and mention the actions of the different muscles which are attached to it.

2. Describe the position of the spheno-palatine and submaxillary ganglia. With what adjacent parts are they in relation, and what are the principal branches of the first-named ganglion? What do you suppose to be the function of such ganglia?

3. Give a sketch of the anatomy of the lungs.

4. Describe the microscopical and chemical characters of the milk. What are the chief differences between the milk of the cow and woman's milk?

Third Examination.

PATHOLOGY AND PRACTICE OF MEDICINE.

1. Distinguish between empirical and rational prognosis, and mention the chief circumstances from which a rational prognosis may be formed.

2. In what diseases would you adopt general blood-letting as a remedy? In what diseases do we find a diminished tolerance of loss of blood?

3. Describe the symptoms preceding and accompanying an attack of asthma. What are the ordinary causes of this disease, and how should it be treated?

4. Describe the different ways in which diseases of the liver, heart, and kidneys may cause dropsy. What are the leading symptoms of the dropsy arising from renal disease, and what are the general principles of its treatment?

5. Describe the appearances presented by eczema in its different stages. With what other skin-diseases is it liable to be confounded? Describe the treatment you would adopt (1) in acute cases, and (2) in the chronic form of the disease.

N.B.—In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.

Fourth Examination.

SURGERY.

1. What are the causes of lateral curvature of the Spine? How can the disease be prevented, and how is the cure to be attempted?

2. What is the difference between the inflammatory affections of the testis produced by syphilis and by gonorrhœa respectively; and what is the treatment proper for each?

MIDWIFERY.

3. Enumerate the varieties of puerperal uterine hemorrhage; describing their causes, and the treatment appropriate to each.

4. What are the different forms of ovarian tumour? What are the various effects and symptoms produced by this disease; and how is it to be distinguished from tumour of the uterus, from pelvic abscess, and from ascites?

Fifth Examination.

CASES.

1. A sallow and emaciated man, about 60 years of age, complains of dull pains in the epigastrium and right hypochondrium. He is subject likewise to vomiting, and has been occasionally slightly jaundiced. The liver is enlarged, its surface somewhat uneven; below the hepatic dulness, in front, there is a great extent of highly tympanitic percussion. The bowels are constipated. There is no acute pain. The patient states that after full vomiting he feels marked relief. A moderate meal can then be taken without suffering; but after one or two meal-times uneasiness returns, and is only relieved by vomiting again. Vomited matters pulpy, highly acid, contain sarcinæ, are very frothy on surface, and have a beer-like odour. Urine scanty, loaded with red amorphous sediment.

Remark on the diagnosis of this case; state what is wanting to complete certainty. Comment on the facts given, clause by clause, in relation to the view you have adopted of the diagnosis.

2. In the front of a man's chest I mark out the following very dull space, viz.—

Beneath the manubrium sterni ¾ to 1¼ inches across, summit and apex about ¼ an inch below jugular fossa.

At level of third left costal cartilage, 2 inches across.

At fourth left cartilage 3½ inches across.

At level of nipples, 6 inches across, 2 inches to right and 4 inches to left of mesial line.

The sounds and impulse of heart are exceedingly obscure. No murmur. The pulse at the wrist very indistinct.

The hepatic dulness, especially of left lobe, extends to within 1½ inches from umbilicus.

The patient has great sense of suffocation and anxiety; the surface is cold; death appears impending.

What is the morbid condition, and is there any possible means of relief? Follow out the description given above, and explain your views in detail.

3. A little boy, whose mother died of phthisis, and the lower ends of the radius and ulna of each of whose arms had for two years been swollen, was on Christmas last, suddenly found to have a hydrocele, communicating with the abdomen. He was slightly feverish, but played about for a few days, when he became languid, fretful, uneasy, and in the course of a week was wholly confined to bed, making however no complaint. His bowels were loose, the stools being unhealthy; his tongue reddish and somewhat swollen, his belly tumid, and fluctuating obscurely, but not tender; and he frequently vomited green bile. He became gradually more emaciated, and more feeble; his skin dry, and though the belly diminished in size, it continued to be full and firm. The hydrocele disappeared. As he got worse and weaker his appetite became voracious, the stools healthy, though very frequently voided; he became morose and taciturn, and died without complaint, Feb. 15th.

What was his disease, what appearances were found on dissection, and what were the causes of the various symptoms and changes above enumerated?

ADDITIONAL PAPERS FOR CANDIDATES FOR HONOURS.

1. Name some of the organisms which seem to belong almost equally both to the animal and to the vegetable kingdoms, and state the grounds on which you would decide in favour either of their animal or their vegetable character.

2. A knowledge of the organ of hearing as it exists in man and the higher mammals being assumed, mention the chief points of difference which this organ presents in the whale, in birds, in reptiles, and in fishes. What anatomical or physiological evidence have we regarding the presence of an auditory apparatus in the mollusca and articulata?

3. State the signs and symptoms to be expected in tubercular disease of the lungs, with special reference to the following cases:—

a. Chronic tubercle which has resulted in partial cciatrisation and cure.

Digitized by Google

b. Acute tubercle running on to a fatal termination within a few days or weeks from the occurrence of the first symptoms.

4. Mention the circumstances by which you would be guided in administering or withholding opium in the following diseases:—

a. Typhus fever.
b. Diarrhœa.
c. Acute rheumatism.

State also what you would consider to be full doses in the cases referred to.

5. Define amaurosis, distinguishing it from the other forms of weak and imperfect vision. Give an account of the various symptoms of the disease; describe the different pathological conditions which may produce them; enumerate the principal causes corresponding thereto, and mention the treatment appropriate to each variety.

6. What do you mean by the phrases, moral insanity and homicidal monomania? By what legal and Medical tests can we distinguish the insane homicide from the sane criminal? Discuss the relative values of these tests.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 10th inst., viz.:—

ADCOCK, JOHN, Great Charlotte-street.
BRUCE, SAMUEL, Camden-town.
DAVIES, WILLIAM, Aberystwith.
MURPHY, JOSEPH, Army.
PEARSON, DAVID, Edinburgh.
ROBERTS, JOHN, Holywell.
SMYTHE, WILLIAM, Richmond.
SUTTON, F. F., Crowle.
WALKER, HENRY, Luton.
WRIGHT, HENRY, Scarborough.

Also on the 13th inst:—

BOULLAND, A., Hull.
GRIFFITHS, CHARLES, Winchester-street.
GUENTHER, HENRY, East Indies.
JAMES, CHARLES, Barking.
LANGSTON, WILLIAM, Watlington.
OWEN, WILLIAM, North Shields.
STORY, M. M., Newcastle-on-Tyne.
TIRS, ROBERT, St. John's-terrace.
USHER, THOMAS, Ichley.
WIKELEY, CHARLES, Halton, Leeds.

DEATHS.

CUMMING.—On the 4th inst. in London, Alexander Cumming, Inspector-General of the Hospitals in the British Army, aged 63. The deceased gentleman was at the head of the Hospital at Scutari during the latter part of the Crimean War, and was very highly respected.

HOWIE.—At Helensburgh, on the 6th inst., from fever caught in the discharge of his professional duties, James H. Howie, Esq., M.D., aged 29.

ANOTHER MEDICAL MAYOR.—John Mackesy, Esq., M.D. has been elected Mayor of Waterford for 1859.

MM. GOSSELIN AND JARJAVAY have been recommended to the Minister of Public Instruction, by the Faculty of Medicine of Paris, as candidates eligible for the chairs of Surgical Pathology and of Anatomy respectively.

THE NUMBER of Inscriptions made at the Faculty of Medicine between the 2nd and 15th of November were 1065. The number of new entries is 251. In 1857, the total number of inscriptions was 1027, and of new entries 158.

TOBACCO-SMOKE appears to exercise, according to M. Nedden, a conservative influence over the teeth, which are rarely found carious in smokers; smoking, however, at last alters their colour to a dirty yellow, in consequence of their becoming infiltrated with empyreumatic matters.

ROYAL COLLEGE OF PHYSICIANS.—At the *Comitia Majora*, held on Saturday, December 11, Dr. Pitman was appointed Registrar of the College, in the place of Dr. Francis Hawkins, whose eminent services in that office, which he had held for thirty years, were recognised with deep feelings of gratitude and applause by the Fellows present.

TYPHUS FEVER appears to be raging in Vienna. The hospitals are crowded to excess, and the mortality in the "Josephinum," where the sick soldiers are lying, is said to be very great. The general state of the public health is very unsatisfactory. A commission has been appointed by the Minister to examine the water which is swallowed by the Viennese.

MARINE ALGÆ.—Sir Walter Trevelyan, Bart., has placed £100 pounds at the disposal of the Council of the Society of Arts, to be awarded as a prize for an essay on Marine Algæ, as applicable for food, medicine, and industrial purposes.

PRIVATE GEORGE DROWER, 81st Regiment, who a short time since deliberately shot off his right leg at St. Mary's Barracks, Chatham, in order to obtain his discharge from the service, has since died at the garrison Hospital from the effects of the injuries he inflicted on himself.

THE author of the "Vestiges of Creation" appears to be Mr. Robert Chambers, of Edinburgh. In the new catalogue of the British Museum he is acknowledged as being the author of that once very notorious and extraordinary work.

THE PROPOSED CITY LUNATIC ASYLUM.—On Saturday the committee of justices privately decided (unless compelled by the Secretary of State) not to proceed with the levy of a country rate upon the citizens for a lunatic asylum, until after the report of the committee of the whole body upon the right of the citizens to Bethlehem is brought up.

MEDICAL BENEVOLENT FUND.—At a meeting of the Committee held November 30th, twenty-four applications for relief were received, nineteen of which were awarded grants—three with £30 each; two, £20; one, £15; seven, £10; and six, £5. Total £245.

M. DUMERIL, in a Report to the Academy of Medicine, declares that the memoir of M. Pablo-Estorch-y-Signes, on the wonderful properties of the *Escorsonaire* against the *bite* of venomous animals, is a work of pure charlatanism. The stone is nothing but Bol Armeniac.

"TRACHEOTOMY," says M. Barthez, Physician to the Hôpital St. Eugénie, "is a magnificent conquest in the treatment of croup. It only ought to be employed after other remedies have been used and have failed. Its only object is to remedy the asphyxia produced by the false membrane. The proper time for resorting to it is during the second period of croup, when asphyxia has commenced and appears to be permanently established. Later in the disease it may be practised, but then it has less chance of success."

A LEPER-HOUSE has been established at St. Remy, in Piedmont. In this district there are forty persons affected with leprosy. Hitherto they have been scattered through the country, supported on a pension of one franc a-day, accorded to them by the Religious Order of St. Maurice; the consequence of which has been, that they have been readily able to marry on account of their money, and thus have propagated their disease. The pension is now stopped, and replaced by admission into this Refuge, so that the extinction of the disease may now be hoped for.

A ROYAL ORDONNANCE has just been published in Spain, enjoining the strict execution of the Laws of Health. Pharmaciens in Spain are forbidden to prepare any remedy not prescribed by a Physician; and Physicians are recommended to write their prescriptions clearly, and without abbreviations, in Castilian or Latin. The sale of Secret Remedies is forbidden, unless they have received the approbation of the Academy of Medicine; on the strength of the Academy's report, however, the Government may give their discoverer a recompense.

NORTHAMPTON AND NORTHAMPTONSHIRE MEDICAL REGISTRATION ASSOCIATION.—At a general meeting of the Medical Practitioners of the town and county of Northampton, very numerously attended, Dr. Francis in the chair, the following were among the resolutions passed:—"That, with a view to secure the efficiency of the New Medical Act, a

Digitized by Google

society be formed of qualified Practitioners in this neighbourhood, and that such society be termed 'The Medical Registration Association for the Town and County of Northampton and its immediate neighbourhood.' That the managing committee of the South Midland branch of the British Medical Association be the nucleus of the committee for promoting the objects of the New Medical Act, and that such other names be added as may be elected by the present meeting." The following gentlemen were then elected members of the committee:—Dr. Francis, Mr. Terry, Mr. Mah, Dr. Faircloth, Mr. Clark, Mr. Fernie, Mr. Leete, Mr. Marsack, and Dr. McLoskey.

OZONE AND INFLUENZA.—The Registrar-General for Scotland says:—"When first the substance ozone was discovered, catarrhal affections were ascribed to its excess in the air; but during the past month, neither in the neighbourhood of Glasgow or Greenock, where these affections have been so virulent, has this substance been able to be detected for days in succession, so that instead of an increase, there has been an almost complete absence of that element in the air."

DOCTOR FORDYCE.—"Doctor Fordyce sometimes drank a good deal at dinner. He was summoned one evening to see a lady patient, when he was more than half-seas-over, and conscious that he was so. Feeling her pulse, and finding himself unable to count its beats, he muttered, 'Drunk by ——!' Next morning, recollecting the circumstance, he was greatly vexed, and just as he was thinking what explanation of his behaviour he should offer to the lady, a letter from her was put into his hand. 'She too well knew,' said the letter, 'that he had discovered the unfortunate condition in which she was when he last visited her; and she entreated him to keep the matter secret in consideration of the enclosed—a hundred pound bank-note."—*Rogers*.

SURGICAL SOCIETY OF IRELAND.—The first meeting for the session 1858-59 was held at the Royal College of Surgeons, Dublin, on Saturday evening, December 11. In the absence of the President the chair was taken by the Vice-President, Dr. Fleming, who prefaced the proceedings with a short but eloquent address, in the course of which he alluded to the loss the society had experienced during the past year in the death of Sir Philip Crampton. Dr. George Porter described a case of gunshot wound, and exhibited the injured portions of the skull. Dr. Stapleton detailed a case of fracture of the skull in which the patient had survived the injury for fifty-nine days, and where, although the bone was depressed, no symptoms of compression of the brain had been manifested. Dr. Jacob related some cases of cataract, and advocated, under certain circumstances, the operation of couching through the cornea. The officers of the Society for the year are: *President*, Dr. Cusack; *Vice-President*, Dr. Fleming; *Council*, Drs. Cusack, Jacob, Hargrave, Benson, Williams, Fleming, Power, Stapleton, Beatty, Jameson, Irvine, James S. Hughes, George H. Porter, Banon, Johns, Byrne, Bevan, and Collis; Richard G. H. Butcher, J. Jolliffe Tufnell, and B. Wills Richardson, Esqrs.; *Secretaries*, Dr. Benson and Mr. Richardson.

POISONING BY CAMPHOR.—A soldier in the military Hospital at Cherbourg for a gonorrhœa, not finding his case advance to his satisfaction, followed the advice of some of his comrades, and took large doses of camphor. For several days he eat every morning fasting a piece as big as his thumb, weighing about fifteen grammes. He chewed it well and then swallowed it with water. For three days it had no effect upon him, nor was his gonorrhœa modified. On the fourth day he felt slight gastric pains and weight at the epigastrium. On the fifth day he doubled his dose, taking one at night as well as in the morning. About three hours after the second dose was swallowed, he was suddenly awakened by a smell of camphor, which became stronger at each expiration, and almost insupportable. At the same time he suffered great pain and burning feeling at the epigastrium; the head was also painful, as if pressed in a vice. He drank large quantities of water, though not thirsty. He was then seized with vertigo, then with an incessant desire to walk about; like a drunken man he could hardly keep on his legs, but managed to reach the yard in order to get fresh air. He next returned to his room, aided by his comrades, and fell completely insensible, like an inert mass, upon the bed. His extremities cold, face pale, and his body convulsed, pupils dilated, pulse 72 and afterwards 60 and 50; respirations 22. An emetic caused him to throw up matter, powerfully exhaling camphor. Shortly afterwards he became sensible. During the next day he felt an irresistible desire to sleep; he slept twenty-four hours, and in fifty-two hours was completely convalescent.—*Gazette des Hôpitaux*.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 11, 1858.

BIRTHS.

Births of Boys, 955; Girls, 850; Total, 1805.
Average of 10 corresponding weeks, 1848-57, 1511.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	792	739	1531
Average of the ten years 1848-57	590·8	591·9	1182·7
Average corrected to increased population	...	...	1301
Deaths of people above 90	..	5	5
Deaths in 15 General Hospitals	48	34	82

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	...	7	15	4	1	6
North....	490,396	6	10	29	10	6	8
Central ..	383,258	1	13	17	6	1	4
East	485,522	3	5	37	13	3	16
South....	616,635	3	11	29	13	3	11
Total ..	2,352,236	13	46	127	47	11	45

TO CORRESPONDENTS.

Mr. Davey's case shall appear next week.

Dr. Peddie's letter on Turning in Labour shall appear next week.

Dr. Lucas.—The case shall appear.

Mr. Fletcher's letter arrived too late for insertion this week.

Mr. Price need not pass the Hall unless he wishes to maintain the right of recovering charges for medicine supplied to his patients.

Dr. Warwick's case will appear in an early number. A proof shall be sent.

T. G.—The subject is so extensive that we can only recommend our Correspondent to consult the classified catalogue of some large library.

P. D.—No interpretation of ours can affect the operation of the Act. We simply quote the clause, and state what lawyers consider to be its meaning. We had no share in framing the clause.

A Foreign Physician.—1. The Professors are elected by the Universities, and for life.—2. The Foundling Hospital. The number of Foundlings here is much smaller than in France. 3. In all our prisons male and female prisoners are kept in separate compartments.

A Dublin Surgeon.—The anger of the interested writer was to be expected. It is quite unworthy of notice. There are some persons so utterly destitute of the feelings of a gentleman, that they are very apt to attribute to others the low motives and mercenary instincts which are the mainsprings of their own conduct. Such persons are better left alone.

The Clamp in Ovariotomy.—Mr. Ferguson, the Surgical instrument maker, informs us that the Clamp figured in our Hospital Reports last week, is exactly similar to part of one he made for Mr. T. Wakley some years ago for circumcision. We stated that the instrument described in our report, was contrived by Mr. Blaise as a modification of Ricord's fenestrated forceps for circumcision, and as Mr. Ferguson made a modification of the same forceps for Mr. Wakley, it is easily understood that his clamp and that made by Mr. Blaise for Mr. Wells, are almost identical.

APOTHECARY *v.* SURGEON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you be kind enough to inform me if it is legal for an Apothecary to have Surgery engraved on his door-plate instead of Surgeon. I see an Apothecary in this neighbourhood has altered one for the other.

December 14, 1858. I am, &c. M R.C.S. L.A.C.

HYPOSPADIAS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having noted your observations in the last number of your Journal, I have again sought an interview with the patient, and have elicited further information, which appears to confirm mainly your

Digitized by Google

impression of the case. The scrotum is, however, rather large. There is the faintest trace of labia, between which the so-called clitoris rises. This organ is erectile, admitting of dilatation, but not of elongation, and forms a marked curve downwards. The meatus is, as before observed, situate in the perineal space; and, in passing the urine, the scrotum is elevated by the hand to control the flow. There may be connexion with the root of the penis. The patient has experienced sensual desires; but he affirms that copulation is impracticable, owing to the curtailment and curve described. He said he knew of a similar case, in an adjoining parish; but, he added, "*she* is a woman; she wears feminine garments; but her manners are rather masculine, seeking the society of the male sex by preference, and occasionally engaging in 'sheepfolding.'"

Egham, Dec. 14, 1858. I am, &c. G. P. Heyward.

Registration.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I shall feel obliged by your informing me whether it is compulsory on the part of a doubly-qualified man acting as Assistant to another doubly-qualified practitioner, to register under the "New Act;" and if not compulsory, how the former doing so or not would affect the latter.

December 9, 1858. I am, &c. An Assistant.

[No one is *compelled* to register; but all should register in self-defence to avoid the penalties and disabilities imposed by the Act.—Ed.]

Treatment of Diphtheria.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Much has already been said and written about that affection of the throat called "Diphtheria," which has proved so fatal during the past year: still I feel that a few remarks respecting the treatment might be of some avail to those whose experience with the disease has been somewhat limited. I have had the opportunity of treating upwards of ten cases of diphtheria with varied success, three of which terminated fatally. My experience has of late been limited to children under ten years of age, so that the remedies in almost all have been applied with difficulty. The treatment which I am about to describe is applicable to a child nine years old. I increase or diminish the quantities according to the age of the patient and the severity of the symptoms.

On first being called to a patient suffering from diphtheria, I am particularly careful of having the room thoroughly well ventilated, in order that the blood may be supplied with as pure oxygen as possible. I next order the body to be enveloped in flannel, so as to keep up an equal temperature over the whole surface: I apply a cataplasm made with equal parts of mustard and flour, over the throat for a few minutes, and afterwards hot linseed poultices. Internally I administer beef-tea ℥iv., with port wine ℥i. every two hours; and pot. chlor. Fi. with tinct. cinch. co ℥ss. ex aquæ ℥i., to be given between the times of taking nourishment. I apply a strong solution of nitrate of silver (℥ss. ad ℥i.) with a camel's hair-brush over the surface of the uvula, tonsils, and fauces very frequently, with the belief that the caustic solution permeates the sloughy exudation, and exerts an alterative action on the mucous and sub-mucous tissues beneath. After these remedies have been employed for about twenty-four to thirty-six hours the sloughs separate, and a crimson surface is seen, which is best treated by mild astringent gargles, etc. The rationale of the treatment consists in sustaining the vital powers during the process of exudation and organisation. I am, &c. E. W. Witten, M.R.C.S.E.

72, St. John-street-road, December 11, 1858.

Has Dublin no Famous Anatomist?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I do not wish to meddle in the Irish question discussed by Dr. M'Donnell in your paper of Saturday, but beg the favour of space for a few words, to enable me to do justice to the reputation of at least one anatomist. Dr. M'Donnell mentions the names of some of our English and Scotch magnates, and thinks that the Dublin system has produced no such men. Has Dr. M'Donnell ever heard of a Dr. Jacob in Dublin? Let me tell him, as a Scotchman, that there is no name more respected or more familiar in our anatomical theatres than that of Jacob. I don't mean as a mere lecturer, or as a text-book compiler,—which many a man might be, and is, without being a cultivator or improver of his science,—but as a man of originality and genius, who has taken first rank as a true anatomist, as well as in ophthalmic surgery. I do not mean that Dr. Jacob is a product of the present Irish College system, or that he would have been the less famous under the system which Dr. M'Donnell proposes, but merely that Dr. Jacob is what I have said. There is a class of presbyopic admirers who cannot recognise merit except at a distance. Sir Astley Cooper was consulted by a lady labouring under cardiac disease. Sir Astley could afford to be honest, and recommended her to consult Dr. Hope, at such a number of such a street. "Dr. Hope!" said she; "why that is the man who lives next door to me; is *he* famous?" It is right to add, that I am personally unacquainted with Dr. Jacob. I am, &c.

December 13, 1858. A Scotch Anatomist.

Graduates and Doctors.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can you inform me if it would be illegal for a Physician to use the title of M.D. who only registers himself as a "Fellow of the Royal College of Physicians?" I am, &c. F.R.C.P. & M.D.

[Certainly, unless the Fellow of the College, is also a University Graduate.—Ed.]

Novelty.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will any of your correspondents give their experience of the ammonia treatment in the scarlatinal epidemic?

Again, how many of your readers are ready to bear testimony to Dr. Silvester's Midwifery precepts? We live in strange times! natural presentations are not good; a woman is to be put to the pain, often agony, of pædalic version, with a dead child presenting naturally.

I am, &c. G. H.

The Surgical Society of Ireland.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—When the Vice-President of the Royal College of Surgeons in Ireland lately addressed the Surgical Society, he alluded to the late Sir P. Crampton. As a fellow of the College of Surgeons he was a member of the Surgical Society, and as such his decease having taken place since the last address delivered by its president, required to be referred to, as is usual in kindred societies. So far so good. But there were other members of the Surgical Society whom it had pleased God to call to their long account since this time twelvemonth, whose decease, I fearlessly assert, it was the bounden duty of the president of the society to have mentioned in such terms as their lives and labours not merely deserved, but honestly demanded at his hand. These are, the late Robert Harrison, Professor of Anatomy to Trinity College, and formerly Professor of Anatomy to the College of Surgeons, and Thomas Ledwich, Lecturer upon Anatomy in the Peter-street School, and one of the Surgeons of the Meath Hospital. Dr. Harrison, as is well known in the Profession in these islands, was, without compare, the best teacher of anatomy that was ever heard in the English language in modern times, and by his powers as a lecturer largely contributed to create that school of the Royal College of Surgeons of Ireland of which the Surgical Society is an offset. For a period of at least twenty years Harrison commanded at the College of Surgeons a class which for numbers and respectability has never since been equalled. He was, moreover, the author of the most popular, instructive, and widely-diffused manual of anatomy which ever emanated from the press of Great Britain. He was for many years the secretary to the College of Surgeons, and served the office of president to that body more than once. Was he then, I ask your readers, and those friends and advocates who knew him in social life, or were charmed by his descriptive powers in the lecture-room, was he then the man to be omitted by the president of a society holding its meetings within a building that largely owes whatever reputation it enjoys as a School of Medicine to his teaching? Then Ledwich, cut off in the pride of life, and just when a wide career of practical usefulness had opened to him, has had his character and acquirements so lately and so graphically described by Dr. Stokes in his opening address at the Meath Hospital, that it is unnecessary for me to say more than that, from his position in the Profession, and the account of his published works, he was eminently entitled to a distinct notice from the president of that society of which he died a member. Far be it from me, Sir, to attribute motives for such an omission. If there were none, and that this omission arose from inadvertence, then, Sir, the vice-president has it in his power to set himself right with the Profession through your columns. But if any other motive, such as the school question, etc., could have had an influence in the suppression of these two most distinguished Irishmen, especially celebrated as surgical anatomists, it behoves the Profession in Ireland to take such matters into their serious consideration. The addresses of previous presidents of the Surgical Society have been published in the recognised organ of that body, and in it will, if I mistake not, be found the enumeration of the names of all the members of distinction who have, by death or otherwise, ceased to belong to the society during the present year. Why, then, may I ask the vice-president, were the names of Harrison and Ledwich omitted?

I am, &c.

A Member of the Surgical Society,
And an Admirer of Fair Play, especially towards the memory
December, 1858. of my deceased brethren.

COMMUNICATIONS have been received from—

Dr. Parkes; Mr. Paget; Dr. Murphy; Dr. Graily Hewitt; Dr. Mapleton; Dr. Cornaz, Neufchatel; Dr. Milroy; Dr. Alexander Peddie, Edinburgh; Dr. Figg; Mr. Bigg; Dr. Lowas, *Gosport*; Dr. Wallace; Mr. Self; Mr. Baker; Mr. Witten; Mr. Brookes; Mr. Davy; Registrar General, Edinburgh; Mr. Price; Messrs. John Smith and Co.; Mr. Mehan; Mr. Copney; Mr. Harday; Registrar General; Dr. Warwick; Dr. Stirling; Dr. Francis, Northampton; Mr. McDermott; Dr. Birch; Secretary, General Board of Health; Dr. McWilliam; Mr. Fletcher, Liverpool.

APPOINTMENTS FOR THE WEEK.

December 18. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

20. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8 p.m. Dr. Ogier Ward "On Manual Assistance in Natural Labours."

21. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. Council, 7.

22. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

23. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

24. *Friday*.

Operations at the Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Digitized by Google

ORIGINAL LECTURES.

LECTURES ON THE DEVELOPMENT OF THE GRAVID UTERUS,

DELIVERED AT THE

Grosvenor-Place School of Medicine,

By WILLIAM O. PRIESTLEY, M.D.

Fellow of the Royal College of Physicians, Edinburgh; one of the Lecturers on Midwifery at the School; Physician-Accoucheur to the Marylebone Infirmary, etc. etc.

LECTURE IV.

THE two vesicles which are contained in the space existing in early pregnancy between the chorion and the amnion are the allantoid and umbilical vesicles.

The *allantoid vesicle*, or *allantois*, is a little pyriform sac, which springs from the lower part of the intestine of the embryo—before a division takes place in that canal to form the bladder — and extending itself rapidly, reaches the chorion, and spreads itself over the inner surface to form the endo-chorion. It carries with it, in its growth upwards, the umbilical arteries and vein which spring from the iliacs of the embryo, and when the allantois has reached the chorion distribute their terminal branches in those villi, which enter into the formation of the fœtal portion of the placenta. In some animals the allantois is so large that it quite surrounds the amnion. In the human subject the sacular portion of the vesicle disappears very rapidly; according to M. Cazeau scarcely a trace of it can possibly be found after the lapse of a few days from its first appearance, and its existence as a normal condition has thus been doubted by some authors. The pedicle remains somewhat longer, but cannot be traced through the umbilical cord at the term of gestation, although it is described as one of its components. In the body of the child, nevertheless, the fœtal end remains, and appears as a ligament, passing from the apex of the bladder, and losing itself in the navel string. You have all doubtless recognised it, even in the adult, when dissecting the bladder; it is described as one of the ligaments of that organ, and designated the urachus. In fig. 10 you will observe at *e* the pedicle of the allantois of the natural size, containing the umbilical vessels, which are already in communication with the chorion. In fig. 12, however, a diagram which is copied from M. Jacquemier, the relation of this vesicle to the fœtus and membranes will be more easily comprehended.

FIG. 12.

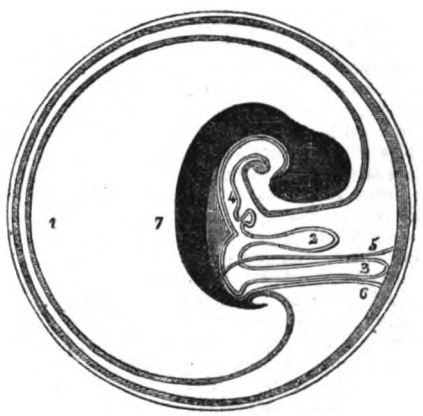


Diagram of the embryonic vesicles, from M. Jacquemier. 1. Cavity of amnion; 2. Umbilical vesicle; 3. Allantois bearing on each side, 5 and 6, the umbilical vessels to the chorion; 4. Ventral surface of embryo; 7. Its dorsal surface.

The *umbilical vesicle*, or, as it is sometimes called, the vesicula alba, is also contained in the interspace between the chorion and amnion. It is a much more distinct structure than the allantois, and retains its pouch-like form for a longer period. For this reason it has been more generally recognised and described by investigators in embryology than the allantois, although in the human species at least, it is apparently not so important in function as the latter. It was observed by Albinus, Wrisberg, and the Hunters, and the later researches of Müller, Wagner, Coste, Allen Thomson, etc., leave no doubt that it exists as a normal and constant appendage to the early embryo. The vesicle is largest during the first weeks of development, and communicates freely, by means of a wide duct, with the intestinal canal of the fœtus at the situation of the umbilicus. Observations made on the development of the chick, leave no doubt that it is identical with the yolk bag, which is so prominent a structure in the egg of birds, and which furnishes a supply of nourishment for the formation and growth of the new being. The spheroidal human ovulum, when first lodged in the uterus, represents not inaptly a hen's egg; its external envelope, or zona pellucida, with the albuminous layers it gathers in passing through the Fallopian tube, probably becomes developed, as we have already seen, into the chorion, and occupy the situation of the albumen, or white of the egg. Internal to this is the yolk mass, which by a process termed segmentation, divides and subdivides until it consists of a multitude of small cells, which occupy principally the surface or circumference of the mass, and have received the name of blastoderm or germinal membrane. When the embryo first shows itself, it is as a ridge or elevation projecting from a portion of the surface of the yolk, and it has been ascertained that the part of the germinal membrane, out of which the embryo is formed, separates into two layers,—the serous or external, from which are developed the skin, and the amnion; and the mucous or internal, from which are formed the intestinal canal, and other organs of the mucous series. The embryo formed, therefore, in the layers of the germinal membrane, and, as it were, spread out upon the surface of the yolk mass, gradually acquires a boat-shape—the carina or keel uppermost—and folding inwards constricts a portion of the yolk mass, by which a pedicle is formed, which unites the main body of the yolk with the interior of the embryo. In this way is formed the yolk-bag in birds, and the umbilical vesicle in mammals. The contents of the vesicle may be squeezed along the hollow pedicle or duct into the intestinal canal of the embryo, and back again, showing the free communication between the two.

In birds the yolk-bag is gradually drawn in, and at last inclosed in the abdomen of the fœtus; but in man it serves its purpose as a reservoir of nourishment to the early embryo, and afterwards dwindles away external to its body. At first lying close to the ventral surface of the embryo, with a constriction at the future umbilicus—the first indication of separation from the fœtal intestine—as the ventral opening contracts, a pedicle is formed and elongated, and the sac is further removed from the trunk of the embryo. An artery and vein passing out of the abdomen of the fœtus, enter the pedicle of the vesicle, and ramify on its sacular portion; these are called the *omphalo-mesenteric* vessels. They of course disappear with the atrophy of the vesicle; but I have seen them pervious in a fœtus of the sixth month, as far as the middle of the umbilical cord.

The allantoid and umbilical vesicles, with the umbilical and omphalo-mesenteric vessels, are enumerated among the structures entering into the composition of the umbilical cord. The *Placenta*, or *afterbirth*, is a temporary intra-uterine organ, intended for the absorption of materials from the system of the mother, for the purposes of the fœtal economy; and also for performing an intra-uterine function analogous to respiration, by means of which the fœtal blood is purified from deleterious matters with which it becomes charged while circulating through the body of the embryo, and which retained, would necessarily produce its death. A new placenta is formed with each pregnancy, and together with the membranes is designated the "*secundines*," these being expelled subsequently to the child, at the time of delivery.

Serving like purposes whenever it exists, it nevertheless differs in form in different animals of the class mammalia, and likewise offers important modifications in its intimate structure. In the cow and other ruminants it consists of a number of separate flattened pieces, of a rounded form, called cotyledons, which are scattered here and there over the inner surface of the uterus. Each cotyledon consists of two lamellæ —a fœtal and maternal layer—which admit of ready separation; the fœtal portion being formed of a number of finger-like processes, enclosing terminal loops of the umbilical

Digitized by Google

vessels, which dovetail into corresponding depressions in the greatly thickened mucous membrane, constituting the maternal portion. In the mare the placenta is diffuse, or spread over the greater part of the interior of the uterus, the chorion being uniformly beset with vascular villi: in the cat again, and carnivora generally, it forms a zone or circular belt around the ovum. In the human subject it occupies only a portion of the interior of the uterus; it has usually a rounded or oval form, and is flattened like a cake against the uterine wall, to which it adheres by its outer surface. To the side which is opposed to this, and which is called the fœtal surface of the placenta, it is connected to the embryo by means of the umbilical cord. Taking the mature organ as our type, its diameter averages from seven to eight inches, and its weight from eighteen to twenty-four ounces. It is liable, however, to considerable variations both in size and weight, being generally largest with the heaviest children; but instances are recorded by Wrisberg and Stein, in which the placenta had undergone such an amount of hypertrophy, as to weigh in one case three pounds, and in another six pounds. On the other hand, the afterbirth is sometimes much smaller in diameter than is usual at the full time, an increase in thickness counterbalancing for a diminution of the circumferential measurement; and it may be small from imperfect development, or atrophied by disease. At its centre or thickest part it measures an inch or more in thickness, and gradually thinning towards the circumference, it is bounded by a comparatively sharp border, beyond which the membranes are prolonged upon the walls of the uterus. You will observe in a preparation before you, and also in one of the plates from William Hunter's "Gravid Uterus," that the placenta and membranes together form a large spheroidal bag, which contains the liquor amnii and fœtus, and that the placenta forms part of the containing sphere, the projecting portions of the fœtus appearing through the several membranes, which are closely applied to each other, and have now become diaphanous. During the progress of labour, the membranes generally rupture near the cervix or most depending portion, giving exit to the child; and are then left behind with the placenta, to be expelled in what is called the third stage of labour. Dr. Simpson is in the habit of relating in his lectures an instance where a child was born with the membranes entire the fœtus and secundines being expelled by a sudden effort, and the unusual phenomenon so alarming the Practitioner in attendance, that the child was left to perish without any attempt being made to rupture the sac, and allow the access of air, which is necessary to its existence, immediately after separation of the placenta.

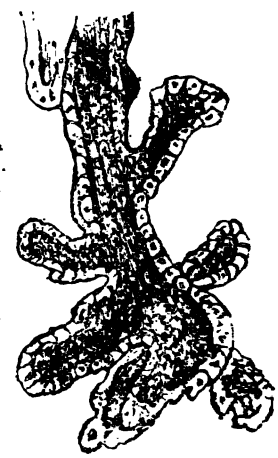
Although the membranes seem at first sight to be attached round the margin of the afterbirth, they really clothe its fœtal aspect, and are reflected upon the cord at its placental insertion. The fœtal surface of the placenta is slightly concave; it is covered both by the chorion and amnion, the presence of the latter giving it a smooth and glistening appearance. At the insertion of the cord, which is usually near the centre, the umbilical vessels divide into a great number of branches, and may be seen radiating outwards in every direction. The uterine surface is slightly convex; is not so smooth as its converse, and is divided into a number of irregular lobes, with intervening sulci. These lobes are covered with a layer of laminated albuminous tissue, which in a recent placenta, expelled without much injury, passes across the sulci from one lobe to another, uniting them together; but it is so delicate in structure, that the bridges are readily broken down, and the lobes then appear separated from each other by deep fissures. This laminated layer, which seems like a plastic material, spread over the uterine surface of the placenta, adapting itself to all its projections and sinuosities, is none other than that portion of the altered mucous membrane upon which the villi of the chorion were concentrated to form the placenta, and which, as I previously explained to you, has received the name of decidua serotina. In separating the placenta from the uterine wall, certain laminæ of this membrane remain attached to the inner surface of the womb; the rest are so intimately interwoven with the afterbirth that they are carried away with it.

Making an incision through the thickness of the organ, the two surfaces are seen to enclose between them a spongy tissue; the section exhibiting minute granulations, traversed and united everywhere by fibrous-looking threads, and interspersed with irregular cellular spaces, in which the mother's blood circulates. On placing the preparation under water, the granulations are seen to be somewhat loosely disposed in the substance of the organ, and float out as tufts of short feather-like processes, which are attached to central stems.

Recollecting what has been said previously concerning the development of the villi of the chorion into the decidua at the placental site, you will readily understand, that a fully-formed placenta consists of a *fœtal* portion constituted by the ramifications of the villi of the chorion, and of a *maternal* portion formed by the uterine mucous membrane, modified and changed still further from its original condition, than when we studied it in the earlier months of pregnancy. The granulations which I have just described are in truth tufts of villi belonging to the original chorion, which have undergone little change in thickness, but have increased so much in number as to form the great bulk of the afterbirth. The fœtal and maternal parts of the placenta are now so intimately and inseparably united to form one organ, that they are disjointed from the uterus together, and are expelled as one mass at the time of delivery.

1. The *fœtal* portion, then, consists of the terminal ramifications of the umbilical vessels, enclosed in sheaths derived from the chorion, forming together the villi of the placenta. The umbilical vessels, two arteries, and one vein, which proceed from the body of the fœtus, pass through the funis umbilicalis undivided, and as soon as they reach the placenta give off radiating branches in every direction. The primary divisions of the arteries anastomose freely together, and again dividing and subdividing constantly, form at last an immense number of minute capillary arches, with the concavities looking towards the fœtus, and each arch or loop is enclosed in a terminal villus. Each arterial twig is accompanied by its corresponding vein, which follows it in all its ramifications, and ultimately becomes continuous with it at its peripheral extremity, forming thus the opposite side of the capillary arch. The arches or loops thus formed have been well compared to the branchlets of a camel's hair pencil, each division being separately enclosed in a covering from the chorion to constitute a villus, and a number of these together being arranged in sets, forming tufts or bouquets, as they did previously in the chorion. The villi are now so tortuous and so united together in the organ of which they constitute so important an element, that their identity with those of the chorion is not at first readily apparent; but if a piece of placenta be macerated in water, and then teased out by needles, the tree and branch arrangement previously noted at once becomes visible. Thus with the microscope, each villous tuft is seen to consist of stem and branches, and the terminal divisions appear as digitations of a club-shaped form, through the transparent structure of which are discernible, — if the placenta be fresh, and blood remains in the fœtal vessels, — the contorted blood-vessels which are formed by the terminal loops of the umbilical arteries and veins, and look like diminutive coils of intestine with crimson contents. The terminal digitations of the villi are present throughout the entire thickness of the placenta, the club-shaped extremities with their containing loops being recognisable even close to the fœtal surface beneath the membranes, showing that whatever function is performed in the organ, that function is as active in situations most remote from the uterus, as in those nearest to its walls. A layer of oval or polygonal cells arranged in the form of an epithelial covering to the villi, and described by Mr. Dalrymple, is readily apparent, and each villus, as it lies upon the object glass, is seen to be bounded by a double outline, to the nature of which I shall have to direct your atten-

Fig. 13.



Drawing of a placental villus at the end of gestation: the mode in which the terminal digitations are given off from the stem is well seen, and also the double outline formed by a layer of epithelial cells seen in profile. The blood-vessels were emptied by pressure.

Digitized by Google

tion more fully presently. The child's blood, after being propelled from the fœtal heart through the umbilical arteries and their subdivisions, passes into the convoluted capillaries of the villi, is collected by the corresponding branches of the umbilical vein, and then returned back again to the right side of the fœtal heart through the vena cava.

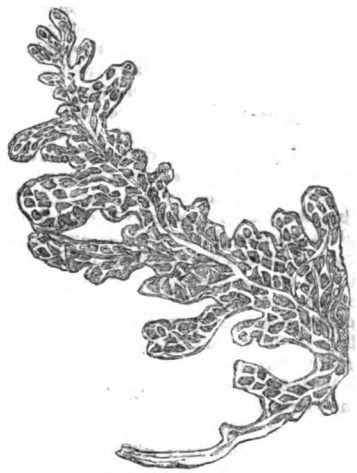
That no direct communication exists between the fœtal and maternal circulations is now almost universally admitted, and you may prove it for yourselves in several ways. For instance, in managing a natural labour, as soon as a child has properly respired, we place two ligatures on the cord, and divide it between them. If after division you remove the ligature from that portion of the cord still attached to the placenta, the placenta being still adherent to the uterus, and open the vessels, you will not be able to procure more than a tablespoonful or two of blood, which has been contained in terminal branches of the umbilical vessels;—none flows from the mother. Again, injected matters thrown into the umbilical arteries return by the vein, but do not escape from the uterine surface of the placenta unless tearing has occurred; and injections into the uterine vessels when the placenta is yet adherent, cannot be made to pass directly into the fœtal vessels. It has indeed been asserted as a further proof, that the blood-currents in the two do not commingle, that the blood globules are larger in the fœtus than in the mother; but this must be a matter most difficult to determine.

The child's blood is indeed not only separated from the parent's circulation by the coats of its own vessels, but each terminal twig of the umbilical vessels is completely isolated from the maternal blood by the entire thickness of the sheath which surrounds it, and forms the parietes of the villus in which it is enclosed.

Although I have described the branches of umbilical arteries at their peripheral distribution, as being continuous with the umbilical vein, by means of an intermediate system of looped capillaries, it is right to inform you that some difference of opinion has existed, and even now exists, as to the mode in which the ultimate divisions of the umbilical arteries become continuous with the umbilical veins. Dr. John Reid, whose researches on this subject have deservedly received great attention, at one time held that each villus contained a terminal branch of both umbilical artery and vein, which inosculated together at their extremities, and were so closely bound together, as when uninjected to represent one cylinder. Professors Weber, Goodsir, and Mr. Dalrymple, on the other hand, contend that small branches of the umbilical arteries end in capillaries, capable of carrying five or six blood-globules abreast, which make several convoluted loops in the extremity of a villus, before becoming continuous with vein; and later Dr. Reid himself acknowledged the accuracy of their description. In a remarkable essay on the "Structure of the Placenta," published in Holland by Dr. Schroeder Van der Kolk, and to which I shall have to make frequent allusion in connexion with our present subject, I observe that the author states he has succeeded in injecting—in addition to the looped capillaries—a much more minute set of vessels than has, I believe, been effected in this country, and the existence of which has hitherto been unknown (a). These form a delicate network over the surface of the villus, and have been observed by the author in the earlier and all the later months of pregnancy. The rete vasculosum, as he calls it, was injected from the umbilical vein, and was regarded as a plexus of veins. Professor Retzius, of Stockholm, has, we are told, successfully injected the same set of minute vessels. I have copied the drawing from Van der Kolk of this network on a villus (fig. 14), and if you compare with a drawing I made from a terminal villus of a recent and fully-developed placenta, in which the vessels were full of blood (fig. 15), you will see at once that not only are the vessels in the former more superficial and more delicate, but the arrangement itself is totally different, being in the one case a fine network, and in the other, one or more contorted capillary loops enclosed in the centre of the villus.

The terminal branches of the umbilical vessels, enclosed in the villi, are arranged in such a way as to be surrounded and bathed by the mother's blood, and the two currents mutually act upon upon each other without intermingling through the intervening textures. Whichever form be regarded as the true ultimate distribution, the extensive ramifications of the fœtal vessels in the placenta are evidently intended for increasing the area of surface by which the fœtal blood is to be exposed to the medium which purifies it, and supplies it with fresh nutrient materials, exactly as impure blood sent from the right side of the heart in an adult, and is spread out in minute capillaries over the surface of the air-cells, for efficient exposure to atmospheric air. There is no doubt, however, that the placenta carries on the function of nutrition, as well as that of respiration, to the fœtus, during its sojourn in the uterus; and it appears to me not improbable from the delineations, that the delicate network described by Schroeder Van der Kolk, and injected from the vein, may be lymphatic or lacteal vessels engaged in the absorption of nutrient materials to be poured into the umbilical vein, as lymphatic vessels pour their contents into veins generally,—the larger contorted loops with which we are most familiar being principally concerned in carrying on the respiratory process.

FIG. 14.



An injected villus, bearing a number of terminal digitations, from a placenta at the third month of pregnancy, showing a plexiform arrangement of minute vessels over the surface. (Magnified 90 diam. after Van der Kolk.)

FIG. 15.

One of the terminal digitations from the villus shown in fig. 13: the microscopic focus was so arranged as to show the convoluted capillary distended with blood in its interior. (Magnified 190 diam.)

2. The *maternal* portion of the placenta consists essentially of cells or cavities, formed by dilatations of the mother's blood-vessels and of decidual structure. These cavities are present everywhere in the substance of the placenta, and in them the tufts of villi are suspended. Small curling arteries from the uterus pierce the layer of the decidua, covering its outer surface, and pour their contents into these cells among the ramifications of the villi; the maternal blood having performed its function, is re-collected and conveyed back again into the uterine veins, which are immensely enlarged and dilated in comparison with those of the unimpregnated womb. The investigation of the structure and physiology of this part of the organ is involved in great difficulties, and the exact relation the fœtal bears to the maternal circulation, has been the theme of the most animated discussions among embryologists. I have necessarily anticipated, in some measure, what I have to say on this subject; but to make you fully acquainted with all its details, it will be useful to give you a short sketch of the history out of which the theory was evolved concerning the double placental circulation, which is accepted in our own days. All shades of opinion have been held between the extremes that a direct vascular communication exists between the fœtus and mother on the one hand, and that no maternal blood enters the placenta at all on the other. The first hypothesis, which is the oldest, was supported by Noortwyk, Haller, etc. and has been revived in our own times by M. Flourens in France. Seiler, who, after Hunter, was one of the first to adduce satisfactory evidence that the decidua is really the transformed mucous membrane, believed that the maternal blood does not penetrate the substance of the placenta, the decidual layer of its uterine surface intervening between the circulation of the mother and

(a) Since these lectures were delivered, Dr. Arthur Farre has described what appears to be the same capillary network in the placental villi; but he regards this particular vascular arrangement as confined to the early months of pregnancy.—See Cyclop. of Anat. and Physiol., article "Uterus."

Digitized by Google

that of the child. Seiler knew that injected matters thrown into the uterine vessels, when the afterbirth was adherent to its walls, were sometimes found afterwards in the placenta; but he considered this the result of accident, and produced by violence. Other embryologists, among whom may be enumerated the celebrated M. Velpeau, still adhere to the same opinion. Dr. Lee, in a paper published in the Philosophical Transactions in 1832, also defended this doctrine; and, moreover, denied that the human placenta consists of two parts—a maternal and a fœtal portion: he remarked that, notwithstanding the large size of the uterine vessels at the placental spot, none could be seen to enter that organ even with the aid of a lens. Since writing that essay, Dr. Lee has considerably modified the views there expressed, and he has adopted the belief that the maternal blood actually passes to the fœtal side of the decidual layer, and is poured into cells or interstices, which he aptly designates, the cavernous structure of the placenta. Prof. Owen, too, was at one time led to suppose that the maternal veins terminate on the decidua covering the outer surface of the placenta, because he was unable to trace them into its interior. He carefully dissected a gravid uterus under water from without inwards, at the situation of the placenta, and was able thus to trace the curling uterine arteries into the decidua; but the veins seemed to terminate on the decidua by open mouths. In a second preparation he was enabled to correct the result of the previous observation, and found that the uterine veins, or sinuses, as they are now called in their enlarged form, were continuous by direct channels into the substance of the placenta. Dr. Adams, of Banchory, the erudite translator of Paulus Ægineta, has lately published a pamphlet in which he adheres most pertinaciously to the notion that no maternal vessels pass through the decidua, and appeals not only to authorities, ancient and modern, in support of the doctrine, but seeks to strengthen his position by deductions from comparative anatomy. Those who are opposed to Dr. Adams, and who support the doctrine of a maternal and fœtal portion in the human placenta, which are together thrown off at the time of delivery, do not, however, assert, as he seems to suppose, that the structure is entirely different from that which exists in the lower animals, but that a woman's placenta is simply a more complex modification of a like kind, and is really no more different than many other organs are, when compared in the different series of animals. Were we to admit the hypothesis of Dr. Adams and others, we must be driven to the conclusion that the villi most distant from the uterine wall, and which under the microscope may be seen as fully and perfectly developed close to the fœtal surface of the placenta, as they are at the maternal one, are either useless, or else carry on the processes of absorption and respiration, separated by the distance of nearly an inch from the uterine vessels, and consequently from the sources whence all nutritious and respiratory matters must be obtained.

That blood-vessels do penetrate the decidua, and pour their contents into the substance of the placenta, I believe now admits of no doubt; but do not suppose that because this is the case, any direct communication necessarily exists between the mother and child. Observe a recent afterbirth, expelled without laceration: the vessels of the cord being tied, no blood can escape from the fœtal vessels. Yet it gradually oozes from that face of the organ, which was applied to the uterine wall, until the placenta is surrounded by a pool of that fluid. This is maternal blood which was retained in the interstices of the placenta when it was separated from the uterus, and which now escapes from the orifices of divided vessels which were continuous before separation with the uterine veins. The uterine sinuses enter the placenta obliquely, and the extreme tenuity of their coats where they encounter the decidua, renders them liable to give way on the slightest touch, whenever disseveration between uterus and placenta is attempted. For these reasons, investigations on the utero-placental circulation are very likely to be fallacious, even if conducted with the greatest care; and it is probable that the absence of proper conditions for examination in particular cases, have led observers into the error of supposing that maternal blood does not really circulate in the substance of the placenta.

To the brothers Hunter is mainly due the merit of discovering the way in which the double circulation is carried on in the human placenta. Some slight modifications have been admitted from time to time from their original description of anatomical relations in the placental mass, but the principle enunciated by them have received confirmation by most recent researches. The opinion of these celebrated observers was that in the umbilical (or fœtal) portion of the placenta, the arteries terminate in the umbilical veins by a continuity of canal, whereas, in the uterine (or maternal) portion there are intermediate cells in which the arteries terminate and from which the veins begin. They concluded that the uterine arteries pierced the decidua, and that the mother's blood was conveyed into these cells or spaces between the ramifications of the umbilical vessels; and that after having acted upon the child's blood through the coats of the latter, it was subsequently returned into the uterine veins or sinuses. The later researches of Owen, and the report of Messrs. Stanley and Mayo on the preparations in the Hunterian Museum, all tended to confirm the correctness of these observations. Weber and Dr. John Reid, while they concur in the general views of the Hunters, concerning the double circulation in the placenta, hold that the utero-placental vessels are prolonged beyond the layer of decidua lying on its surface, into the substance of the organ. According to the former the delicate inner coat only of the maternal vessels penetrates the afterbirth, and forms there a large vascular network, ramifying in the intervals of the placental tufts, and forming large sinuses into which the villi project, carrying the walls of the sinuses before them. Dr. Reid describes the maternal placenta to consist of a large sac formed by the inner coat of the vascular system of the mother, which is intersected in many directions by the placental tufts, the latter projecting into it like fringes, and pushing its thin wall before them in the form of sheaths which closely envelope both the trunk and each individual branch composing these tufts. Blood is brought by the maternal arteries to this sac, and returned from it without extravasation by the utero-placental veins. Dr. Reid even saw fœtal tufts penetrating some of the sinuses situated in the uterine walls, and beyond the exact limits of the outer surface of the placenta. Mr. Dalrymple subsequently denied the existence of any maternal cells in the placenta, and stated that simple spongy interspaces were present among the villi into which the mother's blood was projected. The researches of Eschricht and M. Bonami detailed by M. Cazeau led them to conclude that the maternal vessels pass through the *decidua*, and form in the substance of the placenta a *network of* exceedingly delicate meshes, which ramify and embrace everywhere the tufts of the umbilical vessels enclosed in the chorial villi. Schroeder Van der Kolk, who had during a cholera epidemic excellent opportunities in Holland for making investigations on this subject, expresses his conviction that the decidua observed on the uterine surface of the placenta sends down into the substance of the organ dissepiments, which penetrate even to its fœtal surface and circumscribe spaces, wherein the fœtal villi are suspended, and into which the maternal blood is poured from the uterine arteries and passes thence into the uterine veins. Neither maternal arteries nor veins are, he believes, prolonged into the substance of the placenta; but the former being numerous and small, terminate by open mouths in the decidual spaces, the blood, which is brought thither by the arteries, and returned again to the veins, being fairly beyond the circulatory system of the mother so long as it occupies the interstices of the placenta. The intra-placental

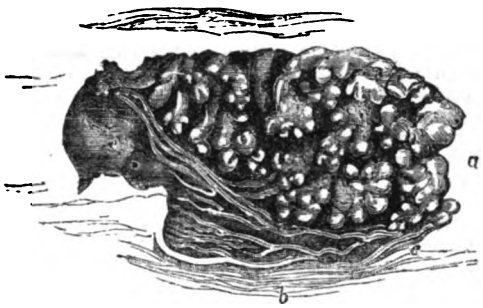
FIG. 16.

A section through the pregnant uterus into the placenta at the sixth month, after Van der Kolk. *a*. Muscular tissue of the uterus in the midst of which appear wide apertures, which are the uterine sinuses. *b*. The layer of decidua intervening between uterus and placenta, and sending dissepiments down into the latter represented by *c, c*. *d*. Tufts of villi lying in compartments formed by the decidual partitions. (Magnified 8 diam.)

Digitized by Google

cavities he describes as lined by an epithelial membrane, which is derived from the decidua and is reflected upon the villi to cover and retain them in position. This layer is identical with that represented at fig. 13. The researches of this distinguished Physician on the placenta have hitherto been little known in this country; his essay, being written in Dutch, is not generally available; but, I believe, the care and accuracy of his investigations, and the conclusions at which he arrived, will be universally appreciated by all who take the trouble to study his memoir. His lithographic drawings are clear and distinct; and if faithful representations, prove beyond doubt the existence of a cavernous or cell structure in the placenta. Fig. 17 is copied from his delineation of a hollow in the placenta into which the villi

Fig. 17.



An excavation or cell in the substance of the placenta, viewed from within, and in which maternal blood circulates. *b* and *c*. The boundaries of the cavity. *a*. The villi suspended in the cell to be surrounded by the mother's blood. (Magnified 50 diam.; after Van der Kolk.)

are suspended to be bathed by the maternal blood; and he distinctly states that the villi are directly immersed in that fluid,—no vascular coat, as described by Weber and Reid, intervening between them.

ORIGINAL COMMUNICATIONS.

THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

No. 12.—Insanity supervening on Habits of Intemperance.

The portraits accompanying this paper are illustrative of some of the modifications of features and expression in women who have fallen into habits of intemperance, on which derangement of the mental powers has ensued to a greater or less extent. The two portraits represent different patients, of different character and of different history. The poor creature on the right having been nurtured in low life, almost brought up in early acquired habits of drinking, left to do their sure and uninterrupted work on body and mind until both have acquired the impress of a misfortune unavoidable, and slowly ripened into vice, and bringing the whole creature into a sort of chronic and indelible appearance of sottishness. In the left-hand portrait is represented another patient, of a respectable station in life, but also ruined by drink; but by drink so gradually indulged in, however, that her altered state bewilders her, and fills her, fallen as she is, with distressful remorse.

Although we perceive even in this portrait the somewhat bloated or swollen condition of the fleshy parts of the face which tipsy habits produce, much expression remains—but it is of wretchedness and despair. The raised hands, pressed together, indicate the intensity of her prominent emotions; the eyes, somewhat uplifted, but gazing on nothing; the deep corrugation of the overhanging integuments of the lower forehead, portray the painful questioning of a woman not forgetful of her former life, nor unconscious of the comfortless change that has come over her; and the expression is heightened by those undefinable modifications of the muscular structure of the cheeks which add so much to all facial expression of intense character. In the upraised under lip, also, and in the tensely-elevated chin, there is so much meaning of the same kind, that we might almost fancy the poor patient breaking out, in this suffering mood, into expressive words, as was indeed the poor woman's custom often, relative to her earlier life now gone, and happier thoughts long dispersed, and to remembrances of having once been esteemed and even admired in the modest circle in which she moved, until taught to like gin by "wicked neighbours" older than herself. Her history was indeed lamentable. She had been well educated, and resided, when a young woman, with her mother, who possessed a little independent property. Being then good looking, she was much noticed; nor did it appear that she lost her station by any immorality of early life. But she was not watched enough to guard her from pernicious acquaintances, who enjoyed, it would seem, the perverse satisfaction of teaching her the poor pleasures arising from the taste of spirituous liquors, until she adopted Mrs. Gamp's plan of putting gin into the teapot. Somehow, as always happens in such cases, the little property possessed by her mother gradually diminished, and at length disappeared altogether. Dram-drinking became the only remaining comfort of the impoverished house; and thus things went on until one article of furniture after another, and also the clothes of her mother and herself, passed into the hands of the pawnbrokers. The poor mother found shelter in the workhouse, and the still more unhappy daughter, torn by remorse, and maddened more and more by intemperance now grown habitual, became maniacal, and was received into the lunatic asylum. Much of this, perhaps all of it, is written in that despairing, questioning face. Memory of the past and purer time has not been destroyed by her malady, nor conscience obliterated. She feels herself transformed, and that for her no earthly joy remains or will return. Her irritable hands have traced marks of agony on her forehead; her neglected curls hang raggedly over her ears; she has torn them away until she is nearly bald. Even her large and well-developed brain seems to impress the beholder with thoughts aggravative of the miserable desolation that now alone prevails in the depths of her consciousness and memory. There is no healthful action and no comfort in any corner of that restless brain. Where once there was quick perception, imagination, benevolence, understanding, there is now but a tumultuous succession of ineffaceable records, read by the light of madness only, with no ray of better light from the retrospection, and as yet no higher hope. Suicide, the last resource of such wretchedness, has been often attempted by her. When all this affliction falls upon an erring human being, the comforts and even the blessings accorded to our poorer lunatics show all the value of the noble institutions where the most rejected of the world meet with pity and find rest. The malady may be too deeply fixed to be curable; but all physical excess is at an end—no neglect and no cruelty add to the morbid wretchedness; kind words are heard, and religious thoughts are gradually introduced into the mind of the sufferers; and the curtain of death falls gently even upon them.

A different history from the preceding is plainly enough written in the right-hand portrait, which exhibits traits scarcely quite unknown to persons accustomed to the observation of the faces of populous towns. Here the bloated face, the pendulous masses of cheek, the large lips uncontrolled by any voluntary expression, and to which refinement and delicacy seem never to have belonged; the heavily gazing eyes, not speculative, scarcely conscious; the disordered, uncombed, capriciously cut hair, cut with ancient scissors or chopped with impatient knife; the indolent position of the body, and the heavy resting of the coarse, unemployed, outstretched fingers, together with the neglected dress and reckless *abandon* of the patient, all concur to declare the woman of low and degraded life, into whose mind, even before madness supervened, no thoughts except gross thoughts were wont to enter; and whose bold eye and prominent mouth were never, even from early infancy, employed to express any of the higher or softer sensibilities of a woman's soul. But yet she is, even in this degraded state, more truly an object of pity than of condemnation. It is easy to condemn;—it is harder to be just. Where this now outcast human being was born, and how brought up, it were vain to inquire. She probably never had a home; and it appears, in

Digitized by Google

fact, that her earliest reminiscences were only of gaining a kind of livelihood by selling miscellaneous articles in the streets; articles begged, or articles lent, or articles stolen, no doubt. As she grew up, gross appetites grew up also; the love of beer, among the rest, developed itself strongly; and she was well known to her familiars as what even they denominated a low-lived person. But beer was sometimes hard to procure; it could not always be successfully begged for; it could not be easily stolen; and it could not be bought without money. So the want of this stimulant joy of low life caused her to cultivate her faculties as a singer, and these were exerted in low public-houses, where the remuneration was generally beer, or halfpence convertible into beer. Her audiences were not fastidious; her songs were not always unobjectionable; and she further became liable to infirmities of temper, and acquired habits of inconvenient violence; became signalised for artful frauds and cunning concealments, and in all respects negligent in her habits. At last she was pronounced to be insane, and found refuge, the only refuge in this world, from worldly misery, in an asylum; but she could scarcely appreciate even the comforts of an asylum. The beds and the clothing might be good, and the food; but the limitation of beer constituted a permanent grievance.

Such a picture, the presentment of such a life, cannot be summarily dismissed from the mind. Even the consolations of our best-conducted asylums for the poor can scarcely be diffused over the breast of so doomed a wretch as this; doomed, as the affairs of the world go, even from her birth, for cradle she had none, to destitution and to degradation; to whose childish ears no pious words were ever addressed, and on whose youth no hope of honest means of support had ever beamed! Thinking of these things, questions arise, only to be answered in some unknown time. But such lives and even such faces ought not to pass by us unheeded, like the idle wind, or the clouds of summer. This poor creature knew no instruction. Her ear, possibly attuned to melody, enabled her to pick up the current minstrelsy of the streets, the tunes of organs, and the words of ribald songsters. Moral control there was none; moral examples there were none either. Religious instruction there was none: she had probably never been in a church in her life. So, when life was departing, no aspirations could well arise, nor could the most pious words be expected to prevail. If a feeling remained, or a desire, it was but for the speedier oblivion of more beer. Such results are shocking, and to ears polite scarcely suited; but such results are true.

Great moral revolutions may take place, it would seem, in the short space of a single century. Intemperance in wine was esteemed, in the days of our grandfathers, as a mere failing incidental to gentlemen. The prime minister drank hard, and his friends and dependants followed his example. Literary men drank hard, and composed works in the purest English; county squires drank hard, and were esteemed the more for what was then considered indicative only of an open and generous disposition. A very sober gentleman was even somewhat suspiciously regarded as one who was afraid to be thrown off his guard. But now everything, as far as the higher and the middle classes are concerned, is happily changed. The nobleman never commits excess; the squire goes to bed sober; the literary man is temperate; and the tradesman no longer drinks and dozes away his afternoon in the sanded parlour of the public-house. Drunkenness has become the exclusive opprobrium of the poor, the ignorant, and the miserable.

Among the exertions of the last half-century, none have been more zealous than those made to promote general temperance. Eloquent speeches, pathetic sermons, flags and processions, the aid of festival and song, have been equally directed to showing the ruin and madness attendant on drunken habits, and the beauty and serenity of water-drinking. The virtue of temperance has been carried to a kind of ostentatious excess. But partial social reforms are seldom permanent. So desired an improvement, like many others, is incompatible with the neglect of other portions of social science. Sobriety, or the judicious use of stimulants, is a virtue inconsistent with the want of various comforts, and even of various stimuli, which the wealthy and the well-to-do so constantly enjoy as scarcely to appreciate them. We blame the labouring man for passing his Saturday evening at the village alehouse; forgetting his privations during the week, and the comfortless character of his home. We turn away, with a false consciousness of superiority, from a shivering half-clothed, half-fed, half-tipsy creature, who has been standing at a vegetable stall for fourteen hours, and is wandering home at midnight to a garret in the narrowest of streets. Or, far away from towns, in what are called mining districts, we hear, at rich men's tables, from the great proprietor himself, or perhaps from the good chaplain, of the melancholy state of moral degradation of the miners, whose wretched rows of houses we discerned on the slope of the hills, in the evening, on our journey; cottages with windows on one side only, so that the eyes of the miners' families should not look over the fair domain of the rich man, the few and small windows and the door being confronted by privies and dung-heaps, and pig-sties, on the shaded and damp side of the house towards the barren hill-side. In all these cases, it seems to be forgotten that the creature, man, is transformed from what he might be, or should be, or naturally is; that he is made an unhealthy creature, and that neither his body nor his mind can escape degradation. All the wholesome stimuli of life are withdrawn in these, and in countless other cases, from large classes of the people; and, by a strange ignorance of human nature, every calm and delightful virtue is expected to flourish in their homes, and in their general morals. They are left and live unacquainted with the comfort of cleanliness, of good food, and of a decent bed. They awake only to toil, and they sleep the sleep of the exhausted. Of the intellectual stimuli which contribute so largely to the enjoyment of those above them they are destitute from youth to age. Social enjoyments, cheering conversation, various reading, friendly correspondence, diversified news; all that belongs to the finer arts; all that charms the eye or the ear; and all that gives grace and elegance to domestic life, is shut out from them. Their ever-during poverty leaves them almost unacquainted with the pleasure of being able to confer benefit on one another. All the cheerful and cheering sympathies of society and families are unknown to them. To all higher and nobler aspirations they are, and must be, utter strangers, though tracts may be showered among them, and special denunciations addressed to them, for not being better. To ask human beings so situated to refrain from the immediate gratifications of beer and gin is merely to insult them, or to incur their just and bitter ridicule.

But the love of money and the carelessness at what expense of virtue and happiness it is obtained, *exposes both* men and women to excessive toil, which is even, it is said, systematically stimulated by strong liquors, while yet the inevitable consequences are condemned with little mercy. The poor, drunken, lost woman whom we shun in the shabby streets of London, or whom we take better care of in the wards of the county asylum, may once have been industrious, virtuous, and pleasing in appearance. Her poor parents, who with difficulty provided their children with food and clothes, launched them all into the rough sea of the world as soon as, by any kind of work, they could procure scanty food and scanty clothes for themselves. Some floated away and disappeared in various regions of poverty; but this daughter was considered more fortunate. She became a dressmaker; her clothes were neat in appearance, but her meals were neither frequent nor abundant, and she had little acquaintance with fresh air. From morning until evening, and often until midnight, her toil was pursued in a close and confined atmosphere. She and her companions became worn and weary and drowsy. This weakness was incompatible with the interest of their employers. Fresh air and better food might have done them good; but for these there was no time; they were too expensive. Cheaper stimulants were accorded to them; strong coffee, sometimes with a dash of the cheapest ardent spirits, and, if there was more pressing need to have some work finished, to array some unconscious beauty for a near-approaching drawing-room, and, at all risks, the weight of slumber must be drawn from off those drooping eyelids, novels were read to them, poisonous novels, rousing their midnight attention by appealing to their sensual passions. From such training what could ensue but intemperance and vice? Walking feebly homeward, hungry and faint, and assailed with offers of food and wine and money, what could poor girls so placed do but yield to temptation?

These pictures might easily be multiplied. But less graphic, although far more numerous examples might be quoted, from the crowds of cities, of men and of women of decent habits and position, whose constant care can scarcely ensure to them

Digitized by Google

sufficient good food and proper dress for the varied seasons, and a poor dismantled room up many stairs, in Pentonville, it may be, or in Lambeth, or in the outskirts of the great agglomeration of cities called London, a class of people to whom varied food, and even the portions of pleasant meats which Jeremy Taylor reminds rich Christians that they should send to their neighbours on Sundays, are nearly or quite unknown, and who, weary and faint, learn to inspirit their dish of tea, and their aluminous bread, with some accompanying drops of gin, from whence they derive some instant solace, some relief from exhaustion, some oblivion from care. It is Saturday night. To-morrow there is no work: only sleep, or sloth, or drink and devilry. Let Monday come! And Monday comes; and more starvation; and more exhausting work; and more drink; and more despair; and divers horrid forms of death;—or all these are exchanged for the mockeries of madness.

Such histories, read in the streets, or more thoughtfully contemplated in the mansions of insanity, seem to justify the often-repeated observation, that insanity is chiefly occasioned by drunkenness; but the observation is not strictly true, nor even true numerically, except in relation to physical causes. And of cases such as illustrate this paper, it seems scarcely just to assign the ultimate madness merely to intemperance. The intemperance itself is a malady, incidental to unhappy combinations of social circumstances, and to be remedied by modifications and reforms of social life. The virtues which so many benevolent persons look forward to with hope will not grow in a soil choked with weeds of rankest and foulest growth; their flowers and fruit cannot become entwined about the residences of privation, ignorance, and want. The praiseworthy efforts to enlarge the pleasures of the working classes, and which are really effecting so much good, cannot be extended to classes yet left lower in the social scale; although each body in those hopeless classes contains a soul.

But hope appears. The diffusion of useful knowledge was a great work, of which the efficacy becomes still greater and more widely felt as attention becomes more extensively given to collateral branches of social science; to which so many able minds are now simultaneously directed, including that highly-important branch, the public health. With such reflections even the physiognomy of the insane is connected; and perhaps more, the physiognomy of the half-distracted in the crowds of cities. It would be wrong to accustom ourselves to note the outward disfigurements effected by inward degradation as mere pictures for the amusement of those more happily situated, suggestive of no reflections on the avoidable or remediable causes of such departures from moral and physical beauty. Rather should the depraved physiognomy be regarded as a warning language, and a fearful handwriting, hung up for our learning, and reproaching communities for long injustice, and long forgetfulness of so much that disgures and defiles the temple of God.

ON CERTAIN AFFECTIONS OF THE CEREBRUM AND CEREBELLUM,

CAUSED BY INTERNAL OTITIS, AND SIMULATING ADYNAMIC FEVER.

By JOHN COCKLE, M.D. F.L.S.

Licentiate of the Royal College of Physicians,
Lecturer upon Medicine at the Grosvenor-place School of Medicine, &c. &c.

(Concluded from page 626.)

Case 3.— Chronic otorrhœa from right ear, of some years' duration. Cause unknown. Long-continued cephalalgia. Eventually increased headache. Great debility, and death in fourteen days from putrid infection, with symptoms of low fever at first continued, finally of intermittent type. Neither delirium, convulsion, nor other disordered muscular movement, beyond intermittent strabismus of left eye, with double vision. Consciousness intact to the close. Slight softening without discoloration of the temporal bone. Sphacelus of membranes. Plug in right lateral sinus. Fetid abscess in the right lobe of the cerebellum.

The following notes were taken by Mr. Henry Davis, who attended the case throughout, and made the post-mortem with me:

Mr. H.B., aged 20, a pupil of one of the Medical schools, of somewhat strumous diathesis, had suffered for many years from chronic otitis of the right ear, attended with more or less discharge, purulent or sero-sanguineous, and accompanied with much pain, especially during the last few months. This pain was referred to the ear and occiput. There was perfect deafness of this side. The ear was examined three months ago, but it was not certain that the tympanum was perforated. In August last he left town a fortnight for change of air, but returned looking still paler and sallower, feeling weak and depressed, and complaining of his ear and head, to relieve which he had taken occasionally a few drops of laudanum. These symptoms persisted with little change up to the date of his last attack, October 8th, when the pain was much increased.

On the 9th there was much fever of low type; tongue white and furred, skin hot and dry, pain in head increased. No delirium, pupils active.

10th.—Passed a restless night; pain in the head unrelieved; fever still continues; tongue coated; pulse quick; bowels slightly moved. In the afternoon took a drastic purgative, which acted freely. The skin was now cooler and moister, but the pain remained unabated. Ice was applied to the head. At night calomel and a saline diaphoretic were exhibited.

11th.—Passed a bad night, the pain still continuing. A blister was applied to the neck, and the saline and cold applications continued. There was still fever, the skin being at one time moist, at another hot and dry. There was great thirst, and the tongue was moist, white, and furred. Perfect anorexia. Pulse quick; bowels still acting very freely (diarrhœa); moderate epistaxis affording some relief.

12th.—Passed a restless and sleepless night; fever; diarrhœa; pain still unabated; skin somewhat moist; pulse varying from 80 to 120; weak; leeches were applied behind the affected ear with some relief; saline continued; calomel at night.

13th.—Passed a bad night, but had occasionally moments of sleep; expressed himself too tired to sleep; seems much weaker; diarrhœa moderate; in every other respect the same, the most urgent symptom being pain; fever stationary; another blister applied; some ipecacuanha wine was added to his mixture, which produced sickness once.

14th.—Passed a bad night; morning, symptoms the same. Gums very slightly affected by the calomel. About 7 o'clock p.m. had a most severe fit of shivering, which lasted some minutes, and was followed by profuse perspiration. This was the first time that any marked change had occurred from the commencement. Ordered bark and nitric acid.

15th.—Passed a bad night; recurrence of rigor in the morning, followed by profuse perspiration; double vision; pulse very unstable and weak; consciousness intact, in every other respect the same. This evening Dr. Cockle saw him; there is still fever; quick and weak pulse; pain in the head, with oppressed, languid look. No facial paralysis nor tenderness upon pressure around the right ear; no dysphagia; slight urinary irritation; no physical sign of engorgement of the spleen. An opinion was expressed that abscess of the brain existed.

16th.—Symptoms the same, but more marked; strabismus convergens of left eye; double vision; redness of the left conjunctiva; discharge from ear slight; there had been for some days spitting of viscid mucus from the fauces, which was now carefully examined, to ascertain whether pus were escaping from the Eustachian tube; none detected; no rigor on this day; entire sleeplessness; perfectly conscious and intelligent; diarrhœa subsided; appears somewhat anxious respecting his case, and speaks of his double vision as foreboding ill; complains of uneasiness and stiffness of the muscles at the back of the neck, which he attributes to the blister and position. There has been a perfect indisposition to move almost throughout; the irritation of the bladder is entirely gone.

17th.—Symptoms the same; still strabismus and double vision; oppressed look; headache. In the morning severe rigor, followed by profuse perspiration; during the day the pulse ranged between 80 and 140.

18th.—Symptoms unchanged; strabismus and double vision; frequent spitting; pulse ranges the same. At times, momentary, and but momentary, difficulty in collecting himself on first waking, or rather after dozing.

19th.—Symptoms the same. Strabismus has ceased, as also the double vision. Pulse weak and rapid. Skin hot. Look

Digitized by Google

oppressed. Much headache. Was cheerful during periods of the day, and conversed rationally. A leech was applied to the interior of the nostril, and relieved slightly the head. Pupils sluggish. Partial return of appetite.

20th.—Symptoms unchanged. Headache. Severe rigor, followed by profuse perspiration. Slight strabismus. Double vision at times.

21st.—Symptoms the same. Skin moderately cool. Pulse weak and variable. At midday severe rigor came on. Immediately on its cessation, the eyes became suddenly fixed, and he instantly expired, though sensible almost to the last.

During the past week, with the exception of the leech to the nostril, quinine and support were alone resorted to.

Autopsy twenty-four hours after death.—Features much changed and shrunken. Light vinous staining over back and side of neck. On reflecting the scalp, gravitating congestion in the occipital region was observed, and shortly afterwards oozing of blood along the track of the superior longitudinal sinus, which oozing much increased while sawing through the cranium. Considerable venous congestion was observed on exposing the membranes, but no sign of inflammatory exudation observed. The transparency of the arachnoid membrane was unchanged. During the separation of the brain from the base of the skull, the walls of the right lobe of the cerebellum gave way, and about two tea-spoonfuls of excessively fetid, greenish-yellow pus escaped. Further examination proved that this portion of lobe, corresponding to the base of the petrous portion, was discoloured and dark. Here its substance had undergone the most marked softening. This diseased portion formed the outer wall of an encysted abscess, which occupied two-thirds of the right lobe of the cerebellum, and was lined with a tolerably thick pyogenic membrane, dark, and highly fetid (a). Not the slightest effusion existed, nor appreciable change in the remaining portion of the cerebellum or cerebrum; sections having been made in every possible direction. The ventricles contained no fluid. The membranes corresponding to the petrous portion of the right temporal bone were detached, and reduced to a putrid deliquies intolerably offensive. The bone underneath was slightly softened, but not discoloured. A moderately firm decolorised plug occupied the lateral sinus. In compliance with the expressed wish of the family, no other portion of the body was examined.

This history appears to be fraught with interest. First, in a pathological sense, although many cases have been observed in which one or other of the great signs of meningitis or encephalitis was wanting. Here was almost total absence of them all, vomiting, delirium, convulsion, paralysis, coma. Abscess of the cerebellum appeared in its simplest guise divested of the ordinary attendants, accidents I dare hardly term them, of such disease. All that we saw of the essentials were, long abiding headache, extending from ear to occiput, and, afterwards, down the muscles at the back of the neck. Great general debility, then, sequentially, marked symptoms of adynamia, indisposition to movement, variable pulse, pseudo-intermittent fever, followed by death; the intelligence remaining unimpaired to the latest moment.

With regard to the pseudo-intermittent paroxysms, I would observe, when it is considered that the cyst wall of an abscess consecutive to otorrhœa, is, as a rule, of slow formation, and frequently the work of weeks, I am disposed to regard the rigors rather as the expression of the general shock from sphacelus of the membranes, fetidity of the abscess pus, or absorption of some putrid element into the blood from the right lateral sinus, than as characterising the actual period at which simple suppuration occurred. I admit, however, that such symptoms might be supposed characteristic of pyæmia. And there certainly is a difference between putrid and purulent infection. But no pus was seen in the lateral sinus; no multiple abscess existed, and the single one was large and encysted. Cases of pernicious ague attended with irregular intermittent paroxysms are mentioned by Itard. Such excessive fetidity of the membranes as was observed in this case reminds us of a similar one detailed by Morgagni—the fifth case in his fourteenth letter.

The strabismus of the left eye was no mere coincidence. The same thing has been observed in abscess of the cerebellum by Abercrombie and others.

(a) The specimen was exhibited.

Lebert has declared that abscess of the cerebellum is, most frequently of all, attended by vomiting, and that this symptom may be of importance with regard to the localisation of an abscess. This case strikingly opposes such an assertion, since, except sickness once immediately following a dose of ipecacuanha wine, not even nausea occurred.

The spitting (excretion of saliva) mentioned has some significance in diseases of brain, not yet clearly understood. I know that Dr. Sibson has met with it also in a case of organic disease of this organ.

One great fact merits particular attention. In abscess of the cerebrum the leading symptom of meningitis, delirium is almost constantly present, while in abscess of the cerebellum it is very frequently absent. This cardinal point in differential diagnosis was first recognised by the sagacity of Stoll, and, certainly, is supported by the vast experience of Andral.

I regret that I have not time to give an accurate comparative statistic on the subject.

In a physiological sense this case merits consideration. The various hypotheses as to the function of the lesser brain seem scarcely to find an unchallenged support. With so large a portion of the organ gradually spoiling and spoilt, and with that *consensus* which would possibly have been established with the remaining portion, there existed no want of co-ordination of voluntary movements. No disorder was observed. On the contrary, a peculiar tendency to immobility was a prominent characteristic. Again, regarded as a centre of sensibility, where were the indications of its perversion?

As an erotic centre there was not a single sign to demand even a momentary attention. In a therapeutic sense the case is suggestive, and there appears to me one practical deduction of value. The embolia of the right lateral sinus clearly gave rise to a venous congestion altogether mechanical; and from the outward visible signs of such congestion it may be seen how in some cases we might easily be led into error by directing an undue attention to this condition, losing sight of that deeper mischief which has produced it. Some years ago I published a paper on fatal coma induced by such plug of the lateral sinus.

Such are the observations and cases I have had the privilege of placing before the Profession; cases, I concede, imperfect in some particulars of morbid anatomy, but still upon the whole, I trust, of sufficient value to serve as a beacon to the investigator through the unsteady light which guides him in the diagnosis of this most insidious and dangerous class of cerebral disorders.

A CASE OF

ANEURISM OF THE EXTERNAL ILIAC AND FEMORAL ARTERY.

By JAMES PAGET, F.R.S.

Assistant-Surgeon to St. Bartholomew's Hospital.

John Pring, aged 38, a butcher, applied as an out-patient at St. Bartholomew's, on account of œdema of the right leg and foot; and Dr. Kirkes, finding a swelling like a large aneurism in the groin, transferred him to me on the 16th of April. He was admitted an in-patient. He was a small, lightly-made, and rather delicate-looking man, but he felt in excellent health, and had always been temperate and active. In the right groin there was a large, tuberous, elastic, and pulsating swelling, crossed and impressed by the crural arch. Below the arch the swelling reached as low as the saphenous opening, through which a portion of it projected in a knob, the summit of which was only subcutaneous; part, also, could be felt under the tensor vaginæ femoris. Above the arch, the swelling could be felt for about two and-a-half inches upwards and backwards; here it appeared to end (but it was afterwards found to extend, with less prominence, much further back). Externally, above the arch, the swelling extended to within half an inch of the spine of the ilium; internally, to the inner pillar of the external inguinal ring. The part of the swelling which could be felt might, therefore, be described as filling the whole inguinal region both above and below the crural arch.

The pulsation was strong, full, springing, and in every direction expansive. It was like the patient's natural pulse

Digitized by Google

greatly magnified, and was attended with a well-marked, loud, and rough *bruit*. The pulsations of the tibial arteries were synchronous with those of the swelling, and of natural fulness. The swelling was not painful, and did not hinder the movements of the limb. All below it appeared natural, except that the limb was large and œdematous, and the greater part of the skin was pinkish with venous fulness.

The patient had no other evident signs of disease; but his pulse was never under 90; was full and strong, and often more accelerated.

The only history of the case was that the swelling had existed for three years; that it seemed to have origin in straining, during the lifting of heavy weights; and was believed to have been as large when first found as it was now. It never prevented the patient from working till, within the last month, it seemed to produce the œdema of the foot and leg. Only a fortnight before his admission, thinking that he would "walk down" this œdema, he walked seventeen miles in one day, and suffered only moderate fatigue. But, in the last week, the œdema regularly and quickly increased.

The characters of aneurism appeared complete and well marked. But some things were unlike the usual events in aneurism. The three years' duration of the disease, with very little change, except the lately occurring œdema, the completely retained power of the limb, and the natural pulsations of the tibial arteries, seemed inconsistent with the belief that a large aneurism existed; but the first two were as hard to understand on any other supposition as on this, and I fully expected that the disease would prove an aneurism. The opinions of my colleagues differed; some were decided for aneurism; others, in various degrees, doubted it; but it was agreed that the external or the common iliac artery should be tied.

On April 19, I operated for ligature of either of these arteries, according to what might be found as the extent of the swelling. But when the fascia transversalis was divided, and I passed my finger down the iliac fossa, I felt a large portion of the fossa, extending downwards from the level of the posterior half of the crest of the ilium, occupied with a firm smooth convex swelling. This swelling, situated behind the more prominent one at the groin, was not elevated enough to be felt from the front or above the ilium; but it extended inwards under the iliac muscle and fascia, and under the outer border of the psoas muscle, while forwards it was continuous with the swelling that was felt pulsating above the crural arch, and at its upper and posterior part was scarcely more than an inch from the lower end of the kidney. It did not pulsate, but felt everywhere firm and solid.

All present at the operation agreed in thinking that it would not be right to tie either iliac artery. For neither the external nor the common iliac could have been reached unless over the surface of the tumour; and the existence of an apparently solid tumour, free from pulsation, under the iliac and part of the psoas muscle, seemed enough to prove that they were right who, before the operation, believed that the disease was not aneurism.

The patient recovered very well from the immediate consequences of the operation, and lived between eight and nine weeks after it.

The swelling regularly increased, extending especially towards the abdominal cavity till it filled all the space between the umbilicus, the right groin and the right ilium. But with this enlargement, the pulsation diminished, and, after about five weeks, was no longer perceptible; and the whole mass of the swelling now felt solid, firm, and inelastic. For a few days after the operation, the œdema and venous fulness of the lower extremity became less; but then, they greatly increased, and the patient had occasional attacks of severe "tightening" pain in the limb. At the same time he regularly lost strength, and became thinner and paler, looking cachectic, passing sleepless nights. A fortnight before his death, a considerable flow of arterial blood took place through the granulations of the nearly healed operation-wound. It appeared to proceed from the swelling which, at this time, slightly upraised the scar and granulations. Two days later the bleeding recurred, to a larger amount, and the patient's rate of dying quickly increased.

At the examination after death, the only disease found was a huge diffuse aneurism of the external iliac and common femoral artery. The swelling, of nearly oval shape, extended from the umbilicus to the lesser trochanter, filling the lower half of the right side of the abdomen, the whole of the hollow of the right ilium, the greater part of the right side of the pelvis, and all the hollow of the groin. The urinary bladder was pushed to the left of the median line, the cœcum lifted to the umbilicus.

The right common and external iliac artery, coursing along the median surface of the swelling, was compressed and flattened, but pervious; and its coats appeared quite healthy, to within about two inches of the crural arch. Beyond this point, the rest of the external iliac artery, and the first inch of the common femoral, had their walls thickened and rigid with calcareous matter. The portion of artery thus diseased was not generally dilated; but, in its posterior or inferior wall, there was an opening about 1¼ inches long, the mouth of an aneurism. The edges of the opening were regular and smoothly everted; it was covered in with firm decolorised blood-clot, which, however, did not adhere to its borders. The lining membrane of the artery was traceable over and beyond the edges of the opening for about an inch, on part of the surface of the swelling, including the part which, like a nearly distinct lobe or tuberosity, rose up through the saphenous opening, pushing the femoral trunk inwards. But beyond this distance of an inch from the mouth of the aneurism, there was no distinct trace of the coats of the artery, and the boundaries of the swelling were composed of the various adjacent structures displaced and compressed. The peritoneum and subjacent tissues, where they bounded the swelling, were thickened and condensed; but in most parts yellowish and soft, like rotten leather, and, next the scars and granulations of the wound they had given way. The hollow of the ilium was all eroded and rough, the body of the last lumbar vertebra was impressed, the lesser trochanter was bare and roughened, by the pressure of the several parts of the aneurism in contact with them.

The swelling was composed entirely of blood-clot. In its outer part were firm greyish layers, and within, dark clots in soft masses without order. The psoas muscle, softened and shreddy, and raised up from its connexions, passed right through the middle of the blood-clots. The iliacus muscle could not be seen; its fibres might have been either spread out and wasted on the upper surface of the swelling, or destroyed in the midst of the clots, a great proportion of which must have lain between it and the ilium.

Beyond its diseased portion, the femoral artery was healthy. Just beyond the mouth of the aneurism, the canal of the artery was plugged with a short, nearly white, firm and adherent clot, from which a narrow, black clot extended without adhesion.

The heart, and all the other large blood-vessels, that were seen, were healthy.

The following seem to be the chief points of interest in this case:—

A very large diffuse aneurism existed, filling the whole groin, and a great part of the iliac fossa, without affecting, in any material degree, the power or utility of the lower extremity. It thus existed, without evident increase, for at least three years. Part of the aneurism pulsated strongly; another part did not pulsate at all. The pulsations of the arteries below it were natural. It may be supposed that the occurrence of œdema, and of other signs of pressure on the iliac or femoral vein, was due to some recent sudden increase of the aneurism; if it were so, such an increase was attended with no other perceptible symptoms.

The diagnosis of such an aneurism from a pulsating solid tumour must be difficult. The existence of the usual positive signs of aneurism, in the present case, seemed sufficient to some of my colleagues and to myself; but the history of the case was very unlike that of aneurism. And it could well be objected, that reliance on the supposed positive signs, when only rather less marked than they were here, had sometimes led even the best Surgeons into error; and that, in the majority (I believe a large majority) of recorded cases, when there has been doubt in the diagnosis between aneurism and any other pulsating swelling, the disease has proved not aneurism.

The state of parts found in the operation—especially the extension of the swelling into a large non-pulsating mass under the iliac fascia and the border of the psoas—added so much to the reasons for the doubts which some entertained that the disease was not aneurism, that it seemed right not to incur the risk of a ligature on the common iliac artery. The

Digitized by Google

mistake in diagnosis was, probably, fortunate for the patient; for it would have been hardly possible to tie the artery without breaking through some of the sub-peritoneal tissue, which alone, or with the stretched and wasted fibres of the iliac muscle and fascia, confined the blood-clots at the seat of the operation. Certainly, the artery could not have been tied without such a disturbance of these parts as would have led to their softening and giving way in a few days.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GREAT NORTHERN HOSPITAL.

REMOVAL OF A PECULIAR LIPOMATOUS GROWTH FROM THE ARM OF A CHILD.—ITS RETURN, AND SUCCESSFUL REMOVAL BY A SECOND OPERATION.

(Under the care of Mr. GAY.)

A child, aged 14 months, was brought to the hospital, having a large and somewhat oval-shaped tumour in the arm.

It was six months ago that the mother's attention had been drawn to a small swelling, which looked like "a little bladder," in the front of the arm. A surgeon punctured it, and let out some watery fluid, which was reproduced, and again let out. In tapping it, a small vessel appears to have been punctured in the walls of the cyst; for the cyst became distended with blood, and a considerable ecchymosis took place in the surrounding tissues. In this condition the child was first seen by Mr. Gay, when the swelling looked very much like a large compound nævus. The blood, in course of time, was absorbed, and then Mr. Gay recognised the tumour, which became the subject of the following treatment. It occupied the greater part of the front of the arm; and although it moved with considerable freedom over the deep fascia, it appeared to be closely attached to the skin. The surface of the skin overlying it had not its usual flesh-colour, but was dingy, and less shining than that on the other part of the arm, and raised considerably above the adjoining level. The tumour was firm and lobulated, and appeared to give no pain to the handling.

It was deemed to be a fatty tumour with a very firm adhesion to the skin; and as its growth was rather rapid Mr. Gay, with the sanction of his colleagues, Mr. Savory and the late Mr. Statham, advised and undertook its removal.

On cutting through the cutis, it became immediately evident that there was no distinction between the fatty layer appertaining to the skin and the tissue composing the growth at large; that in short, it was an outgrowth corresponding with those tumours so well described by Sir B. Brodie and Mr. Paget, "as having no distinct boundary (skinward), and of which Sir Benjamin says you cannot say where the natural adipose structure ends and the morbid growth begins." Mr. Gay dissected away the growth as well as he was able, first from the denuded layer, and then from the deep fascia, to what, at some points, it had contracted tolerably from adhesions; removing altogether a mass about the size of a large walnut. The wound was sewn up and dressed; but it did not heal as usual. The skin and surrounding parts swelled considerably; suppuration set up, and after a few days the wound presented the appearance of a large unwholesome-looking sore with an abundant fœtid discharge. It was dressed with lint, dipped in a solution of chloride of zinc—Burnett's solution 1 part to 10 of water.

The effect of this application seemed almost magical; the character of the sore immediately changed, granulation sprang up, and in a few weeks it had entirely healed.

Six weeks after this the child was brought again to Mr. Gay; as nodules had not only made their appearance in the originally affected skin, but several had rapidly attained a considerable size. Mr. Gay then advised the removal of the whole of the involved portion of skin without delay. This was done, the sore assumed a similar appearance to that which followed the first operation; but by treatment with the chloride solution it was induced, after several weeks, perfectly to cicatrise. During this process, however, the solution appeared to destroy, and thus to remove some few nodules of the morbid texture which had not been removed from the fascia by the operation, and which, but for this, would in all probability have led to further development of the diseased growth; clearly showing that its vitality was lower than that of the adjoining healthy textures.

The description of the ordinary "fatty outgrowth" by Sir B. Brodie, from which a quotation has already been made, appeared to answer exceedingly well for that taken from the child's arm, excepting that with the fatty granules in this case, a large number of serous cysts were interspersed of every size, to that of a pea or even larger. The granules differed from those of the ordinary lipoma, in being smaller, more regular in shape, and firmer. The portion taken by the second operation differed in not having any decided cysts, and in appearing to consist principally of fat granules, depending from a kind of areolar mesentery. Mr. Paget, to whom the specimen was shown, thought it was one of those rather rare form of tumours which have their origin in congenital nævi. The history, to a certain degree, favours this view. But whatever its origin, the metamorphoses, which must, in this case, have taken place in the essential constituents of the growth, removed it subsequently from that, and placed it in a very different class of tumours.

The points of interest about this case are—1st, The nature of the growth; and, 2ndly, its tendency to rapid increase. 1st. The development of simple cysts in connexion with degenerate adipose tissue is not a very common occurrence; not that it is a matter of moment beyond the establishment of a variety of lipoma, which might be designated "cystic." They are, in all probability, formed, as Mr. Paget describes them, "by the enlargement and fusion of the spaces, or areolæ in fibro-cellular, areolar, or other tissues, in which spaces fluids collect and accumulate;" and might, consequently, form in connexion with fat as with any other normal texture containing a proportion of areolar tissue. In connexion with the subject of cystic development, Mr. Gay takes this opportunity of relating a case, perhaps worth recording, and for the examination of which, in the year 1845, he is indebted to his friend, Dr. Sparke, of Finsbury.

A cachectic child, aged 14 months, died suddenly, from a portion of food finding its way through the rima glottidis. The body was thin; the chest small, and compressed laterally; the abdomen large and tense. The neck bulged out so as to be quite even with the chin and the sides of the jaw; and this bulging continued upwards to the skull, so that the ears protruded considerably beyond their normal position. The tongue was thrust upwards and forwards. A network of large veins had long been noticeable in the skin of this region.

The enlargement of the neck was congenital, but it had been gradually increasing; and with it the child's breathing had become more and more difficult, often attended with a croupy noise, while its powers of swallowing had become enfeebled.

On examination, the enlargement was found to be due to masses of cysts which filled the spaces between the various parts of the neck, usually occupied by simple areolar tissue, from the surface to the vertebral column. These cysts were of every size, from that of a millet-seed to a walnut, and contained limpid serum. They had forced the tongue and sub-maxillary glands far out of their right position; and so compressed the pharynx and larynx as to produce the interruption to their functions, which caused the child's death. The lungs were small, and the air-cells remarkably large. The heart was also large, and the blood throughout the system of an unusually dark colour. The mesenteric glands were enlarged, and the cavity of the abdomen contained serum.

It is well to remember that growths may be entirely cystic in their nature; and that as far as their more serious and immediate consequences depend upon the pressure which in the progress of development, they make upon contiguous and important parts, these may often be prevented by appropriate surgical interference. In the case related, had the nature of the disease been discovered, and our practical resources been what they now are, the child might have been spared much suffering and deformity, and perhaps the fatal result. And this consideration is of moment since the tendency to diseased action in infantile life, excepting when that action is malignant in its nature, is often more or less suddenly checked; and diseases of apparently an unyielding

Digitized by Google

character, excepting to severe operations, not unfrequently are found, concurrently with an improvement in the general health, to come to an end. Of course, the precise nature of such maladies may be ascertained by an exploring needle or incision. With regard to the case in which cysts and fat (of a morbid kind) occurred together as a cutaneous out-growth, nothing but its removal could give any chance of a cure; and in such cases the whole of the skin originating the growth must be removed; for, although strong caustic solutions appear to have a fatal effect on isolated portions, yet they fail, it would seem, of their effects upon some portions that are left in contiguity with the matrix tissue.

HOSPITAL NOTES.

MR. JONES'S CASE OF EXCISION OF THE ENTIRE SCAPULA.

On Saturday last, after the operations were ended at King's College Hospital, Mr. Fergusson had the opportunity, through the kindness of Mr. Jones, of showing to the pupils the case in which this Surgeon had performed the operation of excision of the scapula, with a portion of the clavicle, at the Jersey Hospital in May last. The patient, who is a remarkably healthy-looking young woman of sixteen, hardly presented any indications of having had such a formidable operation performed, as she walked into the theatre, carrying her head erect, and her arm in almost the natural position. On examining the parts it is found that the head of the humerus has formed for itself a new attachment, just below and in front of its natural situation. The upper arm itself is well developed, the limb measuring just nine inches in circumference, that on the other side being half an inch larger. There is very considerable motion in the new joint; the patient can carry her arm to an angle of 45° from her body outwards; she can throw her arm across her body in front, carrying her hand to her mouth and to the opposite ear. She can throw her arm behind her, resting the forearm horizontally across her back; the movement of her hands are natural, she can knit, sew, and perform other useful occupations. Mr. Fergusson, in the course of some remarks, observed that it was the only living instance he knew of where an operation of a similar kind had occurred. It was impossible to come to any other conclusion than that the case was most successful, and one of the greatest triumphs of modern Surgery; and its issue reflected the greatest credit upon the Surgeon who operated. There were some who might criticise the success of the case, inasmuch as certain muscular movements were not so free as might be anticipated; but it was to be borne in mind that only a few months had elapsed since the operation was performed; moreover, it was undertaken to save life; this had been effected, and, in addition, a useful arm was preserved to the patient.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 286.—Female Head-Gear, and Tight Lacing a Century ago.

"The head-dresses of the ladies during my youth were of a truly preposterous size. I have gone to Ranelagh in a coach with a lady who was obliged to sit upon a stool placed in the bottom of the coach, the height of her head-dress not allowing her to occupy the regular seat. Their tight lacing was equally absurd. Lady Crewe told me, that on returning home from Ranelagh she had rushed up to her bedroom, and desired her maid to cut her laces without a moment's delay, for fear she should faint."—*Rogers.*

No. 287.—Remains of Wimbledon, and the Story of a Romance.

I cannot at present say who was the person satirised, or what gave rise to the publication, but I may be permitted to state that the author of the same was Benjamin Bell, surgeon, in this city; and that the etchings which embellish the volume were done by himself. Mr. C. K. Sharpe had no hand in the matter. Dr. Bell, if I mistake not, died many years ago.

Edinburgh. T.G.S.

TERMS OF SUBSCRIPTION.

Twelve Months (prepaid) stamped for post. £1 10 0
Six Months (do.) 0 16 0

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Orders on Army or Navy Agents should be made in favour of Mr. James Lucas, 11, *New Burlington Street.*

CHARGE FOR ADVERTISEMENTS.

Seven lines, or less... 4s. 6d. | A Column... 2l. 12s. 0d.
Every additional line 0s. 6d. | A Page..... 5l. 0s. 0d.

The First Number of the First Volume of the

Medical Times and Gazette for 1859,

WILL APPEAR ON

SATURDAY, JANUARY 1, 1859.

THIS VOLUME WILL CONTAIN A COURSE OF

CLINICAL LECTURES

ON

THE DISEASES OF WOMEN,

DELIVERED, DURING THE PRESENT SESSION, IN THE

Royal Infirmary of Edinburgh,

BY PROFESSOR SIMPSON.

Medical Times & Gazette.

SATURDAY, DECEMBER 25.

RECENT TRIALS.

Murder or Manslaughter? Murder or Insanity? Poisoning by culpable negligence or by the fault of a careless servant? These are the questions raised in the trials which have filled the newspapers during the last few days. Let us take the last case first.

The wholesale poisonings at Bradford by the lozenges adulterated with arsenic instead of plaster-of-Paris, by the mistake of a druggist's boy, are fresh in the memory of our readers, most of whom will probably be surprised that the prisoner, "Hodgson, chemist," has been acquitted by direction of the judge, Baron Watson. It was proved that he kept casks of arsenic and "daff" in the same garret—that the only label on the arsenic cask, which weighed 157lbs., was on the bottom of it—and that he trusted an apprentice, who had only been with him three weeks, to go to this garret for the "daff." But as he had warned the boy some time before of the arsenic cask, and had told the lad the daff cask was in a "corner" of the room, and the boy did not go to the "corner," but to a cask near the "stair-head," the judge said "that he really could not see any negligence," and he "thought there was no case for the jury." It was urged that the prisoner ought to have reminded the boy of the arsenic; but the judge directed the jury to return a verdict of acquittal. "*How could it be said that there was any negligence here?* There must be criminal negligence to convict the prisoner. *He did not know what a man could do more except not keep arsenic.*" May we venture most humbly to suggest that he might have kept it under lock and key, and properly labelled. It certainly is highly satisfactory to find that fifty or sixty people have been poisoned, about fifteen lives destroyed, and no one to blame for the poisoning. As the saying is, "*de minimis non curat lex;*" the law takes no charge of trifles, and therefore it was no business of Baron Watson to inquire, "Is it right

Digitized by Google

that a chemist should take into his shop any one entirely ignorant of his business, and give him the run of the poison casks?" The young man had been in the shop *three weeks*, and was allowed to act as a full-blown druggist. We trust this case will not be forgotten when the Sale of Poisons Bill comes again before Parliament.

Then we have two cases in which the plea of insanity was put in in cases of murder. The murder was proved in both cases. In one the plea was successful, the prisoner being acquitted. In the other it failed, and the prisoner was sentenced to death. The jury were probably right in both cases. In the one the man was nearly an idiot; in the other, an untaught savage yielding to brutal instincts. But who shall say where we are to draw the line of mental capacity, defining the boundary between those who are responsible for the crimes they commit and those who are not? We want a more fitting tribunal than a jury of twelve average tradesmen, compelled to decide upon the conflicting testimony of opposed Medical witnesses; and we want the power of protecting the public from the outrages of dangerous lunatics. It is very well to talk humanely of protecting the poor irresponsible madman from the crime he has unconsciously committed; but it would be far more humane to protect the unsuspecting victim from the murderous attack of the maniac. Here again we want a proper tribunal, and due authority for the detention of persons who may be dangerous to their neighbours. The man Atkinson, who cut the throat of his sweetheart, was proved to be one of an insane stock, a sort of cretin himself, subject to ungovernable fits of frenzy, of weak intellect, and vicious temper. He once nearly killed his younger brother, yet he was left, as hundreds of others equally bad are left, in unrestricted liberty. He ought to have been brought under control, without waiting until he had committed murder. There is no Medical man who does not know of some such case—some drunkard who in a fit of drunken delirium will murder himself, if not his wife or children—some one on the very verge of insanity, who will only be considered insane when he has committed some great crime, or some act of supreme folly, by which he ruins himself and family. We must have some mode of legal procedure invented by which Medical men may be enabled to protect society from those who are unable to control their own evil passions, without running the risk of being treated as if they were interfering impertinently in the affairs of other people, and being accused by the public and the press of imprisoning sane persons in lunatic asylums.

Then as to the case of criminal abortion, in which the prisoner's life depended on the distinction between murder and manslaughter.

The unlawful shedding of blood without malice, if death ensue, is by the law of England manslaughter; but if "malice forethought" exist, the same circumstances constitute the crime of murder. This distinction was the issue in the case of Auguste Wilhelm, who was convicted at the late Lancashire Assizes of having wilfully murdered one Martha Bilborough. The prisoner was a chemist and druggist, carrying on business in Bury New Road, Strangeways, Manchester. He appears, from the certificate of death which he signed, to have been a Graduate of some German University; and the charge against him was of having caused the death of the young woman named, by an attempt to procure abortion. The evidence of Medical witnesses showed that some sharp instrument had been used which produced internal lacerations; that a fœtus four months old had not been removed from the body by the operator, that an injury had been produced by the insertion of the operator's arm; that it was physically impossible for the young woman to have inflicted the injuries upon herself, and that such injuries were the cause of her death. In summing up the evidence, the judge (Baron Bramwell) pointed out to the jury that it was competent, under an indictment for murder, if the jury felt themselves so guided by the evidence, to return a verdict of murder, of manslaughter, or of an acquittal; that all the law he need now lay down for the present case with reference to what constituted the crime of murder, was, that if a man, for an unlawful purpose, used a dangerous instrument, or medicine, or other means, and thereby death ensued, that was murder, although he might not have intended to cause death; and although the person dead might have consented to the act which terminated fatally, and although possibly the prisoner might very much regret the termination that had taken place contrary to his hopes and his expectations, this would be wilful murder. On the other hand, if the jury should be of opinion that the prisoner, when he used the instrument, did not intend to take away life, and that the instrument was not a dangerous one, notwithstanding he used it for an unlawful purpose, that would reduce the crime to manslaughter: that there could be no doubt on the evidence that death resulted from the injuries which had been described; and that if the prisoner used the instrument for the purpose of procuring abortion there could be no doubt he did it for an unlawful purpose; because, if a person attempted to procure the abortion of a woman, without lawful cause, for so doing he would be guilty of a highly unlawful act. The judge then concluded by directing the jury, that, to find Wilhelm guilty, they must believe that he committed the injuries upon the deceased, and that they had been inflicted with an unlawful instrument for an unlawful purpose. The jury having subsequently consulted together for some time, found the prisoner guilty of murder; but they would have been glad, they said, if they could have brought it in manslaughter, had the law allowed them to return that verdict. His Lordship, in passing sentence of death upon the prisoner, said that, in his judgment, the jury could not have done otherwise than find a verdict of murder; for a clearer case in point of law and fact he never saw. The following evidence was given by the chief Medical witness on cross-examination:—"I have had much experience in midwifery practice, and occasional experience in difficult surgical operations. Ergot of rye is frequently administered to procure abortion, but I discovered no trace of ergot of rye in the body of the deceased. In cases of malformation, on the part of the female, it is sometimes necessary and indeed customary, to perform operations for the purpose of procuring abortion in various stages of pregnancy; but the instrument now produced, and which the witness believed had caused the injury to the deceased, was not such a one as would be used for such a purpose." On re-examination, the same witness said there was no malformation in the deceased. The above statement is merely a summary of the Medical facts proved in this important case; which, but especially the observations made by the learned Baron before whom it was tried, well deserve the careful study and attention of all Medical practitioners. The following evidence of the assistant in this case, who was admitted as evidence for the Crown, speaks for itself:—

"Card Stadtmuhler was next called, and his evidence was interpreted to the Court. He stated that on the 7th of last July he came to Manchester. He knew the prisoner, having first made his acquaintance on the 18th of August last. He went to reside with him, and engaged to serve him as assistant, on the 22nd of September last. The instruments produced in Court were his own property. He first saw the deceased on the 25th of September, when she came to the shop. She went into a back room, where she remained 10 or 15 minutes, during which time the prisoner said to him that the deceased was the person upon whom he was to operate. Witness was enjoined to hold no communication with his friends, to tell no one of the prisoner's real condition, but, on the contrary, he was to boast of the prisoner's circumstances. When he was arranging the things in the shop on the following day, the deceased came in, and after a consultation with her in the back room, the prisoner came out and told the

Digitized by Google

witness that that was the person with respect to whom he had been speaking. Witness replied that that person was not suffering from consumption; and he urged that it was a matter which ought to be carefully considered and could not be done lightly. Prisoner then told him that he had used the strongest Medicines to the deceased without effect. While witness was preparing for the operation he turned round and saw the prisoner, who was in the room with the deceased, taking money from the latter's purse and put it into his own pocket. The prisoner, seeing witness getting nervous, sent for some porter, and they had a good deal of beer, and ergot of rye was administered to the deceased."

The *Times'* reporter adds:—

"It is impossible to make public the narrative given by this witness of the proceedings which took place on that Sunday at the prisoner's house. It may be sufficient to say that a thrill of horror ran through the whole Court when the witness recounted the repeated attempts made by the witness and Wilhelm, and the suffering and agony entailed upon the deceased, whose screams were distinctly heard by a woman in the street."

After this, it cannot be a matter of surprise if the sentence of death passed upon the prisoner should be carried into effect. One good effect of the Medical Act must be to stop the practice of low foreign adventurers coming to this country and practising, without giving any proof of their Professional skill.

THE WEEK.

The following note from Dr. Hawkins, with the forms accompanying it, will answer the questions of numerous correspondents:—

Dr. Francis Hawkins presents his compliments to the Editor of the *Medical Times and Gazette*, and begs to state that he has commenced Registration at his own house, 18, Bolton-street, Piccadilly, and that it is proceeding as rapidly as is compatible with the due inspection of diplomas and licenses; or, when these are not produced, with the necessity of comparing the dates and descriptions given with the certified lists. Applications for Registration may be made in the form which is enclosed. It would assist greatly if Registration Societies were to collect the applications of their members, and to forward them with the fees. The fee is £2, and cannot be raised for every one now qualified to practise, or who may yet become so before the end of the year. Declarations made pursuant to Schedule (B), should be sworn before a magistrate, and attested by a person registered under the Act.

Dec. 21, 1858.

A—*Medical Registration.*

TO THE REGISTRAR.

I request to be registered as a Medical Practitioner, under the Medical Act, 21 & 22 Vict. c. 90, by virtue of the following qualifications, viz.:—

bearing date

Insert name and Christian name or names in full.

Residing at

B—*To the Registrar of the Medical Council.*

I, residing at
in the county of hereby declare that I was
practising as a Medical Practitioner at in the
county of before the 1st day of August, 1815.

Signed

Dated this day of 18

Sworn before me *J.P.*

Attested by me *Registered under the Medical Act.*

It will scarcely be believed—though it is the fact—that, notwithstanding the repeated efforts lately made to force the authorities at the Horse Guards and the Admiralty to improve the barrack accommodation of our troops, one of the finest bodies of men in the army is now confined in casemates near Portsmouth with only 350 cubic feet of air per man. No less than 540 of these men are cooped up together at Fort Cumberland, and have been for more than a month past eating and sleeping in the same casemates, with just 350 cubic feet of air for each man. The public ought to know upon whom the responsibility rests for such a wanton sacrifice of the health and comfort of our men. It does not rest with the Medical Department.

Much dissatisfaction has been expressed by many of the Medical students, and many of the lecturers at the different Medical schools in London, at the late injunctions of the College of Surgeons, in so far as they relate to the abolition of a Christmas holiday. The truth appears to be that a relaxation at Christmas is a national institution; and we confess, for our own part, that we hope it may always continue to be so. Lecturers and students both require a temporary rest from their labours; and now that travelling has become a matter of such facility, we really think that regulations which tend to break up the Christmas family gathering should not be encouraged. We know that many lecturers have not given in their adhesion to the wishes of the College; and of this we are very sure, that even if all lecturers were agreed on the subject, they would still be unequal to the task of carrying them out. A time-honoured custom is not to be easily broken through. With or without leave, the student *will* have his Christmas holiday.

The *Conference* of the Fellows and Members of the College of Surgeons, at the Freemason's Tavern, on Monday, was a complete failure. The Chairman's speech was sensible and to the purpose, but the meeting evidently felt that the whole thing was a mistake. We have already expressed our opinion that such meetings are quite unnecessary, and the Profession appear to agree with this opinion, as they do not take the trouble to attend. The question is simply one of law, and it must be settled in a Court of Law. All that is wanted is a little money to pay the lawyers; and if those who are interested in the matter would raise fifty or a hundred pounds by a small subscription, it would be far better to do so at once, than to throw away money in hiring tavern-rooms and advertising useless Conferences.

If we look at one year alone—say that of 1856—we find that there were upwards of 657,453 births in England and Wales; *upwards* we say, because it is well known that many births, especially of illegitimate children, escape registration in this metropolis and other large cities. Moreover this number is exclusive of the still-born. Again, the number of deaths of infants under 1 year of age, registered in England and Wales for the same twelve months, amounts to 94,407. It is a notorious truth that not only is disease less frequent now than formerly, but that its fatality has considerably diminished; solely due, as we believe, to the immense exertions of our Profession in forwarding sanitary measures, and to augmented Surgical and Medical skill. Dr. William Farr has admirably pointed out, in a letter to the Registrar-General, that the mortality in child-birth continues to decrease in England and Wales; for whereas the birth of every 10,000 living children was the death of 60 mothers in 1847, it was only so of 44 in 1856. This happy result by which 16 mothers are now saved in every 10,000 children born, is undoubtedly chiefly due to the discoveries of science and their application to the obstetric art; and as the Doctor justly observes, it "may well encourage its cultivators to redouble their exertions." We say this to show that the foundation of the

Digitized by Google

Obstetrical Society of London, by increasing our knowledge of the science and art of midwifery, is calculated to develope sanitary laws, and so prevent disease in early life; and by sifting a large amount of clinical experience, to render those maladies, which now seem unavoidable, more amenable to treatment. On these grounds we wish it success.

A Liverpool correspondent, whose character and professional position give to his opinions full claim to respect and attention, has addressed a letter to us, which will be found among our General Correspondence, in answer to the remarks we made upon a late important discussion at the Liverpool Medical Institution: but our correspondent has entirely misread us. We accuse, and have accused, no one of wilful deceit; and we desire to interrupt no one in the promulgation of his conscientious opinions. We will repeat, in terms as clear as we can put them, our remarks on this subject. Under the term "Medical man," let our correspondent distinctly understand, we do not include the Practitioner of Homœoquackery, or any other quackery. Every Medical man, by the very fact of his being a believer in Medicine, as it is understood in every School, in every Hospital, in every College, in every University, by every examining board in the country, *must* feel in his conscience that those who practise Homœoquackery practise a deceit. Consequently, if he in any way consorts *as a Practitioner of Medicine* with those who practise the deception, instead of rebuking, he fosters and patronises it in the face of the world, and so far aids and abets in the propagation of the fallacy. We are really surprised that our correspondent should think us so young as to desire to judge of the consciences of others. We have never said that Homœoquacks *knowingly* practise a deceit; we believe that there are some of them who really believe what they profess, and who therefore go to work conscientiously. And if we have an *opinion* as to the honesty of certain ones of their craft, we assuredly should not render ourselves so supremely ridiculous as to attempt to pass off our opinion as an undeniable truth; we hold it, and keep it to ourselves. We have said again and again: let these men have their colleges; let them practise their art to the utmost extent that human gullibility can endure. It is only when they endeavour to sit down quietly with us under the shadow of our old parent stem, and when we see Medical men holding out the hand of Medical fellowship to them, that we feel called upon to rebuke the proceeding. Let our correspondent tell, how he, *as a Medical man*, can properly consort with those who practise on the public "a creed, the distinctive points of which," as he says, "I firmly believe to be utterly wrong." If the Liverpool Medical Institution be simply a *social* meeting-house, then all our arguments fall to the ground as applied to it; but we do not see how it can possibly be so, for then it would not be exclusively a Medical Society. Let our correspondent, who dwells so much upon conscience, tell us, if he thinks that those who have dissociated themselves from Medicine, can properly and honestly use their diplomas, which they never could have obtained if they had expressed their belief in what they now practise—which they in fact did obtain *solely in consequence of their making statements utterly repulsive to the theorisings and practices of Homœoquackery?* Is it honest,—let him say,—for men to cling to, and reap advantages from an establishment, whose doctrines and whose practices they so loudly denounce? When Homœoquackery has its colleges, its professors, its schools, and its diplomas; when it has the courage to launch itself with all its strength and all its frailties on its own merits into the world—when it can live without robbing a title and a name from a Science which it has quitted and denounces,—then it will, at all events, be entitled to respect and consideration. But we have certainly yet to learn, that the utmost stretch of liberal sentiment requires us to sit down in quiet fellowship, as *Curers of Diseases*, with those who practise on the public—honestly practise, if you please—what we believe and know to be a dangerous and cruel deception.

MEMOIR OF DR. BRIGHT.

Dr. Richard Bright was the third son of Mr. Bright, an eminent and wealthy merchant and banker at Bristol, of the firm of "Ames, Bright, and Cave." Mr. Bright's family consisted of four sons and three daughters; and the eldest son sat for some time, many years ago, as M.P. for Bristol. The family residence was at Ham Green, near that city, and Richard commenced his education at a private school in the neighbourhood. He subsequently received private tuition under the late Dr. Carpenter, at Exeter. In the autumn of the year 1808, he matriculated at the University of Edinburgh, where he attended the general lectures delivered at that celebrated school, particularly those of Dugald Stewart on Moral Philosophy and Political Economy; of Playfair on Natural Philosophy; and of Leslie on Mathematics. In 1809 he entered upon the studies more immediately connected with the Medical Profession, and attended the lectures on Chemistry by Dr. Hope; those on Anatomy, by Dr. Monro; and those on the Institutes of Medicine, by Dr. Duncan; and in addition, he attended the extra-academical course of Dr. John Gordon, on Anatomy. In the summer of 1810, he received a proposal from Sir George Stuart Mackenzie to accompany him and Mr. (now Sir Henry) Holland, on a visit to Iceland. The offer was considered so advantageous, that he at once accepted it, although the journey interfered in some measure with his Professional studies. An account of the travels in Iceland was published by Sir George Mackenzie; but the departments of the work connected with botany and natural history were written by Mr. Bright, who is also supposed to have contributed some materials for the plates, as he was an excellent draughtsman. He brought home from Iceland a numerous collection of the plants indigenous to that island, and this collection, in the dried state, is still in existence. Sir Henry Holland has informed us, that during the four months spent in Iceland, as well as during stormy and protracted voyages to and fro, they were exposed to various hardships, as well as to some serious dangers; yet on no one occasion did Dr. Bright's cheerfulness and admirable temper fail him; and he showed at that time the intellectual qualities, the strong taste for natural history, and the habits of exact observation which he manifested in after life.

On his return from Iceland, he went to London, where he resided within the walls of Guy's Hospital, having taken up his residence in the house of one of the officers of that establishment. He remained at Guy's for two years, at which time Dr. Babington and Dr. James Curry lectured on the Practice of Medicine; Dr. Marcet and Mr. William Allen on Chemistry; Mr. Cooper on Surgery; and Mr. Cooper, Mr. Henry Clive, and Mr. Travers on Anatomy. During his residence at Guy's Hospital, Dr. Bright acquired a taste for pathological investigations, and Mr. Pettigrew, in his memoirs, states that he has seen a coloured sketch made by him at that time, representing a granulated kidney; thus showing that at a very early period he was engaged in investigating a disease which was destined to become imperishably associated with his name.

In the year 1812 he returned to Edinburgh, where he attended the lectures on Practice of Medicine by Dr. Gregory, as well as those on Clinical Medicine, Materia Medica and Botany, by Dr. Rutherford and Dr. Home. He attended also the lectures of Dr. John Thomson, and of Dr. Andrew Duncan, the latter of whom was the first in this country to deliver a full course on Medical Jurisprudence; and those of Dr. Jameson on Mineralogy. Dr. Bright graduated on the 13th of September, 1813, having written a thesis *De Erysipelate Contagioso*.

He intended likewise to graduate at Cambridge, and he accordingly entered at Peterhouse, in which College his brother held one of the lay fellowships; but here he remained only for two terms, as he found that the College discipline was incompatible with his Professional pursuits.

Digitized by Google

He then became a pupil of Dr. Bateman, who was Physician to the Fever House in London, and who was much distinguished for his acquaintance with cutaneous diseases. When the Continent was opened to travellers by the General Peace of 1814, Dr. Bright visited Holland and Belgium; and, having passed through Leipsic and Frankfort, he spent some months at Berlin, where he attended the practice of Horn and of Hufeland, and made the acquaintance of Klaproth, Rudolphi, and Heim. During his residence at the Prussian capital, Dr. Bright acquired a thorough knowledge of the German language. After leaving Berlin, he went to Dresden for a short time, and arrived before the close of the year at Vienna, where he attended the practice of Hildenbrand, of Rust, and of Beer, the distinguished ophthalmologist. He also became acquainted with Baron Jacquin, with Prochaska, and with the elder Franck. From Vienna he proceeded in the spring of 1815 to Hungary; and on his way home he passed through Brussels, about a fortnight after the battle of Waterloo; and he availed himself of the opportunities afforded him by the occasion of seeing the Medical and Surgical practice among the sick and wounded of the British, French, and Belgian armies.

In December, 1816, he was admitted a Licentiate of the Royal College of Physicians of London, and was soon after elected Assistant-Physician to the London Fever Hospital, where he contracted the fever during a severe epidemic, and narrowly escaped with his life. In the autumn of 1818, he again visited the Continent, spending several months in Germany and Italy, returning through Switzerland and France. Soon after his return to England in 1820, he took a house in Bloomsbury-square, and commenced private practice. He then resigned his connexion with the Fever House and with the Carey-street Dispensary, of which he was Assistant Physician, and devoted the whole of his public duties to Guy's Hospital, of which he became Assistant-Physician, holding that office until 1824, when, on the retirement of Dr. Laird, he succeeded to the office of Physician.

His devotion to the duties of his Profession, and to pathology in particular, throughout the whole period of his connexion with that Hospital, was most remarkable; for during many years he spent at least six hours a-day in that great practical school; and his indefatigable industry and unrivalled talent for observation, there laid the foundation for his well-known discoveries in renal disease. So great was his love of Hospital practice, as furnishing the best field for pathological study, that even during his later engagements in the most lucrative private practice, chiefly among the aristocracy, he has been heard to declare that, if he could afford it, he would gladly abandon such employment in order again to pursue his Hospital researches.

In the year 1822, Dr. Bright commenced a course of lectures on Botany, as connected with Materia Medica, to the pupils of the Hospital, and he continued this course in the summer months for three years. In 1824 he lectured on the Theory and Practice of Medicine, together with Dr. Cholmeley; and after the retirement of the latter he lectured alone for two or three seasons. He then associated Dr. Addison with him in the delivery of the course; and, in conjunction with the same Physician, he commenced a work, intended as a class-book, and entitled, "Elements of the Practice of Medicine." Only one volume of this work, however, was published (in 1839), and it is supposed that the greater part was written by Dr. Addison. Dr. Bright would probably have taken the principal share in the production of the second volume, but from some unexplained cause it never appeared.

A few years ago Dr. Bright resigned the lectureship at Guy's Hospital, and also the post of Physician. On his retirement, he was complimented by the Governors with the honorary title of Consulting Physician, a distinction which had been previously conferred, for the first time, on the late Dr. Babington.

In the year 1832, Dr. Bright was elected a Fellow of the Royal College of Physicians; and in the following year he delivered the Gulstonian Lectures, the subject being, "The Functions of the Abdominal Viscera, with Observations on the Diagnostic Marks of the Diseases to which the Viscera are subject." In 1836, he was chosen Censor of the College, his colleagues being Dr. Paris, Dr. Chambers, and Sir Henry Holland. In 1837, he was appointed to deliver the Lumleian Lectures, and he chose for his subject the Disorders of the Brain. He subsequently gave to the College a descriptive account of the pathological collection of Dr. Matthew Baillie. He became a Fellow of the Royal Society in 1821.

We believe that in the early part of his career, his professional practice was not very extensive; but of late years it was both extensive and lucrative, and he enjoyed an amount of reputation which was, probably, unsurpassed by that of any contemporary Physician. His extensive knowledge of his Profession undoubtedly entitled him to command a large sphere of practice, but it was probably by his researches on the pathology of dropsy, and its frequent connexion with renal disease, that he was most generally known, and by which his great reputation in later years was chiefly acquired.

The fatal disease which removed Dr. Bright from this earthly scene was an extensive ossification of the aortic valves, the apertare through which the blood flowed being reduced to a mere chink. This affection had probably existed for a great number of years, but its exact nature was not known until after death, as Dr. Bright felt a disinclination to allow any physical examination of his chest. About eight years ago, on one occasion, a Medical friend (we believe Dr. Latham) applied a stethoscope over the sternum, and distinctly heard a murmur; but he was not allowed an opportunity either then or afterwards of minutely investigating its locality. Dr. Bright frequently suffered from dyspeptic symptoms and derangement of the liver, sometimes attended with hæmorrhage from the bowels; and about fifteen years since he suffered from a severe attack of jaundice, which was supposed to be connected with organic disease of the liver; but the abdominal organs were found in a normal condition after death, and these symptoms were consequently due, indirectly, to the cardiac disease. Dr. Bright had great faith in the power of medicines, of which he took a large quantity; and of one particular kind of aperient medicine, recommended to him by Dr. Babington, he took a dose daily for three years.

Dr. Bright was in the enjoyment of his usual health until Saturday, December 11, when, about midnight, he was seized with hæmorrhage from the bowels, with great prostration of strength and difficulty of breathing, assuming the form of angina pectoris. He was attended by Dr. Babington and Dr. Latham, and Dr. Watson was subsequently called in in consultation. From these three physicians, in conjunction with his friend and neighbour, Mr. H. C. Johnson, he received the most unremitting attention, until the night of Wednesday, December 15, when he was visited about 12 o'clock by Dr. Babington, whom he recognised, and about half-past 12 o'clock by Sir Charles Locock, in whose presence he breathed his last.

A post-mortem examination was made by Mr. H. C. Johnson and Mr. Holmes, of St. George's Hospital, Dr. Babington being present, when it was discovered that the seat of the disease was in the aortic valves, as has been above described; the heart itself being enlarged and flabby. The liver was not diseased, but several gallstones were found in the gall-bladder, which was itself contracted by old inflammation. The body was in good condition, a thick layer of adipose matter being found beneath the skin. Dr. Bright's remains were interred at Kensal Green on Tuesday last, in the presence of many sorrowing relatives and friends.

Dr. Bright's contributions to Medical science are both numerous and important. His "Reports of Medical cases," selected with a view of illustrating the symptoms and cure of diseases by reference to morbid anatomy, are contained in two royal quarto volumes, the first of which appeared in 1827, and treats of renal disease, disease of the lungs, and the pathology of fever. It is almost unnecessary to state that his researches on renal disease first pointed out to the notice of the Profession the connexion between dropsy and disease of the kidney, and led to the series of investigations into the pathology of that organ which have thrown so much light upon the modern practice of Medicine. The second volume of the "Reports of Medical cases" appeared, in two parts, in the year 1831, and treats of the pathology of cerebral and spinal diseases, as well as of other diseases of the nervous system, such as palsy, hysteria, epilepsy, tetanus, and hydrophobia. The plates in these volumes are all coloured, and were executed under the author's immediate superintendence, and they are exquisite specimens of art. His share in the production of the "Elements of the Practice of Medicine," the first volume of which was published conjointly by himself and Dr. Addison, has been already briefly alluded to.

Digitized by Google

Dr. Bright's contributions, in various papers to the Guy's Hospital Reports, and to the Transactions of the Medico-Chirurgical Society, were varied and numerous. The very first paper in the former work, which commenced in 1836, is entitled, "Observations on the treatment of Fever," and is from his pen; as is also the second article, which is on "Diseased Arteries of the Brain." There are six more papers contributed by him to the first volume of the Guy's Hospital Reports, namely, first, "A case of the successful treatment of Tetanus;" secondly, "Cases and observations illustrative of Renal Disease;" the third is, "A tabular view of the morbid appearances occurring in one hundred cases in connexion with albuminous urine;" the fourth is, "An account of a remarkable displacement of the stomach;" the fifth, "Observations on Jaundice;" and the sixth, "Observations on the situation and structure of malignant diseases of the Liver." In the second volume of the Guy's Hospital Reports, published in 1837, there are two papers by Dr. Bright, one on "Diagnosis of Tumours at the basis or other parts of the Brain and of the Spinal Cord;" and the other is entitled, "Observations on abdominal tumours and intumescence, illustrated by cases of acephalocyst Hydatids." In the third volume (1838) there are two papers, the one is entitled, "Observations on abdominal tumours and intumescence, illustrated by cases of ovarian disease;" the other is on the same subject, "Illustrated by cases of diseases of the spleen, with remarks on the general pathology of that viscus." In the fourth volume (1839) the same subject is continued, "Illustrated by cases of Renal Diseases." In the fifth volume (1841) there are two papers by Dr. Bright, the first, "Observations on Renal Diseases, Memoir the Second," and the second is, "Observations on abdominal tumours and intumescence, illustrated by cases of diseased liver."

In the "Medico-Chirurgical Transactions," we find the following papers from the pen of Dr. Bright:—In vol. xiv. (1828), there is "An account of a case of cutaneous perspiration analysed by Dr. Bostock;" In vol. xviii. (1833), "Cases and Observations connected with disease of the Pancreas and Duodenum;" In vol. xix. (1835), "On adhesions and other morbid changes in the peritoneum;" In vol. xxii. (1839), "Cases of Spasmodic disease accompanying affections of the pericardium."

Besides his contributions to Medical literature, Dr. Bright wrote, as we have before mentioned, a portion of the "Travels in Iceland," which appeared under the authorship of Sir George Mackenzie; and in the year 1815, he collected in Hungary the materials for a work on that country, which, however, did not appear until 1818. In 1811, he read a paper on the strata in the neighbourhood of Bristol, before the Geological Society; and to the Transactions of the same Society he communicated, in 1818, a paper on the "Hills of Badaeson, Szigliget, etc." in Hungary.

Dr. Bright was a good French and German scholar. He was of a remarkably even temper and cheerful disposition; most considerate towards the failings of others, but severe in the discipline of his own mind. He was sincerely religious, both in doctrine and in practice, and of so pure a mind that he never was heard to utter a sentiment or to relate an anecdote that was not fit to be heard by the merest child or the most refined female. He was an affectionate husband, and an excellent father, not only taking the most lively interest in the welfare of his children, and in their pursuits, but never so happy as when he had them around him: so that half the pleasure of the long vacation (which, in later years he used to take, as well for the sake of health as of recreation), was lost, unless he had as many members of his family as possible for his companions.

His first wife was the third daughter of the late, and the sister of the present Dr. Babington. She died an hour after giving birth to a son, a most amiable young man, who was removed by death about a year after having taken holy orders. Dr. Bright's second wife was a sister of the late Sir Wm. Follett. He lost in infancy a daughter, the first child of his second marriage; and only a few years ago he lost his second child by this marriage, a son, who had much distinguished himself at Rugby, and gave promise of a successful career at Cambridge, where, unfortunately, during his second term, he fell a victim to scarlet fever.

Dr. Bright has left a widow, two daughters, and three sons. The eldest son is a clergyman, and the youngest of the family is still at school at Rugby.

The loss which the Profession sustains by the death of this eminent physician is most severe. He was perhaps better known abroad throughout the civilised world than any other British physician of modern times, and in his own country was preeminently sought for by his Professional brethren in cases of difficult diagnosis. It was his habit to take notes of all the cases which he saw in private practice; and, where it was practicable, to use his pencil in aid of his descriptions of disease. He was a lover of the fine arts. He took much interest in a collection of etchings and engravings; and some very fine works of this kind, executed by Albert Dürer, Schönen and others, are to be found in his portfolios. His eminent position as the leading physician of his day was fairly, though tardily won by his thoroughly practical writings, and great discoveries; and was sustained by his amiable manners, by his uniformly honourable conduct to his Professional brethren, his sound judgment and knowledge of disease, and by the pains which he took in investigating the most minute particulars of every case which was brought before him.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE GENERAL MEDICAL COUNCIL.

A conference of members and Fellows of the Royal College of Surgeons was held on Monday evening at the Freemason's Tavern, for the purpose of considering the recent act of the Council of the College in electing a member to the General Council of Medical Education and Registration, and to take such steps as may be necessary to secure the corporate rights of the Members and Fellows. Only about sixty gentlemen attended.

Mr. J. Lavies having taken the chair, said the question for that meeting to consider was, whether the Legislature had contemplated that the representative of the Royal College of Surgeons should be elected by the Fellows and members generally or by the Council of the College alone. Mr. Lavies read the 4th clause of the Act of Parliament, providing for the election of members of the General Council, and after quoting extracts from the charters granted to the Royal College in 1800, in 1843, and in 1852, he contended that, according to the terms of those charters, the members in the first instance, and subsequently the Fellows and members, constituted the corporate body of the College, who were entitled to choose their representative in the General Council. (Cheers.) In his opinion, the representative of the College in the General Council ought not to be a party man, but one elected by a majority of the members of the College, and who would vigilantly watch over the interests of the large class whom he represented. (Hear, hear.) It could hardly be hoped that this duty would be satisfactorily performed by a member elected by the Council of the College, for the interests of that Council and of the members of the College generally were not identical, and if the present state of things continued to exist, the great body of Surgeons would in reality have no representative in the General Council. (Cheers.) The chairman bore testimony to the high, private, and professional character of the gentleman (Mr. Green) who had been returned by the Council of the College to the General Council; but the question was one of principle, whether it was right and in conformity with the spirit and intention of the Act of Parliament that the members representing the thousands of Surgeons in England should be elected by twenty-four Fellows constituting the Council of the College. (Hear, hear.) The representatives of the London University had been elected in a similar manner, and the consequence had been that a storm of indignation had burst forth among the members of the University, similar to that excited among the members of the College of Surgeons. The General Council was still in its infancy, but it might become an institution of vast importance and extensive influence, and it was therefore necessary to take care that the interests of the members of the College of Surgeons were fully and fairly represented in such a powerful and influential body. (Cheers.)

Mr. Bottomley, of Croydon, in moving the first resolution, while admitting that no exception could be taken to Mr. Green's eminence as a Surgeon, or to his attainments as a

Digitized by Google

[illegible]

Digitized by Google

Digitized by Google

scholar, which fully qualified him for such a position—(cheers)—protested against the monopoly of the appointment by the Council of the College as an insult and a degradation to its members and Fellows. He moved the following resolution:—

"That, in the opinion of this conference, the Council of the Royal College of Surgeons of England, having excluded the members and Fellows of the College from a voice in the election of their representative to the General Council of Medical Education and Registration, under the Medical Act, have thereby invaded the corporate rights of the members and Fellows, and infringed the provisions of the said Act; and further, that in the opinion of the conference a principle is involved in the said election which would subvert the representative rights granted to the members and Fellows by the Legislature in that Act."

Dr. J. H. Williams seconded the resolution.

The motion was then put to the meeting, and was carried unanimously.

Dr. Ladd then moved:

"That this conference cordially approves the proceedings, up to this time, taken by the committee which has acted on behalf of the members and Fellows of the College; and further, this conference empowers the committee to name another day to hold a public meeting, or to take such other steps as may be necessary to ascertain the views of the members and Fellows in respect to the exercise of their corporate rights and the provisions of the new Medical Act."

The resolution, having been seconded by Mr. Pocock, was unanimously adopted.

On the motion of Dr. O'Connor, seconded by Mr. Day, a vote of thanks was passed to the chairman, and the proceedings terminated.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF THE AMERICAN VERATRUM VIRIDE.

Among the recent additions to the Materia Medica which have of late excited most attention in the United States is the *veratrum viride*, a plant indigenous there, and closely allied in botanical characters to *veratrum album*. Introduced to notice in the year 1835, or earlier, it afterwards fell into disuse, probably because it failed as a specific for rheumatism, in which it was then employed. A few years since Dr. Norwood recalled attention to it, and it has since received warm encomiums at the hands of various practitioners. Its utility in puerperal fever was spoken of in strong terms during the discussion at the New York Academy we recently noticed (a). In the last number of the *American Journal* there is a report from one of the Massachusett's Medical Societies, in which the conjoined experience of the members determine it to be a valuable arterial sedative in most inflammatory affections. A tincture is prepared from the root, and of this from three to ten drops are given as a dose every two hours, or as the case may be. The Society has found it the most reliable of all arterial sedatives; and if the induction of nausea or diaphoresis be attended to as indicative of the necessity of diminishing its dose or suspending its administration, it is unattended with danger. It is not drastic in its action. It cannot be regarded as a specific, but is a highly valuable arterial sedative. Among the cases mentioned in this Report as having been benefited by its use, are examples of disease of the heart, both functional and organic, puerperal fever, pneumonia, pleurisy, rheumatism, and various febrile affections.

In another part of the same journal Dr. Toland of San Francisco, states that he has found the plant invaluable, after moderate depletion, in pneumonia, pleuritis, and catarrhal fever, and of especial use in these diseases occurring in children. The pulse becomes rapidly reduced in number without distress or danger. Administered alone he has found it of immense value in acute rheumatism and rheumatic carditis, diseases of frequent occurrence in California. Its effect, too, is especially rapid in traumatic fever following injuries or operations.—*American Journal Med. Sciences*, Oct. pp. 305 and 576.

(a) Med. Times, Sept. 4, p. 252.

MURIATIC ACID IN SCARLATINA.

By Dr. M'SHERRY.

Dr. M'Sherry says that he has for some years past employed muriatic acid in doses of from one to three drops largely diluted with water. It is readily taken, and by its cleansing the throat in its passage supersedes the necessity of gargles. "I give my little patients oranges to eat, and lemonade to drink, keep up faithfully a surface inunction, and use habitually little other medicine than the acid. It may be necessary to clear out the primæ viæ by an emetic or aperient, or both; but I have long given up the use of *purgatives* as not only improper, but very dangerous. A single dose of calomel may be well at the beginning, but no acids should be given with it, or even follow it speedily. The danger of the association of vegetable acids with mercury is not so obvious, and may be overlooked. But it has happened that they have converted calomel into a more dangerous form of mercury; and a fatal case is recorded merely from its having been given in that popular vehicle, currant-jelly. The practical Physician should not let such an instance as this escape his memory."—*Ibid.* p. 567.

ON THE FORMATION OF SUGAR IN THE ANIMAL ECONOMY.

The following are the conclusions of an interesting report by MM. Bouley, Poggiale, and Louget, read at the Academy of Medicine, upon M. Bernard's discovery of the formation of sugar in the body:—

1. The separation of the glycogenous matter by the aid of crystallised acetic acid is preferable to the method originally employed in obtaining it.

2. A concentrated decoction of liver, of muscle, etc., mixed with saliva, and gently heated, ferments when yeast is present, if it contains glycogenous matter.

3. The properties of glycogenous matter appear to place it between starch and dextrine.

4. In experiments on dogs fed constantly on meat, the glycogenous matter is only found in the liver; so that in the present state of science, we must admit that, in the carnivorous, this substance is produced in the liver, and is not formed in the tissues of the economy.

5. The glycogenous matter is met with abundantly in the liver of the herbivorous, and is not found in the other organs of their economy, excepting when they are fed upon food rich in amylaceous substances.

6. In a great number of experiments, we only once recognised the presence of glycogenous matter in butcher's meat. In other experiments we constantly found it in the muscle of healthy horses; but this interesting fact, which is due to the researches of M. Sanson, does not prove that the glycogenous matter is always furnished by the food.

Journal de Physiologie.

EXCERPTA MINORA.

Resection of the Knee.—M. Giraldès has presented to the Society of Surgery at Paris a *résumé* of the operation as hitherto performed in England. Between the years 1762 and 1858, 127 patients have undergone resection of this joint, and of this number 33 have died. M. Giraldès makes four series of these cases:—

1.	From 1762 to 1830,	19	operations, and	12	deaths.
2.	,, 1830 to 1854,	31	,,	5	,,
3.	,, 1854 to 1856,	51	,,	9	,,
4.	,, 1856 to 1858,	26	,,	7	,,

17 of the 31 patients in the second series have preserved the perfect use of their limb. These figures, he says, show clearly that MM. Margolin, Robert, and Laney have exaggerated the dangers of the operation. "I know that in Edinburgh Mr. Syme refuses the operation practised in London by Mr. Fergusson; but in England, as in France, it is often enough, that an opinion should be sustained by one Surgeon, in order to cause it to be rejected by another."—*L'Union Médicale.*

Tracheotomy.—The statistics, showing the results of this operation in croup at the Hôpital des Enfan, at Paris, given by MM. Roger and Lee, and lately published in this journal, have been seriously attacked by M. Malgaigne.

Digitized by Google

MM. Roger and Lee return to the charge, and assert, notwithstanding, the perfect correctness of their statistics. "We still," they say, "maintain in their integrity the practical conclusions which we formularise in the following manner:—1. That tracheotomy is followed by a cure in from twenty-six to twenty-seven out of a hundred cases. 2. That the operation performed at the commencement of asphyxia saves three out of every five children, or sixty-four in one hundred, whilst practised *in extremis* it saves only from eighteen to nineteen out of a hundred."

Poisoning by Laudanum.—Two well-observed cases of poisoning by laudanum have been recorded by Professors Shlutzenberger and Tourdes, of Strasbourg. The following were the most striking symptoms noticed:—remarkable slowness of the respiratory movements—four in a minute; absence of all cerebral congestion; slow but progressive amelioration of the symptoms without any consecutive reaction, notwithstanding the employment of stimulating remedies. Asphyxia, shown by leaden tint of skin, fulness of the jugulars, venous pulsation—distention of the right side of the heart did not appear in this case. The patient was calm and motionless, and did not appear to feel the *besoin de respirer*; the reflex action of the spinal marrow was almost suspended; all symptoms indicating cerebral disturbance. At the same time the circulation remained unchanged; the skin pale and shrunken; the pulse small, thready, and quick, as in slow cases of asphyxia.—*Gaz. Med. de Strasbourg.*

GENERAL CORRESPONDENCE.

TURNING IN NATURAL LABOUR.

LETTER FROM DR. PEDDIE.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been called to a paper in your Journal of the 13th and 20th ult., by Mr. Figg, surgeon, Borrowstounness, "On the delivery of the child by Turning as the Rule of Labour;" and my first feeling was that of surprise that you should have given it a place without note or comment. The style of the paper is quite remarkable for a Medical journal, but the opinions expressed in it are still more extraordinary, inculcating as they do practices most hazardous to life, and lowering to the Profession of Medicine,—alike subversive of the laws of nature and morality. That I am not making the latter assertion without good reason, I would call attention to the following passage at page 524:—The writer has been noticing the number of children's arms which he has broken or strained in the manipulations of forcible delivery after turning; and as advice to those who may inflict like injuries, he says, "Be not too candid to the relatives, but at once by your dictum transubstantiate the injury into a slight sprain received by the infant striking his shoulder against the backbone of the mother while actively prosecuting his uterine gambols. It will pass current, more especially if you appeal to experience, when it is sure to be corroborated by a quotation of the day and hour of occurrence." Alas, for the honour and honesty of our calling, which the wise and good have for centuries been struggling to base on truth! What an advice to give to the young practitioner who, after being instigated to a reckless interference with the ordinary processes of nature, is instructed how to cover the mischief perpetrated, and not to stickle at the use of a cunningly-devised fiction which may possibly satisfy the uninformed, credulous, and confiding! I blush to think that such precepts for the practice of our noble art should meet the public eye, and appear to obtain a certain amount of sanction from any quarter; and I feel ashamed when I think of the nature of the practical measures themselves to cover which such ethics are deemed excusable. Were the dangers connected with the practice of turning as the rule in natural labour limited to infantile fractures, dislocations and strains, the case, although bad enough, would be comparatively trifling. Mr. Figg himself, however, informs us of the necessity there is that baths of hot and cold water be in readiness for the resuscitation of the poor strangled neck-drawn infants, as he says, "they are generally still from two to ten minutes, and in some cases for half-an-hour;" but we are not told how many children in his practice have never breathed at all, or how many have perished a few hours after birth in a state of eclampsia, or at a later period, but evidently resulting from the violence suffered in their hurried and forcible extraction. All accoucheurs know that there is greater risk to infantile life in footling and breech than in head presentations, and that there is still greater fatality from turning when special reasons for the operation exist, such as contractions of the pelvic bones, uterine hæmorrhage, etc.; and the forcible dragging through of the child under all circumstances when the first stage of labour had been completed, or nearly so, at the risk of a stretched neck, obstructed flow of blood to and from the head, and through the umbilical cord, must of necessity greatly increase the peril to infant life or future well-being.

Then, as regards the risks to the mother, we are told by Mr. Figg—who, however, does not approve of being always too candid—that he has only lost one patient in the practice of turning. He does not, however, mention how often he has performed this operation; although at the conclusion of his paper he speaks of sixty instances having occurred since he penned his remarks on the subject. Mr. Figg, however, confesses to the production of a partially detached placenta in the greater proportion of cases, from the rapid and forcible delivery of the child, and the consequent necessity for its immediate extraction (of course by the re-introduction of the hand) to check the effusion of blood from the lacerated vessels; and he likewise "candidly acknowledges a little risk from depression of the circulation on the rapid removal of the fœtus, necessitating a careful surveillance for the hour succeeding delivery." p. 523. Now, if much more immediate mischief, or subsequent bad health—than of which we are informed—has not as yet happened in Mr. Figg's hands by this rash interference with the ordinary procedure of nature, I venture to predict that it will not be long ere, under a continuance of this mode of practice, the average amount of fatality and injury will turn out very different. I cannot conceive anything more condemnable than a recommendation to young and inexperienced practitioners, especially of country districts, to adopt this short-hand mode of completing a natural labour, by which an otherwise inconvenient sederunt at the bed-side may be shortened; and I cannot fancy anything more monstrously unjustifiable and perilous than for any man, however dexterous he may be, to think as lightly of manipulating in the living uterus as if he was rummaging in a caoutchouc bottle. The proposal is a shocking reversal—a literal turning upside down—of the plan of nature; for the presentation of the head is, we all know, the rule by which the Almighty in His wisdom has designed as the best, while that of the feet constitutes one of the few exceptions or aberrations which He permits from the ordinary course of events. There is consequently a daring perversity, a reckless criminality in any such interference, unless some special reason should demand it; and it would be well for the interests of science and humanity if a coroner's inquest existed in Scotland, and that our civil authorities exercised a vigilant watch over the causes of sudden death occurring in obstetrical practice.

The case which appears to have suggested to Mr. Figg this very wide application of the practice of turning, was an excellent example of the value of the operation as a substitute for craniotomy—the forceps having been employed in vain—by which the life of a child was saved, while that of the mother was certainly not more endangered; but surely Dr. Simpson, who had an important share in the management and responsibility of that case, and who had noticed it in at least two of his publications (a), would not in the smallest degree sanction the inferences of Mr. Figg, or give any countenance to the conversion of his practice of obstetrics into a general rule. On the occasion of that patient's first labour (in 1843), assisted by Dr. Simpson, I perforated the child's head after she had been many hours in hard labour, without any advance of the head through the brim of the pelvis; and after various forceps were tried without effect, and the fœtal circulation was ascertained to have ceased. The difficulty, besides being increased by the fact of its being her first labour, was occasioned by an exostosis about the size of a small half-walnut projecting from the promontory of the sacrum, immediately

(a) "Remarks on the Superinduction of Anæsthesia," etc., p. 20. Sutherland Knox, 1848. *Monthly Journal of Medical Science*, vol. xiv. 1852, "On Turning as a Substitute for Craniotomy," p. 141.

Digitized by Google

within the right sacro-iliac symphisis, the pelvis being otherwise below average size, and the child very large. On no subsequent occasion was craniotomy resorted to—although Mr. Figg says it was done three times—for in her second labour I was enabled with some exertions to deliver with the long forceps; and in her third labour, when I again attended, she completed the process without any artificial assistance, the child being a female, and of very small size. It was at her fourth labour that Mr. Figg happened to be present (and how he came to be so, although he is at pains to explain, I was at a loss to understand, as I had been engaged in the usual way); and here it appears to have been that he obtained that light as to the advantage of turning in impracticable labour, which, by dazzling his mind too much, has since led him in ordinary circumstances completely astray. Since then (1847) I have delivered the same patient on five occasions of living children—once the case being fortunately a footling one, and the other four times by turning—on all the occasions much force having been required to drag the head through the pelvis; and in September last Dr. M'Duncan performed the same duty, assisted by Dr. Cappie, when I happened to be absent in the country.

There could scarcely have been a more evident example than the above, of the great value of turning in the case of deformity and difficulty; but this operation, easy as it is in performance, is not unattended with serious risks, even in the most experienced and skilful hands; and is not to be recklessly practised in any case where nature is fit to work out a delivery in her own well-ordered way.

I am, &c.

N. Peddie, M.D. F.R.C.P.

Edinburgh, 15, Rutland-st. Dec. 10th.

Letter from Dr. Figg.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have to offer a few observations in reply to the inquiries and objections advanced by correspondents on the subject of turning in natural labour.

Drs. Lee, Ramsbotham, Harris, and Oldham, having had no practice in the operation, advance an opinion as to its danger, on theory alone.

Permit me with humility to observe, that while physiology, anatomy, and analogy enable me to concoct as rational a theory for the operation as they can against it, I bring forward a formidable ally to my cause in nearly eighty-seven consecutive cases of perfect convalescence in mother and child, without adverting to a still greater number of successful instances effected at various intervals antecedently. Do these gentlemen impugn my veracity? Let them depute any member of the Profession resident in Edinburgh, Glasgow, or London to visit the locality of my residence, and by impartial inquiry of my patients prove its immunity from danger and their satisfaction as to its adoption.

My first duty to Drs. Hancox, Silvester, and a Licentiate in Midwifery, is to acknowledge the courteous language in which their sentiments are couched, that perfect freedom from the spirit of ferocity breathed in the effusions of others.

I yield credence to the statement of the first gentleman as to the possibility of the head separating *in utero*, and inform him that his observation is borne out by that of Professor Simpson, Drs. Baird and Hamilton of this vicinity, I therefore in toto retract the assertion of my essay as to its being a fictional evil.

The terrible character of the catastrophe may, however, be modified by allowing its occurrence only in cases where perforation would have been the alternative to turning, so that if the head were extracted and the mother's life preserved, the result would have been equally satisfactory. In substantiation of my own opinion of the viability of both child and mother when the removal of the former occurred by the conjoined effort of two Medical men, my journal furnishes several cases, and I could adduce many witnesses.

Dr. Silvester's testimony is corroborative of my own as far as it goes. Oh, that I could persuade that gentleman to attempt the version of the fœtus in all cases indiscriminately; the rapid transit rarely exceeding two or three minutes' duration in the majority of cases, permits the production of an infant no weaker than if expelled by natural effort. I am happy to inform a "Licentiate of Midwifery," that, while my deliveries average two per week, I have had but one death during the year,—the second child of a woman aged 45, born to a second husband after a widowhood of fourteen years. Apologising for thus trespassing on your pages, I am, &c.

Dec. 20, 1858. E. G. Figg.

Letter from W. H. Borham, Esq. M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

Sir,—In publishing my opinions and practice on version as an accoucheur to the Profession, particularly as they bear out, and agree with the obstetric experience of Dr. Figg, as published in his papers in the *Medical Times* of November 13th and 20th, I am prepared to encounter the frowns of the aristocracy of accoucheurs, as now constituted in London, nay, to be considered as inculcating "atrocious" doctrines bordering on "insanity," or perhaps may be "practising a hoax," or that my mode may be "corrupt" and "cruel," or "revolting," to the refined experience of obstetricians; but, notwithstanding all this, I am prepared to establish by practical experience, that most of the doctrines inculcated by Dr. Figg are not to be entirely disregarded in certain cases. In giving these, my views, I have a firm conviction in their being tenable and right, as much so as those of Dr. Figg's opponents; and with all due courtesy to my talented and respected examiner, Dr. Oldham, I must beg to be at issue with his opinions on the subject of Dr. Figg's paper. The case in which I first performed turning, was one of that very rare form of labour complicated with a vaginal cystocele, when the vagina and bladder protruded from the os externum like an adult male testicle. (Dr. Lever, I think, only mentions one case in 33,000.) By this prolapsus the head was prevented descending: it would have been imprudent to have used traction with the forceps, as probably a vesico-vaginal fistula would have been the result; so I decided upon turning, by which means I was enabled to replace the protruding bladder, while revolving the child to a footling case. The mother and child did well, she has since been attended by me in a natural labour. This case occurred about three years ago; and the facility by which it was accomplished led me to resort more frequently to the practice of version.

The next cases I have had are those of placenta prævia, arm, epigastric, or dorsal presentations. Turning in these cases requires no comment. Then come those of the natural presentation, with limited contraction of the pelvis; here I have turned six times, with the loss of only one child. And now lastly, I come to those cases which bear more immediately upon the subject, viz. such as have the head presenting, and where the labour is protracted beyond the usual time, either by a want of the expulsive uterine power, or by an increased resistance from some mechanical cause.

In such cases I have turned twenty-five times, all successfully, and without losing a single child. There was, of course, as little time as possible allowed to intervene after the feet were secured till the full delivery of the child.

I have experienced no difficulty in turning the above cases, and the mothers have not complained of much pain; my hand and arm are not large. Some were primiparæ, some multiparæ. The capacity of the pelvis, as adapted for the exit of the head, can be easily ascertained by the hand when in the uterus; and the decapitation of the child by force as mentioned by Dr. Hancox, could be easily prevented by this ordinary precaution.

I might here mention that I have never given chloroform in any case; and for the last seven years never a dose of ergot. During this period I have attended about 1800 cases, and three only of the mothers have died, one lately from puerperal fever, one from flooding after version in a case of placenta previa, and the other from scarlet fever a few days after delivery. I am, &c.

W. H. Borham, M.R.C.S.

19, Cambridge-ter. Hyde-pk. W.

MEDICAL REGISTRATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—According to Section 14 of the Medical Act, any person who wilfully and falsely takes or uses the name or title of physician, besides other professional appellations, implying

Digitized by Google

that he is registered by law as such, shall pay a sum not exceeding twenty pounds, upon summary conviction. This penal clause is equally stringent as explicit, and cannot be misunderstood. Now, if the future list of duly-qualified Medical Practitioners is published without containing the distinctive titles of parties so registered, which rumour confidently asserts will be done in all likelihood, every one in actual practice consequently becomes exposed to an information being filed against his pretension if he calls himself either a Physician or Surgeon, as the case might be; seeing that the individual arraigned has assumed, although heretofore empowered, what does not appear entered on the official register issued with and under the Medical Council's authority. I have pointed out this curious anomaly or dilemna to several acute legal friends, who are decidedly of opinion, should the correct Medical title or designation of each person be not given in the Schedule, as ordered by Parliament, the entire document may be quashed as informal, on application to the proper court of law, by any party aggrieved. In that case the applicant would move for a "mandamus" or "certiorari."

Considering the onus of framing the forthcoming Register in strict accordance with the late legislative enactment rests on the Registrar, and as the Medical Council have merely said, in a vague resolution, that "they considered it to be *inconvenient* (!) to fill up the title column in Schedule D," the officer just named of course cannot therefore do otherwise than follow the specific directions of the Act when unequivocally expressed. To set aside any legislative order, however trivial some men may deem the matter now under discussion, constitutes a serious question, and very grave responsibility will be incurred should the omission here mentioned actually exist in the public register of Medical Practitioners.

Several persons intending to register, feel so strongly respecting the legality of leaving the title column blank, that they entertain much doubt whether it will not be better to wait till this point is settled before paying their money, and thereby to sanction an irregular proceeding about which considerable conversation prevails in Medical circles, sometimes not over-complimentary to those implicated.

Amongst the difficulties which the proposed defective registration will probably produce, it may be noticed, people cannot thence ascertain whether a University Graduate is only M.B. or truly a Doctor of Medicine. Occasionally, brazen door-plates announce that Dr. A. is a candidate for patients, whereas the resident within has assumed that title, although he is virtually a Bachelor. Were an A.M. to call himself LL.D., a barrister Q.C., or a solicitor to assert he was an attorney, Westminster-hall would soon abate such deceptive practices; hence analogous rules should always be followed in the Medical Profession. I am, &c.

Dec. 20, 1858. A PRACTITIONER.

SUPERFŒTATION.

LETTER FROM JAMES PEARSON IRVINE, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—My object in communicating to the Profession through the medium of your journal the peculiar case of a fœtus of mature age being born along with another of between the fourth and fifth month, was its uniqueness—few or no cases being on record which fully bear out the question: I accordingly considered this *lusus naturæ* worthy of notice, and am pleased that an authority like Dr. Ramsbotham has expressed his opinion.

From the Doctor's comments on the case it would appear that he considers that twins were in the first instance conceived, that one fœtus died early in gestation from some fault in its own structure, and that this dead mass remained *in utero* upwards of five months, its putrefaction being prevented by the antiseptic power of the vital influences of the gravid uterus; but the fœtus had no fault in its structure, being, as far as uterine life went, perfect, and bearing every appearance of having been recently supplied with maternal blood, its skin being neither blanched, nor corrugated, nor presenting the slightest trace of putrefaction. How the uterus can act with antiseptic power in such cases exceeds my comprehension. It is well known to practical obstetricians that single fœtuses of so early life are generally, if not always, thrown off in a state of less or greater putrefaction. The uterus may be peculiar in the case of twins. My attention has been directed to a case reported some weeks ago, by Mr. Smart, of Bedminster, which bears somewhat on the point; in his case, a premature fœtus was similarly born, but Mr. Smart states that "intra-uterine existence had evidently ceased some four months, the length of the fœtus being barely eight inches; the body and extremities were much flattened; the entire cerebral substance had disappeared; the imperfectly developed cranial bones were collapsed, and the fœtus presented the appearance of one that had been soaked in spirits, or rather of an adipocerous consistence."

The fœtus in question had no such abnormal appearances, being in every respect a perfectly natural type of health.

I am, &c. JAMES PEARSON IRVINE,
Surgeon to the Lancaster Union.

Galgate, by Lancaster, Dec. 18, 1858.

THE EAST INDIA MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I trust that you will see no objection to giving the following communication a place in the *Medical Times and Gazette*.

It is but right that when the respective advantages and disadvantages of the Medical Services of the Army and the Queen's Indian Forces are discussed, as they have been lately in the journals, that one very important omission, with respect to the latter, should be pointed out; for I believe that it has been either overlooked or misunderstood by all the correspondents who have hitherto written on the subject. Much has been said about the new Warrant, and it has been deservedly praised, and is highly appreciated; but as it in no way applies to the Medical Service of India (the former Hon. East India Company's Service), I think it is only fair that such should be made known. The Medical officer of the Indian Service still labours under the old disadvantage of long service and delayed promotion; he still draws the old scale of pay, when at home on furlough, or sick leave, viz. 6s. 6d. a-day if an Assistant Surgeon of even thirteen to sixteen years' standing; while any Medical officer of the Army of the same service would be drawing at least three times as much. And he has now the mortification of seeing himself superseded in rank by officers of almost every grade; for while he still continues to serve with the rank of a Lieutenant, for fourteen to sixteen years, the more fortunate Queen's officer obtains his relative rank of captain in six years, that of Major in seven to ten at the latest, and Lieutenant-Colonel, by mere lapse of time, in twenty years; thus superseding many an old Surgeon of the Indian Service, who is not allowed to rank even as a Major until he has served thirty years.

In short the advantages of the new Warrant, as to pay and rank, have not been applied to the Indian Service at all, being exclusively confined to the regular army.

To know how far this operates to the disadvantage of the Indian Medical officer, it is only necessary to refer to the rules for distribution of batta prize money, choice of quarters, and many other important points involved in military rank, to say nothing of the difference in that rank, which in a country where military rank is the test of social status, is everything.

I subjoin a comparative statement, illustrating the difference plainly, and pointing out fairly distinctions which I trust, Sir, you will aid in equalising.

In the army, an Assistant-Surgeon serves as such for six years, when he becomes equal by relative rank to a Captain, and receives as much, indeed more, pay. In seven to eight perhaps, at the latest ten years, he becomes a regimental or Staff Surgeon, with the rank and pay of a Major; if in India with all the extra allowances for charge of a regiment. He is now liable to be made a Deputy-Inspector, with the rank of a Lieutenant-Colonel; or at any rate, by mere lapse of time, he becomes a Surgeon-Major, with the rank of Lieutenant-Colonel, in twenty years.

The further promotion to the higher grades is even more rapid, as may readily be ascertained by any one who cares to study the new Warrant.

The Indian Medical officer serves as an Assistant-Surgeon for thirteen to sixteen years (*vide* Indian Army List), with

Digitized by Google

the rank of a Lieutenant all the time: and attains the rank of Major on becoming a Senior Surgeon, which is when he has completed thirty years' service. The higher grades are appointments by selection from the seniors (*vide* Army List).

The allowances of the Army Medical Officer in India are not less than those of the Indian Medical Officers, while the allowances of Indian Medical Officers in England in sick or other furloughs are on the old scale of pay: for example, an Assistant-Surgeon of the Indian Service in England on sick leave receives 6s. 6d. a-day whatever his length of service may be. An Assistant-Surgeon of the Army, in England, on sick leave from India, under six years' service, receives 10s. a-day, and more according to the length of his service: a Surgeon who has not served half the time that some of the Indian Assistant-Surgeons have served, receives about 17s. a-day: such are some of the comparative merits and demerits of the two services, which it is to be hoped an application of the New Warrant to the Indian Medical service will equalise, and which otherwise must sooner or later tend to the injury of the public service.

	Captain.	Major.	Lieut.-Colonel.	
Army Medical Officer attains the rank of	In 6 years at the latest—may in 5 years be a Major by relative rank.	In 10 years at the latest, may in 5 years.	At any time after 10 or 12 years, 20 years at latest.	Higher grades by selection.
An Indian Medical Officer attains the rank of	In 13 to 16 years (*vide* Madras and Bengal lists).	Not under 30 years.	When he is Superintending-Surgeon selected from the Seniors, and then only the prize-money and batta of a Captain when in the field.	Do.

Dec. 18, 1858. I am, &c. A Medical Officer.

AMUSSAT'S OPERATION.

Letter from Mr. Curling.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to correct an error made by your reporter in some observations on Amussat's operation for stricture of the colon, in the last number of your journal. He states that in two of my cases "it was found impracticable from the contracted condition of the gut to avoid wounding the peritoneum." I have performed Amussat's operation on the adult three times, but in only one instance have I found it necessary to open the peritoneum. In a second case the bowel was contracted; nevertheless, I succeeded, though with difficulty, in opening the bowel without wounding the peritoneum. I am, &c.

T. B. Curling.

39, Grosvenor-st. Grosvenor-sq. W.
December 18, 1858.

HOMŒOPATHY AT LIVERPOOL.

Letter from F. D. Fletcher, Esq.

[To the Editor of the Medical Times and Gazette.]

Sir,—May I be allowed space in your columns for a few words respecting the controversy which is agitating the Liverpool Medical Society. Firstly, as to the report of the meeting on November 29th, I am informed that it is understood here that this report was sanctioned by the gentlemen who supported the amendment on that occasion, or that they were in some way responsible for it. I beg to state that no one but the reporter is answerable either for it or for its publication in the local paper; he judged it to be highly desirable that a report should appear, in order to prevent misapprehension as to the ground taken by various speakers; and feeling convinced of this, he neither asked nor acted on any counsel but his own. This statement he is prepared, if need be, to confirm. In giving this explanation, I assert my perfect confidence in the good faith of the reporter, and my belief that the report was as accurate as it was possible that any should be which was not taken in shorthand. Secondly, as to the justifiability of the conduct of those with whom I had the honour to vote. You tell us that we lend our sanction to "those who we know in our consciences are practising an injurious deceit." The tenor of the preceding passages of your article, in which you speak of the "Hahnemann trick," and aver that as Medical men we know that Homœopathy is an "utter cheat," prevents all doubt as to the meaning of the word "deceit," and converts your final assertion into an accusation against us, that we knowingly aid those who deliberately practise a fraud. The only evidence which you adduce to support so grave a charge is the allegation that we "know in our consciences" that these men are practising deceit. Far be it from me to question the infallibility of the editorial "we" in matters of science, but in matters of conscience I have yet to learn by what right of way an editor gains access to those sources of action which are hidden from all other human eyes, or how he establishes his claim to publish to the world the secret of what we know in our consciences. For my own part I give a most emphatic denial to that which you assert to be our conscientious conviction. I am acquainted with some Homœopathic practitioners, and with regard to those of whom my own observation has enabled me to judge I believe "in my conscience," that they are upright men, as honestly wrong as I believe myself to be honestly right; and that, therefore, on the ground of character, they could not be declared ineligible for membership with us. I do not undertake to vouch for the integrity of a class of men of whom I know but a few. I simply object to the insinuation that a Homœopath and an impostor are convertible terms. If there be those who practise Homœopathy dishonestly, the ballot is surely a sufficient barrier against their admission. If there be among us any whose practice is in any way dishonourable, our laws, as they now stand, provide for their expulsion. Next to character, comes creed: the distinctive points of the Homœopathic creed I firmly believe to be utterly wrong; but is the body of members responsible for the opinions of individuals? If it be not, all argument as to the presence of heretics among us tainting us with heresy, falls to the ground; but if it be so, does the responsibility extend to what individuals believe "in their consciences," or to what they avow in their speeches only? And where is the limit of accountability to be fixed? If we refuse to tolerate one heresy, why tolerate any; why not have a good sound orthodox creed at once—all sign it, and all stick to it? I am, &c.

F. D. Fletcher.

13, Mornington-terrace, Liverpool,
December 15, 1858.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

The Inaugural Meeting of this Society took place on December 16, at the Freemasons' Tavern. A large number of metropolitan obstetric teachers and Practitioners attended.

Dr. Rigby briefly explained the object for which the meeting had been called together. They were there assembled for the purpose of inaugurating a Society to be devoted to the Advancement of the Knowledge of Obstetrics and the Diseases of Women and Children. It had long been a matter of exceeding surprise to him that no Society had been instituted in the metropolis for this purpose. The new Society would be eminently useful to General Practitioners, most of whom have daily brought before their notice facts which the Society might be the means of registering. The Society could be made a depositary for general heads of important cases in midwifery throughout the country; and it would, he trusted, be largely supported by country, as well as town, Practitioners. Before calling on Dr. Tyler Smith to propose the first resolution, he could not abstain from remarking that the energy and perseverance which that gentleman had exhibited in promoting so successfully the formation of the Society entitled him to the deepest thanks of all interested in the undertaking.

Digitized by Google

Dr. Tyler Smith, in rising to move the first resolution, detailed the steps taken for the formation of the Society, which had resulted in the present meeting. There was no other city or community in the world in which equal scope for such an association existed. London contained thirteen obstetric schools, all well appointed and in full activity. There were between thirty and forty practitioners, who either were or had been obstetric teachers, besides others engaged in special obstetric practice. Nearly 2000 gentlemen were engaged in general practice in the metropolitan districts, upon upon whom the responsibilities of Midwifery fell even more heavily than the responsibilities of Medicine or Surgery. No cases equally urgent with placenta previa and post-partum floodings, or those in which craniotomy or turning might be thought necessary, occurred in Medicine or Surgery under conditions of equal urgency to the General Practitioner. In medical or surgical cases assistance could generally be obtained; but in obstetric cases dangerous emergencies were often so sudden as to throw the whole responsibility on the individual practitioner. The number of labours occurring in the metropolis annually amounted to about 80,000. In this great field, and with so many workers, a rich harvest of knowledge might be brought in through the agency of our Obstetric Society. But they were not limited to London alone. Already the principal teachers in the provinces had joined themselves to the undertaking. We might get something like a fair idea of the importance of obstetric practice in this country, from the fact, that of all the women delivered in England and Wales, no less than one in 189 died in childbirth. The number of still-born children was over 22,000 a-year. The chief business of an Obstetrical Society would be to diminish this mortality; and the task was one of the highest importance. It seemed to him a positive duty from which obstreticians could not escape; that they should unite together and promote the scientific and social interests of the branch of practice in which they were engaged. In the course of the proceedings which it had been necessary to take, he had met with various objections to the institution of an Obstetrical Society, which he would notice and endeavour to refute. It was said, why have a special Society for obstetrics when no special Surgical or Medical Societies were considered necessary? The answer to this was, that the Colleges of Physicians and Surgeons were in reality great institutions for the special advancement of Medicine and Surgery. Those engaged in obstetric practice had no public body to which their allegiance was due, and upon which they could depend for the promotion of their department of the art of healing. This had always acted as a discouragement; but it would to a great extent be removed by the associations of a successful Obstetrical Society. Other objectors were loud in their warnings against the evils of everything like a separation from the Colleges of Physic and Surgery. No wish existed for any such separation; but it was felt by many that we had too long leaned upon others; that we were now able to walk alone; and that we should be all the more respected in the Colleges to which we belonged if we could show ourselves possessed of something like an independent power of action. Some who opposed our proceedings argued that the Society would only increase talk and talkers, and that reticence was more to be desired that publicity. This dictum was out of joint with the age in which we lived: silence was not progress. As iron sharpeneth iron, so in the collision of mind with mind true doctrines were brought out and sustained. Discussion had well been said to be the very life and soul of science. There were others who acknowledged that science and practice would be advanced by the proposed Society, but were fearful that Obstetrists would suffer in a social point of view from placing themselves in any degree apart from the Physicians and Surgeons engaged in what was called "pure practice." This he did not believe; at all events, it was their plain duty, first and foremost, without thinking of consequences, to advance the science and art in which they were engaged. They certainly need not dread the result of such a course of proceeding. It was an idle fear to imagine that they would lower themselves in the social scale by raising themselves in knowledge. Union ought not to excite jealousy. These were not the times in which improvements were made by individual efforts alone, but in which numbers of men engaged in the same pursuit by uniting together have produced some of the greatest results of modern civilisation. On every ground, therefore, having reference to their scientific and social position, he had the satisfaction of moving the resolution,—"That it is expedient to institute a Society for the promotion of knowledge in all that relates to Obstetrics and the Diseases of Women and Children, in which Practitioners resident in the metropolis and the provinces shall be invited to take an active part. That such a Society be now founded, under the name of the Obstetrical Society of London."

Dr. Granville, F.R.S., who seconded the resolution, stated that he attended with pleasure this second attempt to establish an Obstetrical Society in London. He was grieved to notice that he could claim the privilege of being the oldest veteran in the room; a whole generation of obstetrical practitioners had passed away who knew of his earnestness in promoting their art and science. He hoped that this endeavour to establish such a society would prove more permanently successful than the first. The book which he held in his hand would show that in November, 1825, a meeting was held at his house attended by the *élite* of the obstetrical practitioners of that time. A society was then formed, over which Sir C. M. Clark presided. The plan, originally laid down by himself, was considered too vast; and as it embraced two distinct parts the majority of the members enrolled resolved to adopt one only, viz. the political or state part of the question. Dr. G. next alluded to the condition of the practice of midwifery in this country at a former period. At his return from Paris in 1817 this condition was a most anomalous one. Not only any one might practise midwifery without let or hindrance, and, indeed, without any Medical qualification whatever (there being no repressive laws in existence to prevent it), but this very license was made the means of enabling quacks to do their work with impunity, defying judge and jury when summoned before a court of law, by setting up as a defence that they did not pretend to be Doctors, Surgeons, or Apothecaries, but only man-midwives. The degraded state of the profession of the art was such that the College of Physicians considered a Licentiate practising midwifery as unworthy of a Fellowship, while a member of the College of Surgeons was deemed ineligible to be on the list of Council or Court of Examiners if he practised as an accoucheur; and the Apothecaries' Company, which had been pressed to institute an examination in midwifery, long resisted the "soft persuasion." This being the case the Society brought together in 1825 applied themselves to the removal of all such indignities, and to raise to a proper and dignified station the practitioner in midwifery. By memorials and letters to the corporate bodies, and through the then Secretary-of-State for the Home Department, this was accomplished. He had the task of replying to the many cavils and the bold sophistry of the late Sir H. Halford who fought hard to perpetuate their exclusion from the College. Sir H. Halford's contemptuous expression, made use of in a letter to Sir R. Peel, that "midwifery was an unfit occupation for gentlemen of academical education," was well known. After exertions continued during three years that society succeeded in obtaining the following points:—1. A recognition of the honourable position of obstetricians among the Medical practitioners of the three corporate bodies. 2. An examination in midwifery by the Apothecaries Company. 3. The admission of persons practising midwifery (being members of the College of Surgeons) to be eligible for a post in the Council. 4. The concession by the College of Physicians, that licentiates practising midwifery shall not be ineligible for the Fellowship of the College. At present these reforms have gone further, the corporate bodies examine in midwifery, one of them delivers diplomas in obstetrics, accoucheurs are made Fellows of the College of Physicians, and accoucheurs are on the Court of Examiners of the College of Surgeons. Thus the first attempt of an English Obstetrical Society has not been altogether barren of results. All state or political difficulties have been removed; there is only left for the Society we now propose to establish the much more congenial task of promoting the purely scientific part of the great questions which such an extensive field as the practice of midwifery, the treatment of children, and the study and management of female diseases, offers to the attention of the highly-educated Physician, Surgeon, or General Practitioner of our days.

In moving the second resolution, "That all legally-qualified Medical practitioners be eligible for election as ordinary Fellows of the Society," Dr. Barnes hailed with satisfaction the establishment of a Society in the metropolis for the culti-

Digitized by Google

vation of obstetrics. He considered it a reproach to us, that in consequence of the absence of a society devoted to the promotion of this department of Medicine, we were not in the same position as the obstetricians of towns on the continent of considerably less magnitude than London, from which authorities on particular questions emanated and derived that weight which a society is always capable of imparting. If, as he believed to be the case, the practice of midwifery was, notwithstanding, more successful in London than on the Continent, there was the more reason that our practice and opinions should be disseminated.

Dr. METCALFE BABINGTON, who seconded the resolution, dwelt on the many and great opportunities in the metropolis for obtaining and collecting statistics and other valuable information on that very important branch of our Profession, the Obstetrical art. He agreed most entirely with Dr. Tyler Smith, and thought that any objections likely to arise to the formation of such a society had been most completely answered by him. Not many years ago, certainly, the Obstetric Practitioners occupied a position by no means flattering. We were considered unworthy to take a place in a scientific brotherhood. Not long ago an eminent Physician said derisively of the Obstetrician that his *métier* was to undertake everything; and that the witty saying of a late divine in regard to Lord John Russell, applied equally to him, "that he would deliver a woman with child, cut a man for the stone, or take the command of the Channel Fleet." Now, he believed that the Obstetrician would, indeed, in the practice of his art, undertake and accomplish anything that required boldness, energy, talent, and presence of mind.

Mr. FERGUSSON, in proposing the list of officers of the Society for the year 1859, remarked that he remembered the day when he would not have been in his present position, that of proposing a resolution at a meeting for the establishment of a society devoted to obstetrics; but in this, as in other matters, he had profited by experience. He congratulated the meeting on the present promising aspect of the Society's affairs. Hereafter, obstetrics would occupy, equally with other departments of Medicine, its proper place in public and professional estimation. It was, he considered, a remarkable feature in the history of civilisation, that in societies most highly civilised, it was the custom for the man to assist the woman in the time of her greatest difficulty, that in fact the care and assistance of individuals of her own sex was no longer considered sufficient. He was of opinion that the public recognition of the importance and of the honourable position of the practice of obstetrics would, by the foundation of this Society, be considerably enhanced, and he wished it all success.

Dr. ROUTH, in seconding the resolution, gave his cordial support to the Society. To none did woman in the time of trial allotted by the Creator owe more than to the Accoucheur. Every man might not have a wife, but most had sisters; surely then that midwifery should be well understood and practised was greatly to be desired. Many in the room he felt had obligations to other Accoucheurs which nothing could repay. He hoped that in the new Society the political element would not be entirely lost sight of. How many lives of young and interesting children were daily sacrificed by prescribing Chemists and Druggists! By pointing out the difficulties in the treatment of children's diseases, this source of evil might be removed. With regard to midwives, again, he considered that as on the continent it should be obligatory on them to go through a regular course of study, and that the State was guilty in allowing them to practise midwifery without such education. There was, therefore, still much room for political intervention. If the Society not only sought to advance the science of the art, but also endeavoured to extend the knowledge thereof amongst those who practised it, a great service would indeed be performed, and immense good would be derived by all classes.

After a lengthened conversation, the list of officers was modified and agreed to unanimously.

The list published last week was incorrect in some particulars; Dr. Granville, Dr. Lever, Dr. Murphy, and Dr. Waller, should have appeared in the list of Vice-Presidents; and Mr. Brown, Mr. Butler, Dr. Gibb, Dr. Routh, Dr. Druitt, Dr. Griffith, and Dr. Frederic Bird, as Members of Council.

The next resolution, empowering the Council to frame laws, and to draw up and circulate a prospectus setting forth the objects of the Society, was proposed by Mr. SPENCER WELLS and seconded by Dr. MACKENZIE.

On the proposition of Dr. TANNER, seconded by Dr. GRAILY HEWITT, a vote of thanks to Dr. Rigby was carried by acclamation, and the proceedings terminated.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 17th inst., viz.:—

BAILLIE, BENJAMIN TILLYER BLUNT, Haverstock-hill.
BLUNDELL, WILLIAM, Sherborne, Dorsetshire.
BROOKE, JOHN, Stockport.
CALVERT, GEORGE, army.
CARPENTER, JOHN WILLIAM, Lambeth.
GILES, WILLIAM FOSTER, Cheltenham.
GREEN, CHRISTOPHER, Brixham, Devonshire.
HAMILTON, BURNETT JOHN, Stratford.
HUBERT, W. ARTHUR, Markgate-street, Hertfordshire.
KENNEDY, WILLIAM, Dublin.
LYNN, ROBERT DAVIDSON, Newcastle-upon-Tyne.
M'MANUS, THOMAS ALBAN, Kingston-upon-Hull.
MORGAN, MORGAN, Lambeth.
STRICKLAND, CHARLES, Bushey, Hertfordshire.
SUFFERIN, BENJAMIN THOMAS, Indian Army.
WALTON, THOMAS, Kingston-upon-Hull.
WELD, GEORGE HENRY, Woolwich.

Also on the 20th inst.:—

ASH, T. St. Mary's Hospital.
BLOXAM, W. Mount-street.
DODSWORTH, F. Turnham-green.
DOWELL, J. Flintshire.
GOULD, H. Wateringbury.
HARLÉ, E. Islington.
JACKSON, T. Darlington.
JESSETT, F. Isle of Wight.
LUKE, H. Claremont-square.
PYLE, T. Newcastle.
WATSON, J. Southampton-street.
WOOD, E. Billyhurst.

APOTHECARIES' HALL.—Names of Gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 16th of December:—

ARMSTRONG, WILLIAM, Alnwick, Northumberland.
BARNETTE, WHATLEY, St. Paul's-street, Islington.
BOOTH, EDWARD, Staly-bridge.
BRAITHWAITE, ROBERT, Whitby, Yorks.
CLARK, WILLIAM WAKE, Wellingborough.
HAWKINS, JAMES STILWELL, Cold-place, Commercial-rd.
KILBURN, WILLIAM ROGERS, West Auckland, Durham.
NISBETT, ROBERT INNES, Forres, N.B.
SHEPHERD, JAMES, Blackburn, Lancashire.
SHIRTLIFF, EDWARD MATTHEW, Kingston, Surrey.
SMITH, JOHN SYDNEY, Wheatley, Oxon.
SQUIRE, ALEXANDER JOHN BALMANNO, Australia.
WILKINSON, JOHN HANDFORTH, Oldham, Lancashire.

APPOINTMENT.

MR. CHARLES B. RENDLE, late Assistant-Demonstrator of Anatomy at King's College, London, has been appointed House-Surgeon of the Devon and Exeter Hospital, vice Dr. J. Strange Bigge, resigned.

DEATHS.

BÉRARD.—Professor M. Bérard, Professor of Physiology at the Faculty of Medicine of Paris, has just died.

BONNET.—"Our readers," the French journals say, "will learn with astonishment and grief the loss which has been sustained by medicine at Lyons, and we will add, throughout France. The tomb had scarcely closed upon one of the

Digitized by Google

Surgical illustrations of Lyons, when it is opened again to receive his most worthy successor. M. Bonnet, whom we all saw a few months ago at Paris, full of life and activity, filling the academies and amphitheatres of our Hospitals by his brilliant exposition of some of his ingenious Surgical proceedings, and who, only a few days ago, as it were, performed the last duties to M. Gensoul, has succumbed after a very short illness, having scarcely exceeded his fiftieth year of age. Every one is acquainted with the excellent works of M. Bonnet, and with the scientific labours which have won for him, in a few years, honours and an elevated position. To the numerous works published by him, and which have become almost classical, such as his treatises 'On Sections of the Tendon,' 'On Diseases of the Articulations,' 'On the Treatment of Diseases of the Joints,' 'On the Practice of Cauterisation,' etc., he proposed to add shortly the publication of his clinical studies on the treatment of white swellings, which he had made the subject of his last communications to the different learned societies of Paris. M. Bonnet was for eighteen years Professor at the Preparatory School of Medicine at Lyons, Corresponding Member of the Academy of Sciences, Associated Member of the Academy of Medicine, Chevalier of the Legion of Honour, etc."

BORDES.—Beauvais has just lost M. Bordes, one of its most distinguished Physicians, at the age of 74.

BRIGHT.—On the 16th instant, in Savile-row, Richard Bright, M.D. Oxon.; F.R.C.P.; Phys.-Ext. Queen; Cons. Phys. Guy's Hospital; Edin. 1812; D.C.L. F.R.S. F.G.S. in his 70th year.

BYERS.—On the 15th instant, at Milford, Pembrokeshire, Edward Lodge Byers, M.R.C.S.Eng. 1853; Surgeon to the Royal Mail Steam Packet Service; aged 29.

CARTERON.—Dr. Carteron, Surgeon-in-Chief of the Hospital of Mâcon, died lately at the age of 84.

DAY.—On the 18th inst. at Acton, where he had practised for the last forty-five years, Henry Day, M.D. Glasgow, Surgeon R.N. 1808. Through a long life of usefulness to his fellow creatures, his constant aim was to keep up with the noble science in all its rapid strides of advancement, and nothing new was advanced which he did not try for himself and put to the test of experience. His general information on all ordinary subjects made him an agreeable companion to the lover of botany, zoology, astronomy, and all the sister sciences.

EDDOWES.—Lately, at Loughborough, John H. Eddowes, L.S.A. 1817.

EDGAR.—On the 14th instant, at Berwick-upon-Tweed, Samuel Forsyth Edgar, M.D. and L.R.C.S. Edin. 1831; aged 50.

HARRIES.—On the 15th instant, at Bath, Charles Alexander Harries, jun. L.S.A. 1854; M.R.C.S. Eng. 1855; aged 25.

LAWRANCE.—On the 18th instant, at 28, Addison-road, Kensington, Samuel George Lawrance, formerly Surgeon of the Royal Military College, Chelsea; aged 71.

PITT.—On the 15th instant, at his residence in King-street, Walsall, Henry Pitt, M.R.C.S. Eng. and L.S.A. 1845.

WHITE.—On the 18th instant, at Teddington, Weir, Andrew White, Deputy Inspector-General of Army Hospitals; and one of the survivors of the Egyptian and Peninsular wars.

WE have the pleasure to announce that the Royal Hospital for Incurables, at Putney, has received, by the will of the late Richard Habberfield, Esq. the munificent bequest of £1500.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Wednesday last, Wilson Fox, M.D., Newcastle-under-Lyme, Staffordshire, having undergone the usual examination, was admitted a Licentiate of the College.

APOTHECARIES HALL OF IRELAND.—The Council have announced as the subject of their prize for 1859, "The Inorganic Constituents of Animals and Vegetables, their chemical and physical characters, the changes which they undergo in the organism, in health and in disease, and the mode of analysing and detecting their presence."

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Council, held on Friday, the 17th instant, Dr. James S. Hughes was elected Secretary to the Council, in the room of Dr. Maunsell, resigned.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The following list are the names of Office Bearers of this Society for the present Session 1858 and 1859. *Presidents*—Dr. A. Carter, Dr. F. Myburgh, Mr. H. Graham Dignum, and Mr. A. Garrington. *Honorary Treasurer*—Mr. J. F. Macfarlan. *Honorary Secretaries*—Mr. Offley B. Shore, Alexander Dickson. *Cen. Librarian*—Mr. Joseph Bell. *Sub-Librarian*—Mr. W. Thomson.

THE small-pox still progresses in Cape Town, and we are sorry to see that the mortality it causes is beyond the usual average in other countries. Most of those who die have not been vaccinated. Of those affected, and who have been vaccinated, it is probable that the vaccination has not been properly performed.

A MEDICAL REGISTRATION ASSOCIATION has been formed, called the Bakewell and North Derbyshire Medical Registration Association; Dr. Knox, of Bakewell, is Honorary Secretary and Treasurer.

TESTIMONIAL TO PROFESSOR BRANDE.—The Profession will learn with pleasure, that handsome testimonials have just been awarded with acclamation to Professor Brande by the Society of Apothecaries, for the important benefits he, during many years, has been conferring not only upon the Society itself, but upon the public generally, through the Society, from the first moment he belonged to it. A handsome piece of plate has just been presented to him, and his portrait is to be placed in the Ancient Hall, among the Benefactors, as a supporter of the Worshipful Society.

FLIES AT THE SIEGE OF DELHI.—"As soon as suppuration is established, some wash will probably be required, and this ought always to contain some small portion of camphor or oil of turpentine. By these means flies are always kept away from the wound, at least, in some degree, and the parts stimulated to healthy action. Without something of this kind our wounded would never have done as well as they did. The flies were truly in swarms, and the slightest neglect in cleanliness, or imprudent exposure of the wound, was followed by a deposition of eggs in the wound or in the coverings. This awful plague was beyond credence. I have seen them bred in the mouths, noses, and even the urethra and arms of sick men. How they ever penetrated into the urethra is a mystery; but there could be no doubt of the fact, for the sufferer was unable to pass water until six large maggots were extracted from the passage. To enable the sick in Hospital to sleep during the day, veils were procured, and proved of the greatest comfort."—*Dr. Brougham's Surgical Experience.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 18, 1858.

BIRTHS.

Births of Boys, 890; Girls, 880; Total, 1770.
Average of 10 corresponding weeks, 1848-57, 1560.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	744	698	1442
Average of the ten years 1848-57	606·6	579·7	1186·3
Average corrected to increased population	...	...	1395
Deaths of people above 90	..	5	5
Deaths in 15 General Hospitals	51	25	76

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	4	16	3	..	4
North....	490,396	2	10	27	9	1	3
Central ..	398,256	2	16	18	7	2	9
East	485,522	8	5	28	4	4	10
South....	616,635	2	8	23	18	3	8
Total ..	2,367,236	16	43	112	41	10	34

Digitized by Google

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·867 in.
Mean temperature	38·9
Highest point of thermometer	51·0
Lowest point of thermometer	33·5
Mean dew-point temperature	36·2
General direction of wind	Variable.
Whole amount of rain in the week	0·30 in.
Amount of horisontal movement of air in the week ...	435 miles.

TO CORRESPONDENTS.

Mr. Lister's cases of radical cure of Hernia shall appear as soon as possible.

Mr. Birney.—The work has not been translated.

Mr. Coates.—The work was received, and will be noticed in due course.

The letter of our Paris correspondent will appear next week.

Dr. Gordon's Medical History of a British Regiment during the first year of the Sepoy Mutiny shall appear early in the new year.

Dr. Humphrys.—We have not received more information on the subject than our Correspondent is in possession of.

Mr. Adams should write to the Secretary of the Faculty for full information.

Mr. Johnson.—The Guardians cannot be compelled to pay for re-vaccination.

D.S.—We have made inquiry, but have not ascertained where the Cholera Map of London can be obtained.

The following papers and letters are in type, but are unavoidably postponed:—*Mr. Davey*, on Disease of the Supra-Renal Capsules; *Mr. Roberts*, on Poisoning by Corrosive Sublimate; *Mr. Sedgwick*, on Amputation at the Wrist; *Dr. Stallard*, on Scarlatina; *Mr. Hunter*, on Apnœa from Chloroform; *Dr. Turner*, on Chloroform in Midwifery; *Mr. Shaw*, on the treatment of Bronchitis in Children, etc.

Fees of Assurance Companies.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having been frequently called upon to certify or report in cases of accident, for which claims have been made upon Assurance Companies, I have found that it is not customary for any fee to be paid by the company. I think that a report of this nature is as much for the benefit of the directors as is the report in any other matter of assurance, and equally deserving of a fee. It has occurred to me that advantage might be taken of the societies into which Medical men are now formed for purposes of Registration, to frame a scale of Fees, which should be required for certificates, etc., from all accident or other benefit societies; as probably all will agree that the custom which is so frequent, of giving advice and certificates gratuitously, is one great reason that the doctor's time and skill are so little valued by these associations. I am, &c.

Horsham, December 21, 1858. Henry J. Mathews, M.R.C.S. L.A.C.

Chloroform in Midwifery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Being ever zealous for the prompt and universal prevalence of truth, I feel bound, however it may militate against my own practice, to give to Dr. Lee the benefit of the following startling argument against the employment of chloroform in midwifery.

Since the year 1852, Mrs. —— has had four children. With the first of these no chloroform was used. With the other three, however, it was given to such an extent as not to produce unconsciousness, nor to materially lessen the pain. Mrs. —— recovered perfectly after all these confinements.

But although the mother regained, and has retained her health so well, the children, not excluding the eldest, who for the sake of distinction we will call "Master Bobby," have had occasionally little illnesses. Well, but that is no argument against the employment of chloroform, say those who are sifting the chaff of this paper in search of grain. Very true, but listen!—

When "Master Bobby" is unwell, his breath is as pure as the wind from the moors; but when the other three are ill their breaths smell distinctly of chloroform! and to this fact both the mother and an old nurse are willing to bear testimony.

I need scarcely add that Mrs. —— has determined never more to take chloroform, even when it is administered homœopathically.

Sheffield, December 20, 1858. I am, &c. T. H. Aveling, M.D.

The Dublin College.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to "A Scotch Anatomist" in your paper of last week, let me say that he misunderstands the meaning of the letter to which he alludes, if he fancies that I am of opinion that men of originality and genius have not existed, and do not exist among the anatomical teachers of Dublin. What I wish to express is that the prospect which at present lies open before the anatomist in Dublin, is not sufficiently inviting to induce him to pursue the science to which he has devoted himself into its higher branches.

My letter alluded to deals with a general question, and I must decline entering on any discussion as to the relative merits of individuals; but with every respect for the talents of my fellow labourers in the field of anatomy and physiology, I must remain of opinion that the present system of our College does not develope these talents so thoroughly as would be done if the scheme which I propose were carried out.

I am, &c. Robert McDonnell.

11, Lower Pembroke-street, Dublin, December 20.

Royal College of Surgeons in Ireland.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read with much interest two communications in your Journal bearing upon the affairs and discipline of the Royal College of Surgeons in Ireland.

Being myself an Alumnus of the Irish College, and in part educated at its school, I may, perhaps, be allowed to offer a few remarks upon the subject. I think it will be generally admitted that the Irish Surgical qualification stands deservedly high. The course of study required by the College from their licentiates extends over a longer period, and is far more extensive, than that demanded by either London or Edinburgh. The examination (which is public) occupies two days, and embraces, with the exception of midwifery, all departments of Medical science. By holding the standard of surgical education so high the College has suffered great pecuniary loss, as is sufficiently proved by the fact that numbers of students annually leave Dublin to qualify elsewhere; indeed I think it may be asserted with pride of the Irish School of Medicine that it has never been the first to lower the standard of Medical education. When in Scotland, aye, and even in England, diplomas, and degrees were granted on very easy terms, no Medical or Surgical qualification was to be obtained in Ireland without adequate study and examination. I must, however, entirely concur with your correspondent, Dr. McDonnell, in his strictures upon the school of the College. I know from personal experience that less attention is there paid to the students than in the other schools,—there also "grinding" (in the main a good system of teaching) is carried to culpable excess, and the lectures of the professors are miserably attended.

The school of the College also, as Dr. McDonnell justly observes, cannot be held up as a model to the private schools: great irregularities prevail. I have known in many instances gentlemen obtain certificates of attendance on courses of lectures at one-fourth of which they were not present. Indeed, I recollect one case where a certificate was granted to a student who was absent from town during the entire period in which the course was delivered. In my judgment, then, the course proposed by your correspondents, namely, to abolish the school of the College, devote the funds to more legitimate purposes, and depend entirely on private enterprise for the education of the students, would be highly calculated to raise the character of Dublin as a practical school of Medicine; and I sincerely wish success to any efforts that may be made to bring about such a state of things. I am, &c. L.P.I.

December 17, 1858.

COMMUNICATIONS have been received from—

Professor Simpson; Sir Henry Holland; Dr. Babington; Mr. Fergusson; Dr. F. Hawkins; Mr. Prescott Hewett; Dr. Rigby; Dr. Parkes; Dr. Ramsbotham; Dr. Scott Alison; Dr. Angus Smith, Manchester; Dr. Graily Hewitt; Dr. Priestley; Dr. Tyler Smith; Dr. Williams; Dr. Gallagher, Malta; Dr. Gordon; Dr. Turner; Mr. Witt; Rev. F. Redford; Mr. Strong; Dr. W. Munro; Dr. McDonnell; Mr. Banks; Mr. Smyth; Mr. Rivers; Dr. Este; Mr. Borham; Mr. Barnum; Mr. Osborne; Mr. J. McBean; Dr. White; Mr. J. Stock; Mr. J. Brown; Mr. T. Davidson; Dr. Corbet; Mr. J. Burman; Mr. H. Bowyer; Mr. J. H. Murchison; Mr. Matthews; Registrar General; Mr. Vincent; Mr. Adams; Dr. Knox; Mr. Rendle; Mr. Hughes; Mr. Barlow; Mr. Kendal; Mr. Johnson; Mr. Rowland Hill.

APPOINTMENTS FOR THE WEEK.

December 25. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. King's, 2 p.m.; Charing-Cross, 1 p.m.

27. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

28. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Faraday "On Metalline Properties, Lustre," &c.

29. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 12½ p.m.

30. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

Royal Institution. 3 p.m. Professor Faraday "On Metalline Properties, Chemical Properties," &c.

31. *Friday.*

Operations at the Westminster Ophthalmic, 1½ p.m. Great Northern, 2 p.m.

Digitized by Google

INDEX.

A

Abdomen, congenital deficiency of the muscles of the, 9
Dr. Habershon on fallacies in the diagnosis of the diseases of the, 439
puncture of the, 539
Aberdeen University, rules and regulations of the, 333
pass-list of the, 159
Abernethy, John, address of, to the Governors of St. Bartholomew's, 350
Abortion, simulated case of, 264
Criminal, trial for, and inconsistent Medical evidence, 606
conviction of murder for, 658
Acetone, a new anæsthetic, 435
Acne, treatment of, 245
Acton, Mr. on illegitimacy, 489
Adams, Mr. John, cases of tracheotomy, 5
Mr. William, lecture on non-congenital valgus, 30
lecture on talipes calcaneus, 79, 159
on a case of real distress, 254, 380, 615
Adulterations of Medicinal Substances, tests for the detection of the, 279
of confectionary, 501
Advertisements, unprofessional, 52, 130, 208, 258, 309, 387, 501
Ague, iodine in, 15, 507
apparent death during a paroxysm of, 150
in relation to drainage, 225
Dr. Peacock on the antagonism between, and consumption, 563
Air-Passages, Mr. Adams on foreign bodies in the, 3
foreign body in the, tracheotomy for, case of, 445
Albumen, Starch and Gum as nutriment, 232
Alison, Dr. Scott, on the causes of pulmonary consumption, 106
Althaus, Dr. on the treatment of neuralgia by electricity, 166
on anæsthesia from electricity, 305
on hysterical aphonia, 398
Aluminum, production and uses of, 95
American Degrees, Dr. Moss on, 284
Amputation, Mr. Sanson on the mortality after, 565
by rectangular flaps, Mr. Teale on, review, 539
cases of, 551, 594, 619
bandaging after to prevent retraction, 637
at the carpo-metacarpal articulation, Mr. Rudall's case of, 455
at the Ankle, results of Syme's operation, 43
Syme's and Pirogoff's operation, 220
Anæsthesia, induced by prussic acid, 436
induced by fumes of opium, 438
local induced by compression, 150
induced by electricity (vide electricity)
Anatomical Preparations, preservative fluid for, 279
Andrews (St.), University of, rules and regulations of the, 334
pass-list of the, 460
examination papers of the, 642
examination for honours at the, 485
Aneurism, digital compression in, 16, 479
of the aorta, simulating laryngitis, 549
of the external iliac and femoral, 654
popliteal, compression and amputation in, case of, 139
Ankle-joint, disease of the, excision and amputation for, case of, 137
Syme's and Pirogoff's operation at the, 220
results of Syme's operation at the, 43
Sprained, Mr. Hood on, review, 94
Anthelmintics, trial of various, 472, 497
Antimony, excretion of in the urine, 353
Anus, imperforate, case of successful operation for, 399
paralysis of, sphincter of the, in children, 507
Aorta, communication between the, and the bronchus, specimen of, 536
aneurism of the, simulating laryngitis, 549
case of congenital contraction of the, 641
Aphonia, hysterical, Dr. Althaus on, 398
Aphthæ, exsudations in, specimen of, 510
Apoplexy, from cancer of the sella turcica, 175
Apothecaries, origin of English, 194
lamentation of the old French, 298
Hall, Ireland, rules and regulations of the, 337
Apothecaries', Society of, court of Examiners at the, 173
rules and regulations of the, 324
Pass Lists of the, 24, 50, 76, 101, 127, 153, 178, 206, 231, 255, 283, 357, 388, 411, 459, 511, 537, 565, 591, 616, 669
Aquarian Naturalist, Mr. T. Rymer Jones', review, 278
Aran, Dr. on aloes enemata in uterine catarrh, 302
Arm, malignant tumour of the, case of, 446
peculiar lipomatous growth removed from the, 656
fracture of, followed by gangrene, 238, 296
Armagh Lunatic Asylum, inquiry concerning, 528
Army, the British, Mr. Neison on the causes of consumption in the, 374
in India (vide India)
New Zealand, diseases of the in, 232
the French, in the East, Dr. Milroy on the Mortality of the, review, 200
Medical Board, rules and regulations of the, 328
successful candidates at the, 357, 485
Mr. Tufnell, on preparation of candidates for the, 531
Examination at the, 540
Medical Department, observations on the alterations in the, 37, 422
New Warrant for the, 401, 425
in India, condition of the, 553
Arsenic, excretion of in the urine, 353
paralysis from, 21
poisoning by, inutility of iron as an antidote in, 258
cases of, at Bradford, 476, 657
in wall-papers, question of, 275, 300
Arteries, ligature of, report on cases of, 62
Femoral, ligature of both, case of, 296
Artery, Common Carotid, ligature of the, 217
Pulmonary, hydatids in the branches of the, 54
Artesian Well, at Bourn, 284
at Grenelle, 305
Ashcomb, Mr. Weller, death of, 232
Asthenopia, secale cornutum in, 217
Asthma, induced by chaff, 282
M. Trousseau on, 485
Dr. Salter on, 486
Asylums (vide Lunatic)
Australia, mortality of children in, 25
deficiency of females in, 300
Aveling, Dr. on marriages of consanguinity, 458
on a case of rapid death in natural labour, 546
on chloroform in midwifery, 671

B

Bakewell, Dr. R. Hall, on causes of epidemics of eruptive fevers, 535
Banks, Dr. on Nervous Diseases, review, 604
Barnes, Dr. Report on sanitary state of Shoreditch, review, 200
Barracks, bad accommodation in, 197, 659
proposed improvements in, 224, 549, 402
Bate, Mr. on electricity in tooth-drawing, 488.
Baths, Dr. Sloan, on sea and freshwater, 176
a cause of the inefficiency of, 358
Beale, Dr. Lionel, on the Applications of the Microscope, review, 613
Mr. John Evans, death of, 24
Bed-sores, tannate of lead in, 592
Bee, death from the sting of a, 350
Bees, venomous, 617
Bellew, Dr. J. death of, 102
Bendz, Professor Christian, death of, 511
Benghasi, reported plague at, 179, 416
Bennett, Dr. James Henry, on Nutrition, review, 427
Bérard, Professor, death of, 669
Berlin, Vital Statistics of, in 1857, 238
Bernays, Dr. on the disinfection of London sewage, 76, 151, 280
Best, Mr. Henry, death of, 128
Bigg, Mr. on the manufacture of lithotrites, 639
Bile, Dr. Dalton on the, 435
Birds, uses of to the farmer, 128
question of air in the bones of, 222
Birmingham Eye Infirmary, report of operations at the, 169, 208
Birmingham, Queen's Hospital, proposal in reference to appointments at the, 513
Birth, multiple, example of, 24
Bismuth, substitution of the subcarbonate for the trinitrate, 51
treatment of leucorrhœa by injection of, 538
Bladder, communication of, with the sigmoid flexure, 642
puncture of the, 10
removal of broken catheter from the, 90
perchloride of iron in catarrh and hæmorrhage of the, 150
injection of carbonic acid gas in chronic inflammation of the, 534
Blanchard, Dr. death of, 617
Blenorrhagia and Leucorrhœa, injections of bismuth in, 538
Blind, pleasure of the, in fireworks, 43
query concerning the handwriting of the, 184
Blindness, hereditary, curious instance of, 128
Blood, quantity of, in the body, 232
influence of the nervous system on the colour of venous, 256
Blood-letting, controversy on, 32, 71, 135, 204, 529
Riverius on, 123
Board of Health, Salaries of the Officers of the, 13
Boils, treatment of, 245
application of iodine in, Dr. Rigby on, 96
carbuncular, belladonna in, 126
Bone, trephining of in abscess of, case of, 62
Bone-setters in relation to the New Medical Act, 451
Bonnet, Professor, death of, 669
Books, Reviews of, 13, 40, 68, 93, 124, 200, 226, 250, 278, 301, 378, 403, 427, 453, 477, 504, 529, 556, 580, 618, 634
Borelli, Dr. on ligature in staphyloma, 42
Borham, Mr. on turning in natural labour, 665
Bouchut, M. on tubage of the larynx in croup, 465
Bozeman, Dr. operations of for vesico-vaginal fistula, 452, 560, 585, 637
Brain, abscess of the, trephining for an, 271
hydatids of the, specimen of, 540
Dr. Cockle on affections of the, from colitis, 634, 653
concussion of the, Mr. Hewett on, 285, 297, 339, 415, 491
contusion of the, Mr. Hewett on, 491, 569, 621
Braithwaite, Mr. on the alkaline matters of well-water, 438
Brande, Professor, testimonial to, 670
Brandreth, Dr. J. P. death of, 231
Branfoot, Dr. J. H. death of, 24
Breast, saving the nipple in operations upon the, 17
enucleation of schirrus of the, 629
Dr. Coote, on pain below the, 47
electricity in neuralgia below the, 409
instances of great hypertrophy of the, 408, 539
M. Velpeau's statistics of diseases of the, 479
Brest, condition of convicts at, 96
Bright, Dr. death and memoir of, 632, 660
Briquet, M. on hysterical hyperæsthesia, 558
British Association for the Advancement of Science, report of proceedings of the, 356, 381
Medical Association, Meeting of the, 144
Broca, M. mode of teaching of, 507
Brodhurst, Mr. on excision of the elbow, 43
Bronzed-Skin, case of, 60
without disease of the supra-renal capsule, 564, 600
Broths and Beef-tea, Dr. Hicks' apparatus for making, 230
Brown, Mr. I. Baker, cases of ruptured perineum, 56
Brown-Séquard, doctrines of, on the nervous system, 77
Browning, Mr. case of tracheotomy in croup, 34
Bryant, Mr. on injuries and diseases of the joints, 342, 469, 572
Buchanan, Mr. Report of, on St. Giles in 1857, 477
Buckmaster, Mr. Elements of Chemistry, review, 378
Bucknell, Mr. H. G. death of, 460
Budd, Dr. on hydatid tumour of the heart and pulmonary artery, 54
on stomach disorders connected with phthisis, 131
Bullets, perforation of, by insects, 76
Bulley, Mr. on hot-packing in scarlatina anginosa, 265

Digitized by Google

Burial Societies, mortality in, 256
Burn, unhealed ulcer after a, case of, 550
Burnett's Fluid, action for poisoning by, 38
Burns, Mr. on subcutaneous injection in neuralgia, 408
Butler, Dr. case of spina bifida, 483
Byers, Mr. E. L. death of, 670

C

Cæsarean operation, successful case of, 255
Calcium, process of extracting, 461
Calculus, cystine, Dr. Roberts on, 626
Cambridge University, rules and regulations of the, 321
examination papers for students not members of the, 642
Campbell, Dr. Colin, death of, 485
Camphor, case of poisoning by, 645
Camplin, Mr. on Diabetes, review, 250
Cancer, contrasted with tubercle, 604
puccoon in, Dr. Weatherby on, 461
Surgical, Mr. Z. Laurance on the Diagnosis of, review, 250
intra-thoracic, Dr. Cockle on, 289
of the mediastinum, specimen of, 510
of the œsophagus, specimen of, 509
of both orbits, 447
of the tongue, cases of operation for, 62
Capsules, Medicinal, new, 408
Carbonic acid, calorific action of, 256
injection of, into the bladder, 584
Carbuncle, treatment of, 98, 126
Cardialgia, Professor Fenger on, 506
Carpo-metacarpal articulation, amputation at the, case of, 456
Case, Mr. case of spina bifida, 356
Caste, prejudices of, 221
Cataract, question of cure of, without operation, 16
M. Chassaignac's mode of dressing after operation for, 97
simultaneous development of senile, in twins, 498
Catheter, removal of broken from the bladder, 90
Caustic, fatal tetanus after application of, 15
Cauterisation, M. Maisonneuve's new mode of, 384, 428, 637
Cerobro-spinal fluid, discharge of, from the nares, 71
Chapman, Dr. John, on the mode of death from chloroform, 480, 459
Chassaignac, M. operations of, with the ecraseur, 97
Chatham, experimental camp at, 275
Chemistry, Buckmaster and Fownes on, reviews, 378
Physiological, Dr. Marcet on the method of investigation in, 1
Chest, diseases of the, Dr. S. Alison on the causes of, 106
penetrating wounds of the, Dr. Fraser on, 98
gunshot wounds of the, 94, 126
Chestnut-Bread, employment of in France, 295
Childbirth, diminished mortality from, 569
Children, paralysis of the sphincter ani in, 507
incontinence of urine in, 114
China, condition of doctors in, 448
Chloroform, detection of adulteration in, 279
Dr. Macleod on the employment of, in the Crimea, 40
Dr. Kidd on, review, 453
Mr. Ruttledge on the administration of, 150
employment of, in Midwifery, controversy on the, 306, 379, 508, 533, 534, 546, 587, 671
apnœa from, Mr. C. Hunter on, 480
oral respiration in asphyxia from, 42
treatment of accidents from, 399
Dr. Chapman on mode of death from, 480, 459
Dr. Hillier on death from, 532
cases of death from, 15, 174, 248, 274, 282, 374
alleged death from, during labour, 465, 534
Cholera at St. Petersburg, 50
Choroid coat of the eye, Mr. Nunneley on the structure of the, 382
Christison, Professor, on Homœopathy, 189
Cigarettes, Medicinal, preparation of, 97
Circulation, M. Milne Edwards on the discovery of the, 194
Clark, Mr. J. F. on the abolition of the shako in India, 259
Clarke, Dr. George, death of, 128
Cleanliness, relation of to morality, 194
Club-foot, Mr. Lizars on the treatment of, 622 (vide Talipes)
Cockle, Dr. on intra-thoracic cancer, 289
on affections of the brain from otitis, 624, 653
Cod-liver Oil, fat as a substitute for, 507
Cole, Surgeon George, death of, 76
Colic, nephritic, case of, 243
Collins, Mr. H. Ramsey, death of, 231
Collodion as a covering for pill-boxes, 96
Colon, communication with the bladder, example of, 641
stricture of the, Amussat's operation in, case of, 85
operation in the iliac fossa for a, 623, 667
Combe, George, obituary notice of, 198, 235
Confectionary, adulteration of, 501
Congelation, Mr. Harrison on, review, 635
Conolly, Dr. on the Physiognomy of Insanity, 81, 210, 367, 651
Constipation in infants, 507
Consultations, three centuries ago, 221
etiquette in signing prescriptions at, 463, 489, 516, 541
Convicts, Mr. Milner, on the weight of, 382
Convulsions of infants, M. Trousseau on, 385
Cooke, Dr. John Charles, death of, 283
Mr. Robert, on belladonna in boils and erysipelas, 126
Coote, Dr. on infra-mammary pain, 47
Copland, Dr., Dictionary of, review, 301
Corbett, Dr. on the simplification of lithotomy, 598
Corfe, Dr. on the saccharine treatment of diabetes, 292
Coroner's Court, Mr. Dempsy on, review, 635
Coroner's Inquests, abuses in conducting, 12
interference of magistrates with, 450
Corvisart, Dr. on a Function of the Pancreas, review, 454
Coste, M., on the habits of fish, 155
Cottingham, Mr. Edwin, death of, 617
Coup de Soleil in India, Mr. Hunter on, 638
Coventry Provident Dispensary, report of, 514
Crampton, Sir Philip, will of, 179
Craniotomy, question of justifiability of, 195
Dr. R. Lee's history of a case of, 342
questionable case of, 349
Crawfurd, Mr. on the races of man, 382
Cretins, condition of, at the Abendberg, 154
Crimean War, Dr. Macleod on the Surgery of the, review, 40
Russian, casualties in the, 103
Crinoline as a cause of rheumatism, 148
Crompton, Mr. cases of successful excision of the knee-joint, 190
query of, as to duration of life after ovariotomy, 459
Croup, case of, 508
sulphate of copper in, 479
Drs. Luzsinsky and Hauner on the treatment of, 148
tubage of the larynx in, 377, 455, 538, 582, 584, 635
mortality after in Paris, 411
tracheotomy in, 512, 540, 553, 582, 635, 644
successful case of, 34
Crystalline Lens, growth of the, 355
dislocation of the, 245
Cumming, Dr. on artificial lactation, 302
Inspector General, death of, 644
Curling, Mr. on Amussat's operation, 667
Cusack, Dr. appointment of as Surgeon to the Queen, 50
Cystine, quantitative determination of sulphur in, 626

D

Dauncy, Assistant-Surgeon, death of, 411
Davey, Mr. Norris F. case of compound fracture of the skull, 110
on Galen's treatment of skin diseases, 194
Davids, Assistant-Surgeon, death of, 50
Davies, Mr. Redfern, case of radical cure of hernia, 59
Davis, Dr. John Hall, Illustrations of Difficult Parturition, review, 504
Davy, Dr. John, Fragmentary Remains of Sir Humphry Davy, 581
Day, Dr. Henry, death of, 670
Dead, preservation of the, M. Falconey's mode of, 178, 424
Deaf dumbness, case of twenty years' standing benefited, 152
Deamer, Mr. case of idiopathic glossitis, 483
Death, apparent, case of, 150
importance of certificates of, 205
sudden, without apparent cause, 207
Debenham, Mr. case of tracheotomy in epithelioma of the larynx, 253
Delirium tremens, digitalis in, 123
Dempsy, Mr. on the Coroner's Court, review, 635
Dentistry, application of electricity in (vide electricity)
Diabetes, Mr. Camplin on, review, 250
Mr. Grantham's cases of, 243
Dr. Corfe on the saccharine treatment of, 292
from cerebral disease, Leudet on, 42
traumatic, case of, 150
sugar in the tears in, 21
Diarrhœa of infants, nitrate of silver in, 42
Dick, Mr. on the drastic properties of oils, 418
Digestion, Drs. Smith and Harley's experiments on, 233, 381
Diphtheria, Dr. Wilks on connexion of, with parasitic fungus, 354
case of, 304
specimen of parts concerned in, 434
Mr. Witten on the treatment of, 646
internal treatment of, 461
inoculating a dog with the exsudation of, 641
Diphtheritis, Dr. Wade on, review, 635
Diploma, proposal to obtain by persuasion, 552
Dipsomania, Dr. Trayer on, 18
Disease, Dr. Markham on change of type in, 289
Lord Shaftesbury on preventible, 512
Mr. Browne on Nature and Art in, 515
Dislocation of the femur, reduction of an old case of, 495
of the femur into the obturator foramen, specimen of, 459
of the patella, case of, 239
of the radio-carpal articulation, case of, 468.
of the shoulder, dissection after a, 152
Dislocations, compound, Dr. Bryant on, 469
Dispensaries, Provident and Self-supporting, Mr. H. L. Smith and Dr. Ogle on, 280, 379, 410
meeting in favour of, 129
accounts of from Coventry, Derby, and Northampton, 296, 410, 514
mode of payment at the Liverpool, 92
Dissection, supply of subjects for, 350, 451, 526
M. Falconey's mode of preserving bodies for, 178, 424
Dobell, Dr. Demonstrations of Diseases in the Chest, review, 477
Drainage (vide Sewage)
Dress, experiments on in hot climates, 225
ladies', rendering fireproof, 578
Dropsy, vinegar in, 507
Drowning, Smollett's plan of treatment of, 448
Druggists in relation to the new act, 578, 619
Druitt, Dr. on ozœna, 417
Dubeu, Dr. van, the Microscope in Medical Diagnosis, review, 296
Dublin, Letters from, 429, 531
University of, regulations of the, 335
pass list of the, 51
election of Anatomical Professor at the, 25, 411
Duigan, Dr. case of radio-carpal dislocation, 468
Dumbreck, Surgeon, death of, 50
Dunn, Mr. Physiological Psychology, review, 278
Mr. Henry, obituary notice of, 244
Durham University, rules and regulations of, 324
Duthoit, Assistant-Surgeon, death of, 485
Dymock, Dr. on discharge from the nares in injury of the head, 71
Dymond, Dr. Robert, death of, 485
Dysentery, glycerine in, 15
epidemic of, at the Lariboisière Hospital, 476
East India Company, Medical service of the, emoluments of the, 22, 204, 666
questions for examination for the, 122
regulations for candidates for the, 339
successful candidates, 127
Ecraseur, operations performed with the, 97
Eczema of children, treatment of, 245
Eddowes, Dr. John Henry, death of, 617
Eden, Mr. F. E. on electrical anæsthesia, 278
Edgar, Dr. S. F. death of, 670
Edinburgh Royal Infirmary, visit to the, 168, 202, 220, 246
University of, dispute with the Town Council, 66
rules and regulations of the, 390
Elbow, excision of the, Mr. Erichsen on, 17
Electric Telegraph wires, accident caused by, 359
Electricity, Mr. Hooper on an apparatus for the application of, 309
induction of local anæsthesia by, 268, 275, 309, 305, 307, 378, 403, 408, 412, 433, 499, 512, 617
Electro-Galvanism, Mr. Smellie on the influence of, review, 477
Elliotson, Dr. on an instance of communication of, secondary syphilis, 237
Ely, improved sanitary state of, 514
Emigrant vessels, mortality in, 154
Empyema opening through the lungs, Dr. Peacock on, 340, 369
England, Vital Statistics of, in 1856, 358, 359, 385
observations on the sanitary condition of, 246
Entozoa, rarity of, in Edinburgh, 449
Epidemiological Society, report of meetings at the, 22, 126
Epidemics, Mr. Michael on the study of, 126
Dr. Bakewell on the eruptive fevers as, 535
precursors of, 592
Epilepsy, Van der Kolk on, 539
Dr. Radcliffe on, review, 93
partial blindness after a fit of, 345
Epiphora, slitting the punctum in, 447
Epulis, case of operation for, 525
Erichsen, Mr. on excision of the elbow, 17
Erlangen Degrees, regulations for the, 483
Eruptive fevers, Dr. Bakewell on the cases of epidemics of the, 535
Erysipelas, belladonna in, 126
Ether, sulphuric detection of adulteration of, 279
versus chloroform, 89
Mr. Ruttledge on, 150
Evans, Mr. C. J. case of injury of the head, 380
Excision of Joints in the Crimean War, Dr. Macleod on, 41
cases of, 61
of the ankle, case of, 137
of the elbow, Mr. Erichsen on, 17

Digitized by Google

Excision of the jaw, cases of, 35, 217, 447
of the knee, cases of, 190, 550
result of, 168
at Edinburgh, 193
of the scapula, discussion on, 634
Excrement, human, Dr. Marcet's Lectures on, 1, 53, 105, 157, 209, 261
Extra-uterine fœtation, specimen of, 74
Mr. Lattey's case of, 267
Eye, Dr. Ogle on influence of the sympathetic nerve and spinal cord on the, 100
lime in the, treatment of, 304
operations performed on the, at the Birmingham Eye Infirmary, 169, 208
Eyeball, Mr. Martin's case of inflammation of the, 189
St. Yves on excision of the, 630
Mr. Dixon's method of excision of the, 346
Eyelid, restoration of the lower, 628
fragments of shell imbedded in the, 629
Eyelids, adhesion of the, to the globe, case of, 170
Face, lodgment of the breach of a gun in the, 416
Falconey, M. mode of preserving the dead, 178, 424
Feeding-bottle, Maw's, 235
Fees, tariff of, at Rennes, 496, 512
at Antwerp, 617
Femur, reduction of an old dislocation of the, 495
dislocation of the, into the obturator foramen, specimen of, 459
operation in ununited fracture of the, 61
case of syphilitic enlargement of the, 575
Fern-leaves, impressions from, 148
Fever, adynamic simulated by otitis, 624, 653
employment of quinine in, 170
typhoid, prevalence of in England, 487
village, 284
Fibrin, formation and transformation of, 256
Fibroid, recurrent, case of, 550
Field, Mr. case of resection of the upper jaw, 217
Mr. Alfred, on the results of Syme's amputation, 43
Figg, Dr. on turning in natural labour, 493, 522, 665
Fingers, webbed, case of successful treatment of, 456
Fish, M. Coste on the habits of, 155
voracity of, 256
Fish-bone, gangrene from swallowing a, 5
Fissure-needle, Ferguson's, 587
Fistula, vesico-vaginal, cases of operation upon, 296, 584
silver sutures in, 346
Dr. Simpson's treatment of by metallic sutures, 585
Dr. Bozeman's operations for, 452, 560, 585, 637
Fletcher, Mr. on homœopathy at Liverpool, 667
Flies, plague of, at siege of Delhi, 670
Flinn, Dr. F. A. death of, 158
Flour, adulteration of, 304
Flower, Mr. on diffused hydrocele, 109
Fœtus, retention of immature in utero, case of, 588, 616, 666
Foot, distortion of in the Chinese female, 308
Forceps, Dr. Lee's history of a case, 289
Fountains, drinking, want of in London, 300, 402
Fownes, Dr. Elements of Chemistry, review, 378
Fox, Mr. on the London Mortality in 1858, 548
Mr. Nilson, on the pathology of the glandular structures of the stomach, 46
Fracture, spontaneous in rickets, 42
of the leg, 640
of the arm, followed by gangrene, cases of, 238, 296
ununited of the femur, operation for, 61
France, population of, 461, 511
influence of marriage on mortality of, 449, 631
number of deaf and blind in, 474
Fraser, Dr. on penetrating wounds of the chest, 98
Friendly Societies, expenditure in Medical relief by, 256
Frontal Sinuses, larvæ in, 175
removal of, in fracture of the skull, 113
Fungus Hæmatodes, gallic acid in, 373

G

Galvanism as a therapeutical agent, Mr. Lobb on, 26
Gamgee, Mr. John, Veterinarian's Vade-Mecum, review, 478
Gangrene of the pectoral muscle, after injury, case of, 270
of the arm following fracture, 238, 296
Garland, Mr. recovery of fee by, in County Court, 172
Garrod, Dr. on the influence of liquor potassæ on henbane, etc., 44
Gaskoin, Mr. J. S. death of, 383
Gastrotomy, case of, 45
Gay, Mr. on strangulated hernia, 160
Gay-Lussac, erection of a statue to, 411
Genseul, M. obituary notice of, 511, 565
German Scientific Meeting at Carlsruhe, 480
Gibbs, Dr. H. Leeke, death of, 357
Gibson, Surgeon, death of, 411
Gladstone, Dr. on the action of water on lead, 381
Dr. William, death of, 435,
Glanders, death from, 103
Glasgow, University of, rules and regulations of the, 332
Glaucoma, regulators of operative treatment of, 114
Glossitis, idiopathic, case of, 483
Glycerine with iodide of iron, 51
a product of alcoholic fermentation, 460
Glycose in the Liver, 435
Godard, M. sur la Monorchidie et Cryptorchidie, review, 478
Gonorrhœa, Dr. Sigmund on injections in, 478
Gould, Mr. case of congenital malformation, 78
Gourlay, Dr. on the results of Syme's urethrotomy cases, 484, 562
Gout, useful purgative in, 150
horse-chestnut-oil in, 486
Grantham, Mr. on the importance of the primary causation of diseases, 243
Green, Dr. William, death of, 566
Gregory, Mr. Samuel, death of, 485
Griffin, Mr. and Poor-Law Reform, 124, 552
Griffiths, Mr. Thomas, death of, 435
Guggenbuhl, Dr. conduct of at the Abendberg, 154, 461
Guy's Hospital Reports, review, 614
Guyot, M. treatment of disease by incubation, 175

H

Habershon, Dr. on fallacies in the diagnosis of abdominal disease, 439
Hæmatocele, case of spurious, 413
retro-uterine, sources of, 96
Hæmorrhage, by exhalation, nature of, 143
influence of atmospheric pressure in disposing to, 381
Uterine, treatment by external applications, 358
Dr. Lee on, from placental presentations, 212, 241
Hancox, Dr. on turning in natural labour, 587
Hare-lip, cicatrix of, at birth, 499
Harland, Dr. W. A. obituary notice of, 536
Harley, Dr. experiments on digestion, 381
Harries, Mr. C. A. death of, 670
Harris, Mr. on turning in natural labour, 616
Harrison, Mr. on Congelation, review, 635
Harveian Oration, the, 75
Society, report of meeting of the, 47
Harvey, Dr. Alexander, Letters to Sir J. Clark, review, 14
Hawthorne, Dr. George Stewart, death of, 435
Head, Mr. Hewett's Lectures on the Anatomy, Injuries, and Diseases of the, 27, 132, 183, 235, 287, 339, 415, 491, 569, 621
Mr. Evans' case of injury of the, 380
Health (Public) Act, The, 64, 179, 199
Heart, Dr. Leared on the sounds of the, 125
specimen of disease of the, 21
case of congenital disease of the, 641
Dr. Budd on hydatid tumour of the, 54
M. Elleaume on rupture of the, 174
Hedger, Dr. Alfred, death of, 591
Henderson, Dr. tyrannical dismissal of, at Fordeun 141, 224, 288
Dr. Thomas, death of, 50
Hernia, Mr. Henry Smith on an obscure case of, 344
strangulated, Mr. Gay, on, 160
simulated by hydrocele, 109
Cerebri, Mr. Sampson's case of, 571
Epigastric case of, 584
Femoral, unusual condition of a, 445
Inguinal, Mr. Wordsworth on reduction of, *en masse*, 216, 290
radical cure of, Mr. Davies, case of, 59
Mr. Holthouse on the, 444
Mr. Jones on the, 520, 546
Umbilical, laid open, case of, 9
with adherent omentum, 510
Ventral, from injury, case of, 297
Herpes, guttural, M. Gubler on, 95
zona, collodion in, 479
Herschell, Sir John F. W. Outlines of Astronomy, review, 278
Hervieux, M. on gonorrheal rheumatism, 41
Hewett, Mr. Prescott, on the Anatomy, Injuries, and Diseases of the Head, 27, 132, 183, 235, 287, 339, 451, 491, 569, 621
Heywood, Mr. on a case of hypospadia, 645
Hicks, Dr. apparatus for making meat-teas, 230
Hilliard, Mr., on the manufacture of lithotrites, 586
Hillier, Dr. on death from chloroform, 582
Hilton, Dr. Wm. Richards, death of, 383
Hindoo Medicine, 605
Hip-joint disease, specimen of, 22
peculiar condition in, 245
Hobson, Dr. Handbook of Surgery in Chinese, review, 94
Hogg, Mr., on the Ophthalmoscope, review, 250
Holland, Sir Henry, Chapters on Mental Physiology, review, 378
Holmes, Mr. dissection of a shoulder after dislocation, 152
Holthouse, Mr. case of Amussat's operation, 85
on Wutzer's operation for the radical cure of hernia, 444
Homœopathists, question of consultation with, 257, 282
resolutions of meetings of the Profession against, 13, 180, 154, 143
proceedings at the Liverpool Medical Institution in regard to, 609, 612, 660, 667
action of, against the *Union Médicale*, 632
vaccination by, 115
Homœopathy, globular, impostures in, 92, 125
Dr. Ranking on converts to, 77
the Greyson Letters on, 71
Professor Christison on, 180
Hood, Mr. on Sprained Ankle, review, 94
Hooper, Mr. apparatus for administering electricity, 309
Dr., Vade Mecum, review, 378
Hospital Notes, 8, 35, 61, 89, 114, 245, 271, 399, 421, 447, 526, 550, 629, 657
Hospital, the Adelaide, at Dublin, opened, 430
Brompton, for Consumption, Dr. Alison's cases at the, 106
Great Northern, cases at the, 270, 525, 656
Guy's, origin of, 52
cases at, 8, 60, 138, 296, 604
King's College, cases at, 113, 525, 550, 574
London, cases at the, 111, 445
Metropolitan Free, cases at the, 219, 372, 471, 575, 601
Military, at Netley, report on the, 63
Queen's, at Birmingham, proposal as to Medical appointments at the, 513
Royal Ophthalmic, cases at the, 297, 345, 374, 419, 575
St. Bartholomew's, cases at, 87, 167, 445
St. George's, Mr. Morley's bequest to, 91
cases at, 89, 373
St. Mary's Medical School, fees at the, 354
cases at, 628
St. Thomas's, cases at, 112, 345, 497, 549
Samaritan, cases at the, 218, 346, 602
for Diseases of the Skin, Pharmacopœia of the, 378
University College, cases at, 219, 608
Vienna General, prohibition of autopsies at the, 412
Hospitals, ill-chosen names of, 488
in India, Judge Raikes on the, 144
Parisian, report on the, 252
diet of the, 352
removal of to the country, 358
Hôtel Dieu, Paris, history of the, 604
Howe, Dr. on the Causes of Idiocy, review, 124
Howie, Dr. H. death of, 644
Hughes, Dr. Henry Marshall, Memoir of, 460, 504
Hulme, Dr. on an epidemic of varicella, 541
Humerus, enlarged, trephining in, case of, 574
Humphry, Mr. on the homologies of the skeleton, 356
on the Skeleton, review, 580
Hunt, Mr. on Diseases of the Skin, review, 478
Hunter, Mr. Charles, on local narcotic injections in neuralgia, 408, 457
on Apnœa from Chloroform, 480
Mr. R. on Coup-de-soleil in India, 638
Surgeon R. on gunshot wounds of the thorax, 126
Hunterian Society, report of meeting of the, 563
Huntingdon Hospital and the lectures on Mesmerism, 433
Huschke, Professor, death of, 158
Hussey, Mr. case of excision in diseased ankle, 137
case of fatal gangrene after fracture, 238
Hutchinson, Mr. on the recognition of inherited syphilis, 264
Hydatids of the heart and pulmonary artery, Dr. Budd on, 54
of the subcutaneous tissue, specimen of, 536
Hydrocele, Mr. Flower on a peculiar form of, 109
solid bodies growing from the sac of a, 198
gangrene after puncture of a, 304
Hydrocephalus, chronic, tapped four times, case of, 604
Hydrocyanic Acid, anæsthetic properties of 436
Hydrophobia, distribution of in England, 22
extraordinary quarantine for, 486
Hydrostatic Test, Mr. Maschka on, 436
Hypertrophy, ox-gall in, 352
Hypersesthesia, hysterical, Briquet on, 558
Hypospadia, case of, 645

I

Idiocy, Dr. Howe on Causes of, review, 124
Impetigo figurata, treatment of, 245
Incubation, treatment of disease by Mr. Guyot, 175
India, the British Army in, Mr. Jeffreys on, review, 94

Digitized by Google

India, errors in clothing of the, 39, 116, 129, 221, 225, 259
proposed sanatorium for the, 300, 384
coup-de-soleil in the, 638
drunkenness in the, 179
losses in action of the, 26
Medical Service, condition and emoluments of the, 92, 204, 553, 666
inadequate rewards of the, 173, 249
want of officers in the, 191
regulation for the admission of officers of the, 329
questions for examination of candidates for the, 122
successful candidates for the, 127
Judge Railes on Medicine and Hospitals in, 144
Infanticide, Lord J. Russell on legislating for, 452
Maschka on the hydrostatic test in, 436
Infants, suckling and feeding of, 69, 104, 185, 214, 259, 285, 302, 309
ill-consequences of swaddling of, 16
treatment of constipation of, 507
nitrate of silver in the diarrhœa of, 42
treatment of the ophthalmia of, 7
Stillborn, Dr. King on Cause of Death of, review, 478
Inflammation, Mr. Pretty on bleeding in, 6
Dr. Markham on bleeding in, 32, 135, 204, 589
Dr. Stewart on bleeding in, 71
digital, compression in, 150
Insane, injury of dancing to the, 592
softening of the spinal cord in the pellagra of the, 435
Insanity, Dr. Conolly on the Physiognomy of, 81, 210, 367, 651
prevalence of, among governesses and sempstresses, 377
supervening on intemperance, 651
plea of, on recent trials for murder, 658
Insect Stratagem, 154
Intermaxillary Bones, specimen of necrosis of the, 510
Intestinal Canal, discharge of false membrane from the, 507
condition of the, after prolonged constriction, 459
Amussat's operation in a case of obstruction of the, 85
artificial anus in the iliac fossa, made for an obstruction of the, 628
gastrotomy in a case of obstruction of the, 45
rupture of the, case of, 551
condition of, in a pig, fed with typhoid dejections, 564
Ireland, regulations of the examining bodies in, 335
Queen's University in, distribution of prizes at the, 429
The New Vaccine Act for, 198
Iris, absence of, with good sight, 35
Iron, perchloride of, as a styptic, 458
formula of syrup of the carbonate of, 413
Irvine, Mr., on a second impregnation at the fourth month, 588, 616, 666

J

Jackson, Mr. V. on amputation by rectangular flaps, 594
Jacobi, Professor, death of, 24
Jamaica, want of Medical practitioners in, 527
Jatropha Curcas, poisonings by, at Dublin, 143
Jaw, necrosis of the, with retention of the teeth, 482
the lower, partial removal, with retention of the teeth, 447
the upper, cases of excision of the, 35, 217
Jeffreys, Mr. Julius, on the British Army in India, review, 94
Jews, long life of the, 255
Joints, contraction of the, extension in, 447
effusion into the, tapping, of by M. Broca, 406, 456
excision of the (vide Excision)
compound dislocation of the, Mr. Bryant on, 469
compound fracture into the, Mr. Bryant on, 572
wounds and gun-shot wounds of the, Mr. Bryant on, 342, 573
Jones, Mr. Richard, on the radical cure of hernia, 520, 546
Mr. T. Rymer, "Aquarian Naturalist," review, 273

K

Kamcela in Tænia, Mr, Moor on, 482
Keith, Dr. case of lodgment of the breeching of a gun in the face, 416
Kidd, Dr. on Ether and Chloroform, review, 453
Kidney, specimen of single unsymmetrical, 510
moveable, supposed cases of, 36
Kidney, case of extensive laceration of the, 345
Bright's Disease of the, cases of, 269, 484
non-elimination of odorous matters in, 538
King, Assistant-Surgeon, death of, 76
Dr. on Still-born Infants, review, 478
Knee-joint, excision of the, cases of, 190, 550
at Edinburgh, 193
results of, 168, 663
puncture of the in effusion into the, 456
case of laceration of the, 61
specimen of disease of the, 640

L

Labour, turning in natural, question of, 493, 522, 561, 587, 615, 616, 664
Dr. Aveling's case of rapid death in Natural, 546
Dr. Williamson on a case of sudden death in, 627
question of administering chloroform in (vide Chloroform).
Lachrymal Canaliculi, malposition of, Mr. Walton on, 165, 398
Gland, case of acute inflammation of, 456
Lacing, Tight, effects of, 447
Lactation, artificial, Dr. Cumming on, 302
Lankester, Dr. on sugar as an article of diet, 20
Laryngitis, simulated by pressure of an aneurism, 549
Larynx, tubage of the, 377, 455, 588, 582, 584, 635
epithelioma of the, tracheotomy in, 253
sloughing of the, tracheotomy in, 167
and Trachea, cauterisation of the, 487
tubular cast of the, 564
Latham, Dr. John W. death of, 511
Lattey, Mr. case of extra-uterine pregnancy, 267
Laudanum, poisoning of an infant by, 95
cases of, 664
Laurence, Mr. J. Z. on Surgical Cancer, review, 250
on a new styptic, 458
on rodent ulcer, 470
Lawrence, Mr. S. G. death of, 670
Lawson, Mr. on Gunshot wound of the Thorax, review, 94
Lead, action of hard-water on, Dr. Gladstone on, 381
effects of, on animals, 384
Leared, Dr. on the sounds of the heart, 125
Lectures, the Introductory, of the Session 1858-59, 363, 376
Ledwich, Professor, death of, 383
Lee v. Candler, action for Medical attendance, 39
Dr. Robert, on the membrana decidua, 45
case of pregnancy after extirpation of the mammæ, 88
on uterine hæmorrhage from placental presentation, 212, 241
history of a forceps case, 289
history of a case of craniotomy, 342
Clinical Midwifery Report, 396, 442
on a case of death from chloroform during labour, 465
on turning in natural labour, 616
Leeches, artificial propagation of, 25
Leeds, Mr. Huggon on the alkaline waters of, 381
Leg, spontaneous fracture of, instance of, 640
Legion of Honour, distribution of, among medical practitioners, 255
Lens, crystalline, case of dislocation of the, 245
growth of the, 355
Leprosy, the Eastern, 143
Leubuscher, Handbuch der Medicinische Klinik, review, 124
Lewis, Dr., on the danger from smoking short pipes, 615
Life Assurance trial, 173
Light, effects of, on the development of animals, 234
Lightning, case of paralysis from, 19
partial blindness from, 90
deaths from in the United Kingdom, 154
Liguria, question of influence of salt in producing infectious diseases on board the, 634
Linnæus, Miss Brightwell's Life of, review, 477
Lithotomy, Dr. Corbett on the simplification of, 598
as performed in Scotland, 246
Lithotrites, manufacture of, 586, 639
Lithotrity known to Albucasis, 448
Liver, Dr. Mosler on the physiology of the, 487
glycose in the, 435
xanthic oxide in the, 570
cirrhosis of the, specimen of, 459
syphilitic disease of the, 21, 43
Liverpool Medical Institution, discussion on Homœopathy at the, 609, 612, 660, 667
Lizars, Mr. on the treatment of club-foot, 622
Llewellyn, Mr. Thomas, death of, 178
Lobb, Mr. on the constant galvanic current, 26
on vegetable substitutes for milk, 259, 309
on electrity as an anæsthetic, 305, 438
Logic, Medical, Dr. Ogston on, review, 635
London, Mr. Fox on the mortality of, in 1858, 548
London, unnatural deaths in, 12
waters of, 77, 102, 233, 180, 359
question of drainage of, 39, 50, 76, 347, 475, 633
Vital Statistics of, 25, 66, 77, 104, 130, 155, 180, 207, 233, 258, 284, 308, 337, 361, 386, 412, 462, 488, 515, 540, 566, 593, 618, 670
London, University of, first M.B. examination pass-list at the, 206
rules and regulations of the, 322
pass-lists of the, 255, 539, 590
meeting in Convocation, and disputes on the election at the, 503, 529, 538, 555, 562, 567, 577, 594, 619, 633
Longevity, Instances of, 76, 358
Lunacy Commission, inefficiency of the, 172, 197
report of the, 147
Lunatic Asylum at Aberdeen, statistics of, 411
Lunatic Asylums, private, question concerning the treatment of patients at, 116, 172, 224, 249, 272, 309
Mr. Conolly's suggestions on amendment of the law on, 424
Meeting of Officers of, at Edinburgh, 146
of Bengal, Reports on, review, 478
in Ireland, Reports on, 486
for Soldiers, 377
Lunatics and Lunatic Asylums, observations on, 272
question of fees for visiting pauper, 39, 283
Lungs, diseases of the, influence of respiration on, 617
causes of the, Dr. Alison on the, 106
Lutton, Mr. case of paralysis from lightning, 19
Luzsinsky, Dr. on the treatment of croup, 148

M

M'Cormack, Dr. Theory of Consumption, review, 634
M'Donnell, Dr. on the Royal College of Surgeons of Ireland, 614, 671
Macleod on the Surgery of the Crimean War, review, 40
Maclise, Mr. on Dislocations and Fractures, review, 250
Macmillan, Dr. on treatment of infantile ophthalmia, 7
M'Oscar, Mr. case of spina bifida, 371
M'William, Dr. created a Companion of the Order of the Bath, 275
Maisonneuve, M. cauterisation "en fléches," 334, 423, 637
Malformation, congenital, case of, 78
Malpraxis, allegod, at Norwich, 423
Man, Mr. Crawfurd on the races of, 382
Mania, religious, Dr. Conolly on, 81, 210
the preaching, in Sweden, 592
Marcet, Dr. Lectures on the Chemistry, Physiology, and Pathology of Human Excrement, 1, 53, 105, 157, 209, 261
Mrs. Conversations on Natural Philosophy, review, 278
Markham, Dr. on the action of bleeding in inflammation, 32, 135, 204
on the use of bleeding in disease, 589
on change of type in disease, 289
on the operation of tracheotomy, 410
Marriage, influence of, on mortality, 449, 681
Marriages of Consanguinity, Dr. Aveling on, 458
Martin, Surgeon, case of inflammation of the globes, 189
Mathews, Mr. on the Fees of Assurance Companies, 671
Maund, Dr. John, death of, 24
Maunder, Mr. case of spurious hæmatocele, 413
on an urethrotome for perinœal section, 457
on the supply of subjects for dissection, 586
Mayne, Dr. Expository Lexicon, review, 378
Mecca Pilgrims, production of diseases among, 618
Mediastinum, cancer of the, specimen of, 510
Medical Accompts, necessity of early delivery of, 513
Benevolent College, increase of foundation scholars at the, 197, 257
Benevolent Fund, 143, 384, 644
and Chirurgical Society, Reports of Meetings at the, 44, 98, 152, 535, 589
Council, formation of the, 230, 383, 401, 411, 423, 538
disputed elections for the, 450, 526
question of the presidency of, 376, 499
proceedings of the, 552, 554, 577, 579, 609
Magistrates, 516, 540, 594
Peerages, observations on, 576
Practitioners' Act, powers and provisions of the, 36, 49, 44, 98, 100, 114, 117, 140
reprint of the, 315
meetings concerning the, 359, 452
queries and answers concerning, 171, 197, 203, 208, 156, 181, 234, 259, 284, 309, 360, 457, 462, 593, 619, 645
registration of Medical Titles under the, 276, 281, 588, 611, 639

Digitized by Google

Medical registration, in relation to druggists, 578, 619
and the College of Surgeons, 474, 602
Medical Reform and Education, the Westminster Review on, 99
Registration Societies, formation of, 254, 332, 410, 412, 433, 437, 466, 481, 496, 513, 538, 592, 617, 644, 676
observations on, 551, 605
Medicinal Substances, adulteration of, 279
Medulla Oblongata, Schroeder Van der Kolk on the, review, 66
Melancholia, Dr. Cassolly on, 367
Melanoid Tumours, multiple, case of, 221
Membrana Decidua, Dr. Lee on the, 45
Menstruation in the monkey, 539
Mercury, detection of adulteration of, 279
increase of the activity of by blistering, 479
Michael, Mr. on the difficulties in the study of epidemics, 126
Microscope, Dr. von Düben and Dr. Beale on the, reviews, 236, 628
Midwifery, Clinical, Dr. Lee's Report on, 366, 442
employment of chloroform in(vide chloroform)
Practical, Simulr and Johnston's, review, 556
Theological, 195
Militia Surgeons, question of income-tax charges of, 248
Milk, dispersion of, by iodide of potassium, 43
Dr. Cumming on substitution of cow's, 302
vegetable substitutes for, 185, 214, 259, 285, 309
Milligan, Mr. on the influence of atmospheric pressure in hæmorrhagic diseases, 331
Milner, Mr. on the weight of convicts, 332
Milroy, Dr. on the French army in the East, review, 200
Moffatt, Dr. C. W. J. death of, 255
Monkey, menstruation in the, 539
Moor, Mr. on the taeniacide properties of kameela, 482
Moore, Dr. Edward, death of, 153
Morison the "Hygeist," 284
Moxland, Dr. on Diseases of the Urinary Organs, review, 635
Mortality, influence of marriage on, 442, 631
preventible, 147
Moss, Dr. on American Medical Degrees, 234
Muir, Dr. John, death of, 255
Müller, John, biographical sketch of, 66
Munro, Dr. W. query concerning, 259, 309
Murchison, Dr. on the Social Science Association, 488
experiment of with typhoid dejections, 564
Murder, plea of insanity at recent trials for, 658
Muscular Fibre, mode of increase of, 479
Mysticism and Credulity in 1858, 400

N

Nævus Maternus, subcutaneous ligature in, 113
Narcotics, action of, through the urethra, 175
Naval Medical Service, Dr. Stevenson on improvement of the position of the, 587
Medical Supplemental Fund, 306, 540
Navy Medical Department, rules and regulations of the, 332
Reports, 466
the Russian, Report of Medical Director of the, 495
Neck, gangrene of, from swallowing a fish-bone, 5
Necrosis, detection of, by the stethoscope, 16
operation for the removal of, case of, 62
of the intermaxillary bones, 510
of the tibia, 459, 525
Needle, Fergusson's new, for fissures, 537
Nervous Disorders, Dr. Banks on, review, 634
Tissue, M. Jacubowicki's researches on the, 512
Neuralgia, electricity in, 166, 499
local narcotic injections in, 496, 457
infra-mammary, electricity in, 499
Neuroma, specimen of, 510
of intra-cranial nerves, cases of, 419
Newspaper Stamp Returns, fallacy of, 348
Notes and Queries, 122, 146, 170, 194, 221, 298, 447, 604, 629, 657
Nunneley, Mr. on the structure of the choroid coat, 382
Nutrition in Health and Disease, Dr. Bennett on, review, 427

O

Obstetrical Society, foundation of the London, 642, 667
Œsophagus, epithelial cancer of the, specimen of, 509
results of ligature of the, 170
fatal detention of a bone in the, 5
Ogilvie, Dr. case of poisoning by strychnia, 443
Surgeon, John, death of, 102
Ogle, Dr. John, on the influence of the sympathetic nerve and spinal cord on the eye, 100
Dr. W. on Provident Dispensaries, 379
Ogston, Dr. on Medical Logic, review, 635
Oils, Dr. Dick on cause of drastic properties of, 413
Oldham, Dr. on turning in natural labour, 616
Oleaginous Substances as articles of diet, Dr. Lankester on, 20
Operations, Statistical Report of, occurring at Provincial Hospitals, 9, 62
Ophthalmia, prevalence of severe forms of, 35
Infantile, treatment of, 7
Scrofulous, atropine in, 353
Ophthalmiatrik, by Schauenberg, review, 556
Ophthalmoscope, Hogg on the, review, 250
case illustrating the use of the, 60
Opium, fumes of, as an anæsthetic, 438
mode of smoking, 384
Orbit, schirrous tumour of the, case of, 551
double caries in the, case of, 447
Ordeal Nut of Kalabar, 680
Poison of Madagascar, 222
Orwin, Dr. on compulsory preliminary examinations, 125
Os Calcis, fibrous band between the, and the tibia, 640
Ottley, Dr. Drewry, on the climate and sanitary state of Pau, 294, 432
Otitis, Dr. Cockle on affections of the brain from, 624
Ovarian Cyst, and cyst of broad ligament, 511
spontaneous rupture of, specimen of, 640
tumour, polycystic, specimen of, 434
Ovariotomy, cases of, 75, 245, 372, 499, 550
case in which it was performed six years ago, 629
successful cases of, 218, 526, 602, 640
fatal cases of, 471, 601, 606
query as to duration of life after, 459
Mr. Wells' modification of instruments for, 608
Oxford University, rules and regulations of the, 321
Middle-Class Examinations at the, 2
Ox-gall, employment of, in hypertrophies, 352
Ozœna, Dr. Druitt on, 417
Ozone, instruments for measuring, 382

P

Paget, Mr. Notes on Practice among out-patients, 134
case of aneurism of the external iliac and femoral, 654
Palsy, Wasting, Dr. Roberts on, review, 124
Pancreas, Corvisart on a Function of the, review, 454
Paracelsus and his Foe, 221
Paris, Letters from, 16, 97, 252, 304, 353, 407, 456, 507, 584, 637
Medical Students at, in 1858, 617
population of, 128
sewerage of, 502
Parkes, Dr. on pigment deposit without disease of supra-renal capsules, 603
Parliamentary Intelligence, 49, 75, 100, 127, 153
Parotid Gland, operation upon the, 304
Parry v. Watters, 116
Parturition, Difficult, Dr. Davis on, review, 5 04
Pascale, Dr. visit of to Edinburgh, 613
Patella, dislocation of the, 239
Pathological Society, Reports of meetings of the, 21, 74, 433, 459, 509, 536, 564, 639
Pau, climate and sanitary condition of, 294, 387, 432
Peacock, Dr. on empyema opening through the lungs, 340, 360
on the antagonism of ague and consumption, 563
Peddie, Dr. on turning in natural labour, 664
Peerages, Medical, observations on, 576
Peirce, Dr. George, death of, 566
Pellagra of the Insane, softening of the spinal cord in the, 425
Penis, amputation of the, case of, 62
Penney v. Lucas and Meehan, 205
Pepsine, new formula for, 384
Wine, 506
Pericarditis, French opinion on Dr. Todd's treatment of, 553
Perineum, rupture of, Mr. Brown's cases of, 56
Peritonitis following typhoid fever, 16
Portussis, exhalations of gas-lime in, 283
Pharmacopœia, Hospital, 244, 378
Phene, Mr. Henry, death of, 24
Phillips, Dr. Edward, death of, 566
Phlebitis, flying blisters in, 150
Phosphorus Matches manufacture, effect of, on the generative organs, 566
Photographic Manipulation, Mr. Lake Price on, review, 68
Phthisis, Dr. Alison on the causes of, 106
Dr. Budd on the disorders of the stomach connected with, 131
Dr. E. Smith on the Treatment of Chronic, review, 200
Mr. Neison on the causes of, in the Army, 374
Dr. Peacock, on the antagonism of, to ague, 563
Phthisis, Dr. M'Cormack on Theory of, review, 634
Physicians, the Royal College of, pass-lists of the, 24, 357
admission of Fellows at the, 75, 178
rules and regulations of the, 324
and the medical graduates, 176, 562
and the provincial Physicians, 203
in relation to the Medical Act, 248, 349, 375
necessity of reform in the, 424
query as to homœopathic members of the, 413
Edinburgh, rules and regulations of the, 331
Physiognomy, diagnosis by the, 220, 246
Physiological Psychology, Mr. Dunn on, review, 278
Pipes, short, danger of smoking, 615
Pitt, Mr. Henry, death of, 670
Placental Presentation, Dr. Lee on, 212, 241
Plague at Benghasi, 179, 416
Plaister, adhesive, improved, 150
Plaskitt, Mr. on electricity in infra-mammary neuralgia, 499
Plastic Operations, cases of, 62
Pleurisy, deformity after, prevented by thoracentesis, 456
Pneumonia, flushing of the cheeks in, 256
recovery from, after long consolidation, 499
Dr. Balfour on bleeding in, 630
Poisoning, question in law concerning, 528
by mistake, instances of, 64
by arsenic, the Bradford cases, 476, 657
by camphor, 645
by jatropha curcas, 143
by laudanum, 95, 664
by strychnia, 179, 443
Poison-Bill, defeat of the, 66, 103
Polypi, nasal, rarity of, in the aged, 16
Poor-law Medical Reform, 124, 552
Poor-Law tyranny in Scotland, 141, 225
Power, Dr. John, death of, 153
Potassium, cyanide of, muscular irritability after death from, 271
Preaching Mania, the, in Sweden, 592
Pregnancy, after extirpation of the Mammæ, 83
prolonged, inducing labour in, 507
vomiting in, compression in, 43
application of cold in, 507
Prescott, Mr. on the Adulteration of Tobacco, review, 478
Preston, Dr. James Blair, death of, 24
Pretty, Mr. case of fatal abscess of the neck, after swallowing a bone, 5
Price, Mr. Lake, Photographic Manipulation, review, 68
Priestley, Dr. on the development of the gravid uterus, 517, 543, 595, 647
Prince, Mr. Charles, death of, 207
Prisoners, weight of, 382
Prisons, grievances in, 129
Prize, the Bréant, report on the Concours for the, 14
Prize Questions at Lyons and Toulouse, 512
by the Belgian Academy of Medicine, 332
at Apothecaries' Hall, Ireland, 670
Prizes, question of awarding, in Medical Schools, 11
distribution of, at Middlesex Hospital Medical School, 23
at University College Medical School, 153, 512
at the Queen's University, Ireland, 429
Pro, M. exposure of plagiarisms of, 38
Prostitution, Luther, on licensed houses of, 123
Prurigo, dentoacetate of copper in, 304
Ptosis, from intracranial syphilitic neuroma, case of, 419
Puberty, premature, Mr. Smart on, 98
Public Health Act, the, 64, 179, 199
Pucoon in cancer, Dr. Weatherby on, 461
Puerperal Fever, Academical discussions on, 201, 227, 250
Purpura hæmorrhagica, recent frequency of, in children, 400

Q

Quackery in 1858, 400
relations of doctors to, 222
Quacks, question of consultation with, 553 (vide Homœopathists)
Quinine, antagonistic in action to opium, 16

R

Radcliffe, Dr. on Epilepsy, review, 93
Mr. on the distribution of the mortality from hydrophobia, 22
Radio-carpal dislocation, case of, 466
Ramsbotham, Dr. on turning in natural labour, 561
on a supposed case of superfœtation, 616
Randell, Mr. H. Kemp, death of, 409

Digitized by Google

Ranula, treatment of, by lead ligatures, 175
Rattle-snake-poison, bibron as an antidote, 435
Registrar-General, the, on preventible mortality, 147
free circulation of reports of, prohibited, 172
198, 274, 425
Registration Societies (vide under Medical)
Remuneration, Professional, case of Dr. Packman, 299
Renton, Assistant-Surgeon, death of, 231
Retina, extreme anæmia of the, 345
apoplexy of the, 526, 575
detachment of the entire, 297
Revaccination, experiments of Vleminckx on, 103
in France, results of, 174, 288
Reynolds, Dr. on the University of London disputes, 619
Surgeon William, death of, 358
Rheumatism, treatment of by cinchona, 298, 358, 448
gonorrheal, M. Hervieux on, 41
Richards v. Cocking, 86
Richardson, Dr. on local anæsthesia from electricity, 262
Ricketts, spontaneous fracture in, 42
Ridge, Dr. Benjamin, Health and Disease, review, 226
Dr. Joseph, and Dr. Anderson, case of gastrotomy in intestinal obstruction, 45
Rigby, Dr. on the local use of iodine in boils, 98
on chloroform in natural labour, 306
Rix, Mr. on amputation by rectangular flaps, 619
Mr. Samuel S. death of, 178
Roberts, Dr. on Wasting Palsy, review, 124
on a case of cystine calculus, 626
Staff Surgeon, Frederick, death of, 255
Robertson, Dr. John, death of, 255
Roe, Dr. George, death of, 158
Routh, Dr. on vegetable substitutes for human milk, 185, 214
Rudall, Mr. case of carpo-metacarpal amputation, 456
Russell, Mr. Henry, death of, 24
Russia, prohibition of entrance of empirical preparations into, 462
commemoration of Military Medical Officers in, 461
Navy of, report of Medical Director of the, 495
Rutt.edge, Mr. on Chloroform and Ether, 150

S

Salivation, Mercurial, chlorate of potass in, 280
Salt as ballast, question of injury from, 634
Salter, Dr. Thomas Bell, death of, 383
Sampson, Mr. case of hernia cerebri, after fracture, 571
Samuelson and Hicks, "Humble Creatures," review, 278
Samson, Mr. on mortality after amputation, 565
Sapphires, artificial, 51
Sarkine, obtained by M. Strecker, 229
Sarsaparilla, inefficiency of, 592
Savage, Dr. on the convocation of the London University, 533
on the graduates of London University and the College of Physicians, 562
Savigny, query concerning the affection of the eyes of, 123
Scales, Surgeon William Henry, death of, 283
Scapula, excision of the, discussion on the, 634
Mr. Jones' case of, 657
Scarlatina, treatment by yeast, 456
muriatic acid in, 663
anginosa, treated of by hot packing, 265
Schauenberg's Ophthalmiatrik, review, 556
Schroeder van der Kolk, on the Medulla Oblongata, review, 68
Scotland, prevalence of drinking in, 178, 275
Universities of, Condition of the, review, 94
Scrofula, chlorate of potass in the ulcers of, 43
Seamen, neglect of the lives of, 403
Seasickness, case of death from, 288
Sepometer, Dr. Angus Smith on the, 93
Sewage of London, 39, 50, 76, 347, 475, 633
difficulties of the question of the, 347
of Paris, 502
value of, 103
Dr. Bernays on the disinfection of, 76, 151, 230
effluvia from, 308
Sharp, Dr. on retention of teeth in necrosis of the jaw, 482
Sharpe, Dr., on an alleged death from chloroform, 533
Shelley, Surgeon John Nicholls, death of, 617
Shoreditch, Dr. Barnes' Report on Sanitary State of, review, 200
Shoulder, dislocation of the, dissection after a, 152
Silvester, Dr. on turning in natural labour, 615
Simpson, Professor, on the exercise of patronage, 64
treatment of vesico-vaginal fistula, 585
employment of metallic sutures by, 578, 585
Sinclair and Johnston's Practical Midwifery, review, 556
Skeleton, Mr. Humphry on the, review, 580
on the homologies of the, review, 356
Skin, Diseases of the, Mr. Hunt on, review, 478
Galen's treatment of the, 244
formulæ for the treatment of the, 244, 378
Skull, fracture of the, Mr. Hewett on the, 27, 182, 183
discharge of fluid from nares in fracture of the, 71
case of fracture of, with trephining, 297
compound fracture of, cases of, 110, 571
Sloan, Dr. on sea and fresh-water baths, 176
Small-pox, conviction for inoculation of, 24
Smart, Mr. case of premature puberty, 98
Smellie, Mr. on Electro-Galvanism, review, 477
Smith, Dr. Angus, Sepometer of, 93
Sir Andrew, recognition of the services of, 64
Dr. Archibald, on the diseases of Peru, 280
Dr. Edward, on the Treatment of Phthisis, review, 200
Mr. H. L. on self-supporting Dispensaries, 230, 410
Mr. Henry, on cases simulating stricture, 4
on death from perineal section, 26
on contractile stricture, 187
on an obscure case of hernia, 344
on the seat of stricture, 482
on the results of urethrotomy, 531
Mr. Spencer, on the fees at St. Mary's, 354
Smoking, danger of, with short pipes, 615
as a preservative of the teeth, 644
Snuff, adulteration of, with lead, 358
Soap, injuriousness of, in skin diseases, 245
Society for the Relief of Widows and Orphans, report of, 436
Soldier-Lunatics, provisions for, 377
Soldiers, erroneous dress of, in the East, 39, 116, 221, 225, 259
from the East, encampment of, at Chatham, 275
Soltau, Dr. on the malignant sore throat, 291
Souberain, Professor, death of, 566
Spiegelberg, Manual of Obstetrics, review, 200
Spina Bifida, cases of, 87, 192, 218, 271, 356, 371, 483
Sputum, plastic, specimen of, 21
Square, Mr. case of reduction of an old dislocation of the femur, 495
Stallard, Dr. case of Bright's disease, 269
Staphyloma, treatment by ligature, 42
treatment by abcision and sutures, 8, 62
Stereoscope, a new, 154
Sterility, pathological conditions of, 405
Stethoscope, M. Piorry's feats with the, 591
Stevenson, Dr. on the Naval Medical Service, 587
Stewart, Dr. on bloodletting, 71
Stomach, Mr. Fox, on the pathology of the glandular structures of the, 40
Dr. Budd, on the disorders of the, connected with phthisis, 181
Storrar, Dr. question of the legality of the election of, 528, 534, 577, 608, 633
Stoves, heated, effect of, upon the health, 256
Stretton, Assistant-Surgeon, death of, 411
Stricture of the Urethra, Mr. Henry Thompson on, review, 427
Mr. H. Smith on cases simulating, 4
on contractile, 187
Messrs. Smith and Thompson on seat of, 482, 508
M. Sédillot on the treatment of, 486
operations for, report on, 10
Mr. H. Smith on the perineal section in, 26, 188, 531
Dr. Gouriay on the perineal section in, 484, 562
Mr. Syme's present opinions on the perineal section in, 168
average duration of treatment of, under Syme's method, 516
Mr. Maunders' urethrotome for perineal section in, 457
Stroud, Dr. William, death of, 50
Strychnia, poisoning by, 179, 443
Stuart, Staff-Surgeon, obituary notice of, 433
Students, Medical Address to, 311
Styptic, Mr. Laurence on a new, 458
Sugar as an article of diet, 20
formation of, in the economy, 663
Suggate, Surgeon, death of, 231
Suicide, Mr. Buckle on statistics of, 385
Supra-renal capsule, disease of, cases of, 138, 175, 536
Surgeons, Royal College of, of England, rules and regulations of the, 325
observations on the new regulations of the, 10
results of new examinations, at the, 633
in relation to the New Medical Act, 474, 450, 502
pass lists of the, 24, 75, 101, 127, 153, 178, 206, 411, 435, 485, 511, 537, 565, 591, 644, 669
licentiates of midwifery of the, 24, 206
and the Medical Council, 474, 652
of Scotland,
rules and regulations of the, 331
Surgeons', Royal College of, Scotland, admission of non-resident fellows of the, 486
in Ireland, election to the Medical Council by the, 563
Dr. M'Donnell on the, 614, 671
rules and regulations of the, 836
Sutton, John, imposture of, 106
Sutures, metallic, employment of, by Professor Simpson, 578, 585
Sweden, Preaching Mania, the, 592
Syme, Professor, fatal case of excision of the tongue, by, 168, 178, 192
on the perineal section, 168
on his election to the Surgical Chair, 181
strange testimonial from, 593
Syphilis, treatment of, at Edinburgh, 221
induration of the liver in, 43
emplastrum vigo in the ulcers of, 15
infantile, diseased bronchial glands in, 74
chromic acid in vegetations in, 479
inherited, recognition of, in the adult, Mr. Hutchinson on, 264
secondary, Dr. Elliotson on communication of, 237
treatment of by blisters, 175

T

Tænia, treatment of, 461, 472, 497
filix in, 358
kamœla in, 482
alopecia and headache, coinciding with, 422
Talipes, calcaneus and valgus, Mr. Adams on, 30, 79, 158
varus, division of posterior tibial tendon in, 229
equino-varus in the adult, specimen of, 564
Tanghinia venenifera, the ordeal poison, 222
Teale, Mr. Amputation by Rectangular Flaps, review, 529
Teetotallers, Moleschott's hint to, 630
Temperature, the, in 1858, 51, 592
Testis, cases of amputation of the, 10, 62
Mr. Syme's plastic operation in fungous, 193,
case of syphilitic disease of the, 271
strumous disease of the, in a child, 510
Tetanus, nicotine in, 112, 114
cases of recovery from, 8, 111, 112
fatal, after application of caustic, 15
Thames, Mr. Ward's scheme for the purification of the, 475 (vide sewage)
Dr. Letheby on the water of the, 77
Thomas, Mr. H. Cornelius, death of, 511
Thompson, Mr. Henry, on Stricture, review, 427
on the seat of stricture, 508
Thorax, tumour within the, case of, 473
Throat, malignant sore, Dr. Soltau on, 291
Thudichum on the Pathology of the Urine, review, 403
on xanthic oxide in the liver, 570
Tibia, necrosis of, cases of, 459, 525
myeloid tumour of the, case of, 35
Tobacco, Adulteration of, Mr. Prescott on, review, 478
contamination of, with lead, 358
poisoning by external application of, 383
Todd, Dr. Cyclopædia of Anatomy and Physiology, review, 301
Tongue, Mr. Paget on diseases of the mucous membrane of the, 134
rodent ulcer of the, case of, 470
cancer of, case of, 62
amputation of the, observations on, 252
Mr. Syme's case of, 168, 178, 192
Tonsils, Mr. Syme on the excision of the, 168
Tooth-drawing, electricity in (vide Electricity)
Toynbee, Mr. on Dr. Kramer's strictures, 44
on deaf-dumbness, 152
Trachea, constriction of, after expectoration of rings of, 641
Tracheotomy, Dr. Markham on the operation of, 410
caution required in the performance of, 485
cases of, 3, 62, 167, 253, 445
natural anæsthesia in patients submitted to, 411
in croup, 34, 512, 540, 553, 582, 635, 644, 663
Transfusion, early history of, 170
Trayer, Dr. on Dipsomania, 18
Trephining, cases of, 297
for abscess of the brain, case of, 271
Tubercle and Cancer, contrasted, 604
Tufnell, Mr. Introductory Lecture on Military Surgery, 531
Tumour, recurrent fibroid, case of, 556
fibrous, of the uterus, specimen of, 639
lipomatous of, the arm, removal of, 656
malignant, of the forearm, case of, 446
intra-thoracic, case of, 473
melanoid, multiple, 221
sebaceus, of the orbit, case of, 551
myeloid, of the tibia, case of, 35
Turnbull, Dr. notice of death and services of, 255
Turner, Dr. D. of Spanish Town, death of, 153

Digitized by Google

Turning in natural labour, controversy on, 493, 522, 561, 587, 615, 616, 664
Tympani, Membrana, Dr. Clarke on effects of perforation of, 436
Typhoid Fever, prevalence of in England, 487
epidemic of, at Windsor, 634
peritonitis following one case of, 16
feeding a pig with the dejections of, 564

U

Ulcer, the rodent, Mr. Z. Laurence on, 470
Ulcers, prolonged strapping of, 15
Unity of Medicine, the, review, 13
Upas Antiar, Kölliker's conclusions concerning, 222
Urethra, female, dilatation of, by fluid pressure, Mr. Wells on, 84
Urethrotome, Mr. Maunder's, 457
Uric Acid, crystalline modifications of, Dr. Venables on, 465
Urinary Organs, Moreland on Diseases of the, 685
Urine, Pathology of, Thudichum on, review, 403
incontinence of, in children, 114
Utero-Ovarian plexus, rupture of, 96
Uterus, catarrh of, aloes enemata in, 303
cupping of the interior of the, 617
fibrous tumour of, specimen of, 639
inversion, White on the reduction of, 278
result of removal of uterus in, 387
prolapsus of, internal treatment of, 353
plastic operation in, 400
rodent ulcer of the, case of, 470
rupture of the, recovery after, 539
cervix of the, caution as to cauterising, 359
excision of the, observations in, 246
the Gravid, Dr. Priestley on the development of the, 517, 543, 595, 647
Ura-Ursi as an obstetrical agent, 280

V

Vaccination Act, the new Irish, 198
compulsory, observations on, 308
of adults, M. Zandyck on, 96
modification of, power of variolous absorption by, 407
M. Vleminckx on the repetition of, 103
results of the repetition of, in France, 174, 283
opposition to, in Algeria, 207
action for alleged malpraxis in, 205
Vaccine lymph, preservation of, in glycerine, 456
Valentine, Mr. case of spina bifida, 372
Valgus, non-congenital, Mr. Adams on, 80
Varicella, Dr. Hulme on an epidemic of, 541
Varicocele, injection of perchloride of iron in, 304
Vegetations, syphilitic, chromic acid in, 479
Veins, varicose, treated by perchloride of iron, 507
Velpeau, M. statistics of, on disease of the breast, 479
Venables, Dr. on the crystalline modifications of uric acid, 465
Veratrum viride, therapeutical uses of the, 663
Verrucca Andicola, the, of Peru, 280
Vertebra, dislocated, specimen of, 640
Veterinarian's Vade Mecum, Gamgee's, review, 478
Veterinary humanity, Prof. Spooner on, 385
Victoria Cross conferred on Dr. Mouat, 154
Vision, Binocular, Mr. Dingle on a new law of, 381
Vivisections, brutality of, in France, 249
Vomiting in pregnancy, pepsine in, 43
application of cold in, 507

W

Wade, Dr. on Diphtheria, review, 635
Wales, Mr. W. H. death of, 123
Walker, Dr. John, death of, 566
Wall-papers, arsenicated, question of danger from, 275, 300
Walshe, Dr. A passing glance on Human Progress, 389
Walton, Mr., malposition of lachrymal canaliculi, 165, 398
charge against, of exhibiting patients, 578
Wardley, Mr. assumption of Medical titles by, 19, 43
Water (well) of the Metropolis, contamination of the, 102, 233
alkaline waters in the, 438
Metropolitan, analysis of, 180, 359
Thames, Dr. Letheby on the, 77
Watson, Dr. John W. death of, 255
Mr. assumption of Medical titles by, 125
Wegscheider on suckling and feeding infants, 69
Wells, Mr. Spencer, on the dilatation of the female urethra by fluid pressure, 84
modifications made by, in ovariotomy instruments, 603
White, Professor, on the reduction of chronic inversion of the uterus, 278
White, Deputy Inspector-General, death of, 670
Wilks, Dr. on the connection of diphtheria with a parasitic fungus, 354
Williams, Dr. A. K. W. on King Arthur's Well, review, 478
Williamson, Dr. on chloroform in midwifery, 79, 587
case of death in labour without chloroform, 627
Wills, Mr. Joseph, death of, 24
Wilson, Dr. J. G. case of spina bifida, 371
Windsor, epidemic of typhoid at, 634
Witter, Mr. on the treatment of diphtheria, 3 46
Wood, Mr. George, death of, 538
Mr. John, death of, 358
Wordsworth, Mr. cases of hernia reduced *en masse*, 216, 290
Wound, Gunshot, case of, 416
of the thorax, 94, 126
of the joints, Mr. Bryant on, 573

X

Xanthic Oxide in the Liver, Dr. Thudichum on, 570

Y

Yellow Fever, absence of urea in, 231
at New Orleans, 283, 358, 485

Z

Zuccani, Dr. Luigi, death of, 178

ERRATA

Page 51, column 1, line 11, for "William Semple," read "William Temple."
Page 262, column 1, line 5 from the bottom, for "1000," read "100."
Ibid. column 2, line 1, for "the dry fæces," read "the ashes of dry fæces."
Page 280, column 1, line 14, for "9·8," read "98."
Ibid. line 33, for "gurgival," read "gingival."
Page 303, column 2, line 7, for "perpetic," read "herpetic."
Ibid. column 2, line 19, for "fat," read "far."
Page 356, column 1, line 26, for "Carr," read "Case."
Page 564, column 1, line 35, for "congenital," read "non-congenital."
Page 578, column 1, line 24, for "tapping arteries and assisting bleeding," read "tying arteries and arresting bleeding."

END OF VOLUME XXXVIII.

LONDON:
PRINTED BY CHARLES REED AND BENJAMIN PARDON,
LOVELL'S-COURT, PATERNOSTER-ROW.

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google